Support needs of east Asian migrant family carers in a host country: a scoping review

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Abstract

Purpose – *This paper aims to examine the characteristics, key concepts and themes surrounding the support needs of East Asian Migrant family carers in a host country.*

Design/methodology/approach – *A systematic scoping review was conducted across five databases: CINAHL, PsycINFO, Scopus, MEDLINE and Web of Science, between 2012 and 2023, adhering to the Joanna Briggs Institute and PRISMA-ScR reporting frameworks.*

Findings – *In all, 26 primary studies met the inclusion criteria. Through analysis, three major themes emerged: culturally sensitive needs, education and training needs, and social support needs. These findings highlight significant gaps in the availability and accessibility of culturally and linguistically appropriate health-care services.*

Originality/value – *This study addresses a critical gap in migration and caregiving research by focusing on the support needs of East Asian migrant family carers. The findings provided valuable evidence to inform culturally responsive health and social care policies, services, and future research.*

Keywords *Family carers, Migrant, East Asian, Support needs, Scoping review*

Paper type *Literature review*

(Information about the authors can be found at the end of this article.)

1. Introduction

Family caregiving is a critical component of the health-care system (Brémault-Phillips *et al.*, 2016; Bei *et al.*, 2021) and is becoming increasingly important as global populations age with increased prevalence of chronic illnesses and long-term conditions requiring ongoing care (Jika *et al.*, 2021; WHO, 2022a). Worldwide, there are 349 million people who need the assistance of family members, called "family carers" or "family caregivers" (WHO, 2017). These family carers provide up to 90% of in-home long-term care (Adelman *et al.*, 2014). While some family carers find caring a rewarding experience, others do not (Cohen *et al.*, 2002; Cassidy *et al.*, 2014). Family carers' health and well-being can be impacted physically, psychologically (McCabe *et al.*, 2016) and financially (Etters *et al.*, 2008) while providing care, often leading to social isolation and disconnection from the community (Hossain, 2021; Nielsen *et al.*, 2021). For example, limited health information on available services (Debesay *et al.*, 2019) and a lack of social support (O'Donnell *et al.*, 2016), language difficulties (Lillekroken *et al.*, 2021) and socioeconomic barriers (Debesay *et al.*, 2019) present additional challenges for migrant family carers.

Like most immigrants, Asian immigrants bring their family traditions and expectations when moving to a new country (Ramaswamy *et al.*, 2020). For example, the 23 million Asian migrants living in Europe in 2020 (IOM, 2020) have brought many cultural practices, dietary customs, religious practices and family values. In the USA, individuals of Chinese descent

Received 17 July 2025
Revised 20 February 2026
Accepted 18 March 2026

Conflict of interest: The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

represent the largest subgroup of Asian immigrants, comprising approximately 24% or 5.4 million people. Following this, Korean immigrants number around 1.9 million, while Japanese immigrants total 1.5 million (Pew Research Center, 2021). Asian immigrants are now the fastest-growing racial group in the USA (Budiman and Ruiz, 2021) with nearly 1 in 5 identifying as a family carer (Yuwen *et al.*, 2022). A cross-sectional study undertaken by Im *et al.* (2022) reported that carers from Asian backgrounds tended to be older, unemployed and had lower family incomes compared with individuals from other racial or ethnic groups (Im *et al.*, 2022). This trend could be attributed, at least in part, to the deeply ingrained cultural emphasis among Asians on fulfilling filial duties and responsibilities (Jang *et al.*, 2018).

In addition, Asian family carers are more likely to care for their relatives for longer, as using the services of nursing homes is often perceived as morally wrong or leading to feelings of guilt (Kim, 2009). Within this caregiver cohort, "social support" has been shown to play a crucial role for family carers, as this type of support consistently correlates with positive effects on physical and mental health, offering a protective advantage (Utz, 2020). For example, a meta-analysis found that social support is associated with a reduction in carer burden (del-Pino-Casado *et al.*, 2018). Furthermore, a positive correlation between psychological resilience and social support has been established (Donnellan *et al.*, 2017; Lök and Bademli, 2021).

