Review

Not peer-reviewed version

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Posted Date: 7 May 2025

doi: 10.20944/preprints202505.0364.v1

Keywords: dementia; migration; culture; intersectionality; inclusion Introduction doi:10.20944/preprints202505.0364.v1

Review

Beyond 'Culturally Sensitive Care': Reimagining Dementia Care for Families with Migration Backgrounds

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Abstract: People with migration backgrounds (PwM) and their loved ones living with dementia often encounter multiple disparities for appropriate care and support. Simultaneously, care professionals may feel inadequately prepared to address the needs of PwM effectively. As a response to these concerns, research and practice have increasingly emphasized the importance of culturally sensitive care. These efforts center on understanding the cultural norms and beliefs of migrant communities, and developing professional strategies tailored to these cultural factors. However, while cultural factors clearly play a role in the care experiences of PwM, the emphasis on culture in research and practice has drawn criticism from various scholars. In our contribution to this debate, we highlight the shortcomings of the concept of culturally sensitive care within the context of dementia, and propose a perspective that responds to these shortcomings. We present the following arguments. (1) The concept of culture and culturally sensitive care, combined with segregated tools designed to address the needs of PwM, falls short of providing comprehensive guidance for inclusive care. (2) Instead of attributing care-related obstacles to cultural differences, we must shift our focus to understanding individual experiences of inequality as well as the systemic structures that perpetuate inequality. (3) To address the diverse needs of PwM and the challenges of ongoing diversity within Western societies, dementia care services should embrace diversity as the norm rather than an exception requiring segregated tools. This requires a paradigm shift in which professionals are trained to navigate relationships in ways that minimize reliance on rigid (ethnic and cultural) categorizations.

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Introduction

"An employee at the nursing home said to me: 'I'm going to find out what culture[-sensitive] care means.' I said to her: 'But we're right here [for questions about our mother's care], we live with these people and we know how they've lived.' But, no, they wanted to go to a conference, to figure this out independently from our family … And that's really upsetting" (Ahmad et al., 2023, p. 15).

In the past years, the first author has conducted extensive ethnographic research concerning people with migration backgrounds (PwM)[1] who provide care for a loved one with dementia (Ahmad et al., 2020; 2022; 2023; Ahmad, 2022.a; 2022.b). Throughout her work she observed a growing trend in research and practice towards adopting a culture-based approach in dementia care, with the goal of mitigating social disparities and bridging the gap between care professionals and PwM. Such a focus is commonly referred to as "cultural competence" or "culturally sensitive care" [2], or a general emphasis on the cultural, religious and linguistic background of PwM and their loved ones with dementia. She observed potential limitations and drawbacks of prioritizing culture in aging and dementia care for PwM, a perspective that has also been critiqued by various scholars in the field (see e.g., Iliffe & Manthorpe, 2