To provide clarity on what is meant by "Asian", the literature found that people from this continent are often taken to be a homogeneous subset, when in fact they are a heterogenous grouping with different cultural values and traditions (Kim, 2010). The population under review for this scoping review comprises individuals from eight "East Asian" countries, namely, China, Japan, North Korea, South Korea, Taiwan, Hong Kong, Mongolia and Macau, who currently live in a host country. There is a focus on this group driven by the emergence of East Asian migrants' communities and their shared similar cultural background (e.g. filial piety). East Asian cultures value *collectivism* and family *harmony* placing family above personal interests where one ought to sacrifice one's work and social needs to take care of relatives, which differs from individualism and independence (Chappell and Funk, 2011; Triandis, 2018). Moreover, in East Asian culture, *filial piety* has its roots in *Confucianism*, representing how adult children fulfil their duties in line with East Asian beliefs, values and morality (Yiu *et al.*, 2021).Research highlights that family carers for older people with dementia from minority groups, particularly those who are East Asian, face greater challenges compared to host country carers, as Asian migrant carers are less inclined to seek formal care and services (Lee *et al.*, 2024). This reluctance may stem from the challenges they face, including feeling marginalised or encountering health-care services that do not understand their needs (Baghirathan *et al.*, 2020).

In comparison to Caucasian family carers, Asian migrant family carers were found to give more hours of care with fewer resources at their disposal but rely more on family support (Yuwen *et al.*, 2023). For Asian migrant family carers, family support may not be readily available given their migrant status. Furthermore, their immigration status and adjustment to a new environment may exacerbate challenges of their caregiving role, such as learning a new language, and managing employment responsibilities (Miyawaki, 2015).

It is worth noting that formal support services tend to offer social support, including peer support groups for family carers, which have health benefits (Etxeberria *et al.*, 2021). Asian migrants are less likely to engage with such social supports further complicating caregiving responsibilities. This tendency was particularly notable among first-generation carers, due to linguistic and cultural barriers (Miyawaki, 2015), as it is known that first-generation migrant family carers encounter difficulties due to language and cultural differences, while subsequent generations undergo assimilation and acculturation (Miyawaki, 2015). Therefore, researchers need to consider the many challenges and differences experienced by family carers rather than treating all migrant families as a homogenous group. As such, based on existing research and World Health Organisation (WHO) (WHO, 2022b) recommendations for culturally sensitive healthcare systems and interventions, a greater

understanding of the support needs of East Asian migrant carers is needed. This information may yield information that can be useful for developing tailored services and supports for this population.

The purpose of this review was to examine literature on the support needs of East Asian migrant (EAM) family carers in a host country. An evidence synthesis was deemed the most appropriate approach for this review, with the goal of summarising and synthesising the literature's extent, range, and nature to inform empirical research, practice and policy. As highlighted by Peters *et al.* (2020), scoping review methodology is appropriate because of its typical focus on identifying broader, more descriptive elements of the literature rather than answering specific analytical questions of effectiveness (Peters *et al.*, 2020). Accordingly, this systematic scoping review will provide a comprehensive overview of the existing evidence and identify key gaps in the field.

1.1 Aim and objectives

The PPC (Population, Concept, and Context) framework (Peters *et al.*, 2020) (Table 1) was used to develop the review question and guide inclusion and exclusion criteria (Table 1 in supplementary material). This scoping review aims to explore the support needs of "East Asian migrant" family carers when caring for a family member in a host country. To achieve this aim, the following review objectives were identified:

1. Map the characteristics, key concepts and themes of East Asian migrant family carers' support needs.
2. Synthesise the support needs that East Asian migrant family carers have when living outside East Asia.

2. Methods

This scoping review was conducted under the Joanna Briggs Institute (JBI) guidelines, a comprehensive and precise methodology for conducting evidence synthesises (Pollock *et al.*, 2021). Furthermore, the PRISMA-ScR checklist (Tricco *et al.*, 2018) was used to report findings and ensure transparency. The checklist is included as a supplementary file titled *PRISMA-ScR-Checklist*. The protocol was registered with the Open Science Framework in September 2023.

2.1 Inclusion and exclusion criteria

The eligibility criteria for this scoping review were drafted at the beginning of the screening process and revised iteratively. The detailed inclusion and exclusion criteria are presented in Table 1, which is provided as a supplementary file titled: Table 1 inclusion and exclusion criteria.

2.2 Search strategy

Two key concepts "Migrant" and "Family carers", were used to develop a comprehensive search in five databases: CINAHL, PsycINFO, Scopus, MEDLINE and Web of Science in October 2023. The Medical Subjects Headings and the Boolean operators (OR, AND) were

Table 1 PPC framework

Framework	*Element*	*Key terms*
P	Population	Family carers
C	Concept	Migrant
C	Context	Support needs

used to expand and amalgamate search parameters. Examples of key search terms included: *(Migrant* OR Migration* OR immigrant* OR Immigration* OR ethnic* OR minorit* OR foreign*) AND (Caregiver* OR carer* OR "family member" OR "informal caregiver" OR "unpaid caregiver").*

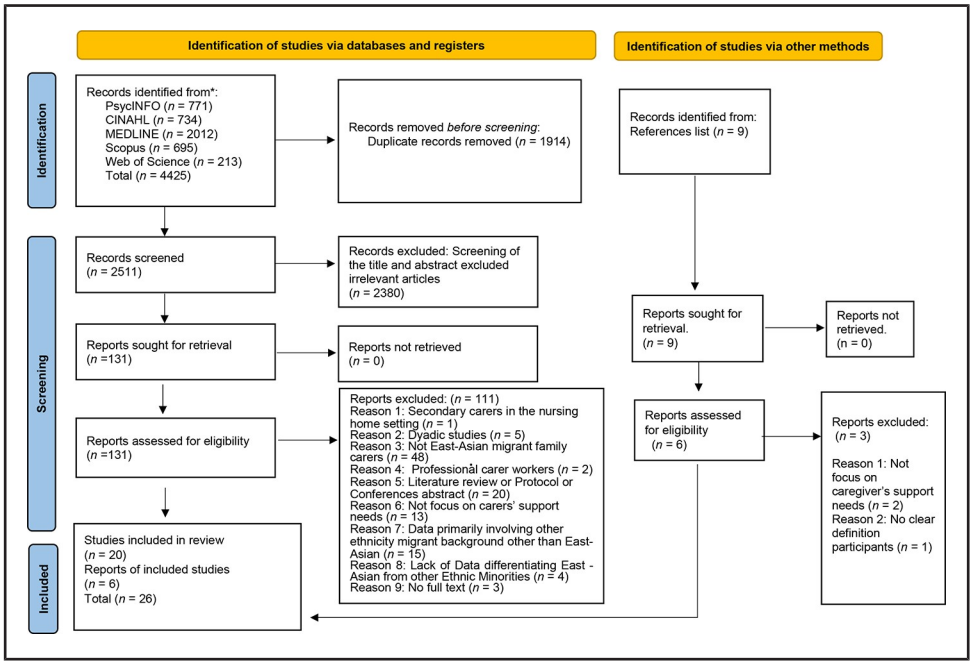
All identified papers were uploaded to the systematic review management software Rayyan, where duplicates were removed. Two authors (WT and RR) independently screened titles and abstract, with a third author (IC) resolving disagreements. Full texts of selected articles were then reviewed by the same authors (WT and RR). Periodically, three authors (WT, RR, SG) discussed discrepancies against eligibility criteria, with conflicts resolved by author (IC). Screening the retrieved articles, the article reference lists were checked and further papers meeting the review inclusion criteria were identified and added to the list of reviewed articles (Peters *et al.*, 2020).The PRISMA extension (PRISMA-ScR) (Tricco *et al.*, 2018) was used in the reporting of this scoping review to ensure transparency and comprehensiveness.

The search strategy yielded 4,425 articles from five databases, with 1,914 duplicates removed. Subsequently, 2,511 references underwent the initial title and abstract screening phase. During this stage, 2,380 citations were excluded due to non-compliance with the eligibility criteria outlined in Table 1 in supplementary material. Upon subjecting the remaining 131 articles to full-text screening, 111 were excluded, with rationales for exclusion elucidated in Figure 1. Furthermore, following a review of the references of the 20 included studies, an additional 9 articles were considered. Upon scrutiny of these 9 articles, 3 did not meet the specified criteria; the six which did meet the criteria were considered part of the data set. In total, 26 studies fulfilled the inclusion criteria for this review, as shown in Figure 1.

2.3 Quality appraisal

No quality appraisal or risk of bias assessment was conducted because "the aim was to map the available evidence rather than provide a synthesised and clinically meaningful

Figure 1 The PRISMA 2020 (Page *et al.*, 2021) statement: an updated guideline for reporting systematic review



answer to a question", as recommended by JBI guidance (Peters *et al.*, 2020). Furthermore, quality was considered by including only peer-reviewed publications.

2.4 Data extraction and analysis

Data extracted, from included studies, mapped the concept, identified characteristics and generated themes as per the review objectives. Data extraction underwent a pilot test led by three authors (WT, RR and SG) to ensure its effectiveness in capturing essential details. This pilot test ensured a comprehensive data extraction table to include the following headings Author, year of publication, country, study aim, methodology, ethnicity, mean age of EAM family carer, condition and relationship to person cared for and support needs identified. The extracted data is presented in Table 2 Table 3 as supplementary files.

A content analysis approach synthesised quantitative, qualitative and mixed-methods studies. This approach was chosen by the authors because of its suitability to integrate diverse evidence from heterogenous sources such as that in our data extraction tables. All papers were uploaded to NVivo 14 by (WT), a computer assisted software, for data management and analysis. In NVivo, the lead author (WT) conducted initial coding. This centralisation made it easier to manage the large volume of codes from all studies. This was then followed by grouping initial codes into sub-themes. Final themes were refined through code frequency analysis and narrative synthesis, with consensus from all authors (WT, RR, IC, SG). Quantitative studies and mixed method studies contributed categorical and descriptive information such as reported characteristics of family carers and reported support needs. Qualitative studies and mixed method studies contributed to identifying recurrent patterns and emerging concepts. Content analysis thus allowed for the exploration of the presence, meanings and relationships of such certain words, themes or concepts related to support needs of this caregiving cohort (Assarroudi *et al.*, 2018).

3. Results

3.1 General characteristics of studies

The data spanned across four host countries originating from USA ($n=17$), Australia ($n=4$), Canada ($n=4$) and the UK ($n=1$). The data identified migrant carers, living in host countries were from China ($n=16$), Korea ($n=10$) and surprisingly, no studies were found for Taiwan, Hong Kong, Macao, Japan, Mongolia, or North Korea. While the ethnicity of EAM family carers was found to be primarily from China and Korea, it is noteworthy that in three articles (Koo, 2012; Heidenreich *et al.*, 2014; Lee *et al.*, 2023a), the samples included individuals from Taiwan, Macau or Hong Kong; however, these participants were collectively categorised as Chinese. Furthermore, the ten studies identified ethnicity of EAM as Korean, made no explicit mention of whether the participants were from South Korea or North Korea, as such, they were collectively referred to as Korean.

Among the studies, qualitative research dominated ($n=18$), followed by quantitative studies ($n=5$) and mixed-methods studies ($n=3$). Most qualitative studies adopted interviews as their data collection tool and thematic analysis methods for data analysis. Quantitative studies used surveys and questionnaires as their data collection tool, and descriptive statistics for data analysis. In the 26 studies, EAM carers cared for people with dementia ($n=11$), mental health illness ($n=5$), older person ($n=3$), child with disability ($n=2$), cancer ($n=2$), chronic illness ($n=1$) and stroke survivor ($n=1$). Findings show that EAM family carers are predominately female, aged between 38 and 69 years, as shown in data extraction Tables 2 and 3, as supplementary file.

3.2 Themes

The content analysis findings of review were discerned and presented as three distinct themes culturally sensitive needs, education and training needs and social support needs (Professional and health support, Peer support).

3.2.1 Culturally sensitive needs. Twenty-three (Casado and Sacco, 2012; Klassen *et al.*, 2012; Koo, 2012; Lee and Smith, 2012; Park, 2012; Lee and Yim, 2013; Xiao *et al.*, 2013; Heidenreich *et al.*, 2014; Lee Casado *et al.*, 2015; Liu and McDaniel, 2015; Yeung *et al.*, 2015; Lee and Park, 2016; Lee *et al.*, 2017; Liu and Fisher, 2017; Alice Lun, 2019; Guo *et al.*, 2019; Han *et al.*, 2019; Kim *et al.*, 2019; Liu *et al.*, 2020; Liu *et al.*, 2021; Poon *et al.*, 2021; Lee, 2022; Lee *et al.*, 2023a) studies have contributed to the theme *Culturally sensitive needs*. This theme addresses the culturally sensitive needs of EAM family carers, representing EAM family carers' beliefs of the significance of cultural values, such as collectivism; filial piety; and familism when providing care to their family member. For example, despite feeling overwhelmed with the responsibility of caring for people with serious illnesses, EAM carers most often prioritise fulfilling their filial obligations over alternative care arrangements, such as nursing homes or home support services.

The findings found that cultural values influence whether EAM family carers seek help promptly or delay seeking assistance (Koo, 2012; Lee Casado *et al.*, 2015). The results found that culture values and cultural pressure is exerted by East Asian families when living in a host country stemming from strong desires to uphold the *family's face* and *reputation* within the local community (Lee and Smith, 2012; Heidenreich *et al.*, 2014). In contrast, other studies indicate that EAM carers did engage in help seeking behaviours and sought out and benefited from support services or programs, including interpreter services, social worker support (Liu and Fisher, 2017; Alice Lun, 2019). These findings demonstrate that cultural expectations can contribute to increased stress, greater caregiving burden and emotionally difficulties, compounding the challenges of caregiving. However, the evidence also suggests that cultural values among EAM family carers are not inherently or uniformly restrictive, supporting a more nuanced understanding of culture as dynamic. Similarly, while quantitative studies found that EAM family carers who strongly adhered to filial obligations reported lower overall stress levels and caregiving burden, and reported good psychological well-being associated with family caring, these effects vary by acculturation level (Park, 2012; Guo *et al.*, 2019).

The findings suggest that culturally sensitive needs include linguistic challenges experienced by EAM family carers, as language is not only a practical tool for communication but also a key marker of cultural identity and belonging. Many challenges arise from limited proficiency in the host country's language, and subsequently, limited access to services, with some EAM family carers living for almost 30 years in their host country with limited language proficiency (Liu *et al.*, 2021). These challenges include obstacles to accessibility, comprehensibility and usability of information.

Across studies, EAM carers express a desire for written information about diseases, resources and specific treatments in their language (Klassen *et al.*, 2012; Kim *et al.*, 2019; Poon *et al.*, 2021) because complex medical terminology and information are not always accessible, understood, or provided in their language. In response to those constraints, EAM carers resort to accessing internet information in their native language (Kim *et al.*, 2019). In addition, evidence shows that EAM family carers face challenges in accessing social support services due to language barriers, and some carers report never attending caregiving education or training sessions because of limited language proficiency (Xiao *et al.*, 2013; Kim *et al.*, 2019; Liu *et al.*, 2021; Lee, 2022). Consequently, EAM family carers emphasise a need for culturally and linguistically appropriate support, including education and training, accessible information and support service delivered in their own language.

Furthermore, the inability to speak English fluently hindered EAM family carers ability to voice complaints against providers, with some preferring to avoid conflict and maintain harmony (Liu and Fisher, 2017; Han *et al.*, 2019). Evidence also shows that EAM family carers experiencing significant barriers to effective communication and collaboration with healthcare professionals and described discrimination from healthcare providers due to their "*lack of fluency*" in English (Liu and McDaniel, 2015; Lee and Park, 2016). Overall, these findings illustrate how language barriers shaped EAM family carers' access to health and social care services and subsequent interactions with healthcare providers, impacting negatively on EAM family carers experiences.

Interestingly, even when language proficiency was adequate, findings show that some EAM carers still preferred speaking with individuals from their own country due to a sense of cultural connection and community (Han *et al.*, 2019; Liu *et al.*, 2021). EAM family carers express the desire for bilingual and bicultural healthcare providers, driven by difficulty in learning, access to resources within mainstream services and lack of culturally competent services from healthcare providers carers (Liu and McDaniel, 2015; Yeung *et al.*, 2015; Lee and Park, 2016; Liu *et al.*, 2021). The findings indicate that EAM family carers developed strong relationships with bilingual professionals, along with satisfaction in receiving education programmes and support delivered in their native language. Taken together, these findings highlight the importance of cultural and linguistic concordance in shaping EAM family carers' engagement with health and social care support or services.

3.2.2 Training and education needs. Twenty studies (Casado and Sacco, 2012; Klassen *et al.*, 2012; Koo, 2012; Lee and Smith, 2012; Lee and Yim, 2013; Xiao *et al.*, 2013; Yang *et al.*, 2014; Lee Casado *et al.*, 2015; Liu and McDaniel, 2015; Yeung *et al.*, 2015; Lee and Park, 2016; Lee *et al.*, 2017; Liu and Fisher, 2017; Alice Lun, 2019; Han *et al.*, 2019; Kim *et al.*, 2019; Liu *et al.*, 2021; Poon *et al.*, 2021; Lee, 2022; Hong *et al.*, 2023; Lee *et al.*, 2023b) emphasise the importance of training and education for EAM family carers especially when it comes to understanding diseases and related concepts. The results show how EAM carers often find themselves in situations where they need to provide care without adequate knowledge or understanding of the conditions they are dealing with (Alice Lun, 2019; Kim *et al.*, 2019). This lack of understanding can lead to misconceptions and increased stress for carers. Moreover, findings indicate that EAM family carers emphasised the need for comprehensive information about diseases, medications and medication side-effects, particularly as they may not always be able to consult a doctor when patients develop unfamiliar symptoms. One participant stated (Kim *et al.*, 2019):

> We mostly depended on the doctor and his recommendations [. . .] I would come to each doctor's visit hoping to get answers for all the questions I had, but I was always unsuccessful (Kim *et al.*, 2019 and page 160).

These findings show that EAM family carers have support needs for accessible disease-related information, education and training to support their caregiving roles. In addition, a significant issue highlighted by EAM family carers was stigma surrounding mental illness, disability and dementia (Koo, 2012; Poon *et al.*, 2021). This stigma prevented EAM family carers from seeking timely help, attributing personality issues and natural ageing phenomena to the care recipients' condition rather than understanding the condition (Lee Casado *et al.*, 2015). Emerging evidence from some quantitative and mixed-methods studies suggests that culturally tailored digital and educational interventions, including peer-led anti-stigma programmes, were reported to be feasible and acceptable, and effective in improving mental health literacy, reducing stigma and enhancing caregiving well-being (Casado and Sacco, 2012; Yang *et al.*, 2014; Hong *et al.*, 2023). In particular, mobile -based formats were preferred to assist in managing time as time is regarded as a priority in caregiving responsibilities and transportation barriers (Lee *et al.*, 2017; Hong *et al.*, 2023).

3.2.3 Social support needs. This theme includes two sub-themes: *Professional and health support needs and Peer support needs*.

3.2.3.1 Professional and health support needs. Nineteen studies (Banghwa and Sacco, 2012; Klassen *et al.*, 2012; Koo, 2012; Lee and Yim, 2013; Xiao *et al.*, 2013; Heidenreich *et al.*, 2014; Yang *et al.*, 2014; Lee Casado *et al.*, 2015; Liu and McDaniel, 2015; Lee *et al.*, 2017; Alice Lun, 2019; Han *et al.*, 2019; Kim *et al.*, 2019; Liu *et al.*, 2021; Poon *et al.*, 2021; Lee, 2022; Hong *et al.*, 2023; Lee *et al.*, 2023a; Lee *et al.*, 2023b) emphasise the *Professional and health support needs*. Carers consistently express heightened levels of stress and burden due to the continuous responsibility of providing round-the-clock care. This is in the context of the demanding nature of caregiving tasks leading to feelings of stress, fatigue and emotional strain. The relentless workload associated with caregiving leaves little personal time and often results in neglect of carers' own health status needs. A participant conveyed this sentiment (Lee Casado *et al.*, 2015), stating:

> "Caregiving experience using expressions such as overwhelming," "exhausted," "feel like I'm stuck," and "not doable." For many, it was a 24/7 job, and there was no opportunity to take a break" (Lee Casado, 2015 and Page 38).

In addition to basic caregiving tasks, carers also bear the complex responsibility of managing disease symptoms and behaviours, which further exacerbates stress levels. In addition, the findings found that EAM family carers have many pre-existing chronic health conditions of their own, such as spinal problems, high blood pressure and high blood lipids, which are exacerbated by the physical demands and sleep disruptions associated with caregiving (Heidenreich *et al.*, 2014; Liu and McDaniel, 2015; Alice Lun, 2019). The evidence indicates that EAM family carers expressed a clear need for professional and health support to help manage physical and emotional and practical pressures of caregiving. Flexible respite services, home care services and adult day care centres are identified as essential forms of professional support.

The findings revealed a need for professional support related to difficulties navigating complex health and social care systems. EAM carers report uncertainty about what resources were available and how to access them, alongside limited information regarding financial assistance, home care services and social welfare support (Yeung *et al.*, 2015; Lee *et al.*, 2023b).

While EAM family carers also describe insufficient informational support from health-care professionals, such as general practitioners (GPs) (Xiao *et al.*, 2013; Kim *et al.*, 2019), this impact was found to cause significant financial hardship compounded by a lack of health insurance, with spousal carers reporting greater financial strain than adult-child carers (Heidenreich *et al.*, 2014; Lee *et al.*, 2023b). Beyond financial concerns, few carers reported the need for transportation services for hospital visits attributing this need to their status as new immigrants, unfamiliarity with the transportation system and inability to drive in the host country (Klassen *et al.*, 2012; Liu and McDaniel, 2015).These findings indicate that EAM family carers' support needs for clearer information, system navigation assistance and access to financial and practical support such as transport support.

3.2.3.2 Peer support needs. The data found that EAM family carers face significant challenges, including heightened social isolation, reduced participation in social activities and limited personal time due to their caregiving responsibilities (Klassen *et al.*, 2012; Koo, 2012; Lee and Smith, 2012; Lee and Yim, 2013; Xiao *et al.*, 2013; Heidenreich *et al.*, 2014; Lee Casado *et al.*, 2015; Liu and McDaniel, 2015; Lee and Park, 2016; Lee *et al.*, 2017; Liu and Fisher, 2017; Alice Lun, 2019; Han *et al.*, 2019; Kim *et al.*, 2019; Liu *et al.*, 2021; Poon *et al.*, 2021; Lee, 2022; Lee *et al.*, 2023b) highlighting a crucial need for peer support among EAM family carers.

Moreover, the experience of isolation is compounded by factors such as living in a foreign country, facing language barriers and lacking opportunities to make new friends. A participant conveyed this sentiment (Lee *et al.*, 2023b), stating:

> I used to engage in outdoor and church activities, but I had to give up on those things. I've realised I can't pursue activities I enjoy anymore. There are times when I feel a profound sense of sadness (Lee, 2022 and Page 1766).

Recognising the importance of social connections, carers expressed a need for support groups, community activities and opportunities for carers to interact and share experiences. Some carers mentioned finding social support through local church communities (Kim *et al.*, 2019; Lee, 2022). Collectively, these findings show that EAM family carers have significant peer and social support needs.

4. Discussion

In this scoping review, the support needs of EAM family carers in a host country were reviewed and analysed. In mapping the characteristics, key concepts and themes of EAM family carers' support needs, it became clear that EAM family carers have many similar commonalities to the general family carers cohort, and some unique experiences related to their culture, education and information needs and support needs. Similar to other family carer cohorts, our results found that most EAM carers are female and mainly provide care for individuals with dementia, consistent with previous studies (Lillekroken *et al.*, 2021; Shrestha *et al.*, 2023). Research focusing on EAM carers dealing with conditions like cancer, disability, or mental health is scarce. This finding is consistent with broader trends observed among family carers in general, as well as among carers of other racial or ethnic backgrounds, where a significant proportion of carers also tend to prioritise dementia care (Shrestha *et al.*, 2023; Ta Park *et al.*, 2023).

4.1 Culture

East Asian cultural values such as familism, reciprocity, and filial piety are important yet challenge EAM carers in their role in a host country. Carers expressed the tendency to rely on home-based caregiving until professional assistance becomes necessary. The caregiving role is reported as highly stressful and burdensome, impacting not only their social and physical health but also increasing emotional and psychological well-being. Carers are also more likely to experience negative health outcomes, such as loneliness, uncertainty and depression. Furthermore, financial strain due to sacrificing careers to care for family members is significant in this cohort of family carers. Given the cultural inclination in East Asia and the challenges it presents to EAM carers, healthcare professionals in the host country can be ethically challenging to engage and support migrant family carers. While having respect for a person's culture and recognising the need for support, health-care professionals need competency skills in cultural perspectives and research.

Recognising how cultural values may often deter help-seeking behaviour, this review identified instances where EAM carers actively sought out and benefited from support services, including interpreter services, home care services and social worker support, and assistance from church, family or other family carers (Liu and Fisher, 2017; Alice Lun, 2019; Liu *et al.*, 2021; Poon *et al.*, 2021; Lee *et al.*, 2023b). However, echoing challenges faced by ethnic minority carers in previous studies, the lack of culturally and linguistically appropriate care, as well as experiences of disrespectful care, stand as significant obstacles for immigrant family carers in receiving and continuing to use satisfactory services (Greenwood *et al.*, 2015). These challenges are compounded by the absence of information available in their own language and a shortage of interpreter services, or they have faced unclear information about where or how to get it while attempting to get support from the healthcare and social services (Lillekroken *et al.*, 2021; Knipping *et al.*, 2023). Our review highlights the importance of providing materials and support in their native languages. This resource can empower EAM carers with essential knowledge and resources on disease management, educational resources and accessing support services and welfare.

Providing language support, however, is not enough; health-care services must be both culturally sensitive to meet the diverse needs of EAM carers. Some EAM family carers who have accessed culturally sensitive services reported experiencing a sense of community with bilingual professionals and other carers who share similar life experiences (Liu *et al.*, 2021). This highlights the vital importance of offering language-specific, culturally responsive services and community-based supports. The significant role that interpreters, bilingual and bicultural healthcare staffs play in engaging EAM carers is paramount, as they are instrumental in fostering deeper connections and a sense of intimacy by providing culturally sensitive support.

4.2 Education and training needs

Similar to previous studies (Chejor *et al.*, 2022), our review also highlights how stigma associated with conditions like dementia, disability, and mental health can significantly impact EAM carers' willingness to seek help. Such stigma can lead to a delayed diagnosis of the disease, placing the entire burden of complex caregiving tasks on the carers. Findings from a World Health Organisation (WHO) report finds a worldwide shortfall in education and training for carers (WHO, 2021). Our scoping review further adds to this claim to state that EAM carers are underserved by health-care professional for their caregiving role where a critical need for health literacy education and training is required. Health-care professionals must approach the provision of social support with sensitivity to these stigmas.

Educational interventions that offer accurate disease information and psychoeducation tailored for EAM carers are paramount. These interventions can demystify the conditions, reduce stigma and encourage carers to seek and accept help, emphasising the critical nature of prompt clinical evaluations and appropriate treatments. The digital-based education underscores the strong potential of digitally delivered interventions for supporting EAM family carers, particularly by overcoming barriers related to caregiving demands and transportation (Hong *et al.*, 2023).

4.3 Social support needs

As our review found, peer support plays a crucial role in the lives of family carers, offering valuable advice, shared experiences and practical problem-solving tips similar to previous studies (Smith *et al.*, 2018; Han *et al.*, 2022). While some carers believe in the benefits of learning from others in similar situations, carers lament the scarcity of online learning groups (Lee *et al.*, 2017; Hong *et al.*, 2023), often due to the absence of face-to-face support groups. In addition, the church community emerges as an important support system, facilitating the exchange of resources, skills and coping strategies among carers. While our review found peer support networks foster a sense of cultural connection and ease in communication, as language and cultural barriers are minimised more research is required to establish the number of groups and peer support networks that exist for minority groups.

Moreover, the geographical distance from relatives and conflicts within kinship relationships exacerbate the challenges faced by EAM family carers, underscoring the importance of social support networks (Heidenreich *et al.*, 2014). It offers a safe and understanding environment where carers can share their experiences openly. Through these networks, carers not only receive validation and encouragement but also gain emotional support. Importantly, peer support networks provide a sense of solidarity and belonging, alleviating feelings of isolation and loneliness that often accompany caregiving. Furthermore, peer support serves as a central space for community belonging, playing a vital role in enabling EAM carers to build relationships and provide mutual support (Lee *et al.*, 2023a). This sense of community acts as a form of social

capital that can positively impact carers' physical, social and psychological well-being (Liu *et al.*, 2021).

In addition, carers who are without social support frequently encounter heightened burden and stress (Ruisoto *et al.*, 2020). To combat this, interventions aimed at mitigating social isolation and enhancing social participation through support groups and psychoeducational groups, which have shown effectiveness in alleviating symptoms of depression and reducing carer burden (Dam *et al.*, 2016).

4.4 Strengths and limitations

This study furthers understanding of the support needs of EAM family carers, with important implications for future research and practice. Despite the valuable insights, several limitations must be noted. Firstly, the focus on first-generation immigrants may not capture the changing needs of later generations with different acculturation experiences. Secondly, the predominance of Chinese and Korean participants limits generalisability to other East Asian groups. Thirdly, most studies came from the USA, Australia and Canada, indicating a geographic bias.

4.5 Recommendations for future research

1. Future research should prioritise the development of linguistically and culturally appropriate interventions tailored to specific ethnic groups, rather than treating East Asian populations as a homogeneous whole.
2. There is a pressing need for more research from other countries, particularly European countries, given the rising immigration from East Asian populations.
3. Board research focus beyond dementia to include carers dealing with other conditions or illnesses.

4.6 Practical implications

To enhance the quality and equity of support for EAM family carers, service providers should consider a root and branch analysis of how culturally appropriate support is delivered consistently and integrated into primary, tertiary and community care. This must consider practical solutions such as access to trained interpreters, bilingual staff, translated resources and tailored carer education or interventions in all health and social care services. Thus, by adopting culturally responsive approaches to assessment and care planning including the proactive identification of caregiving burden, mental-health needs and barriers to service access, EAM family carers will not be overlooked or "invisible" within routine health and social-care encounters. A core implication from this review shows that in strengthening community-based and peer-support networks collaboratively with East Asian migrant organisations and faith-based groups, social isolation and carers' overall well-being can be improved.

Finally, service providers should deepen their cultural competence and humility by developing a nuanced understanding of EAM cultural norms, caregiving expectations, help-seeking behaviours and communication preferences, thereby fostering more respectful, appropriate and effective engagement with EAM family carers.

5. Conclusion

In summary, this scoping review provides valuable insights into the support needs of East Asian migrant family carers, highlighting the cultural, informational, social and psychological support needs, addressing these identified themes and knowledge gaps provides an

opportunity for researchers, health-care professionals, policymakers to collaborate to develop comprehensive, culturally appropriate and language-specific resources and interventions to meet the support needs of EAM family carers in the host country, providing a safe, compassionate and culturally sensitive service.

Acknowledgements

The authors would like to acknowledge that an earlier version of this manuscript was presented as a conference abstract at the Post Graduate Researcher (PGR) Research Showcase [19 June 2024] at the University of Limerick, Ireland and orally at the International Research Conference on [22 August 2024] at the University College Dublin. This manuscript is a more comprehensive and detailed version, with significant differences from the conference presentations.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial or not-for-profit sectors.

Data availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Author contributions (CRediT)

Wenyi Tang, Dr. Irene Cassidy, Dr. Ruth Ryan and Prof. Stephen Gallagher contributed to the knowledge development of this paper.

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Dr. Ruth Ryan: Writing – review & editing, Methodology, Formal analysis, Supervision, Resources, Conceptualisation, Project administration.

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Supplementary material

The supplementary material for this article can be found online.

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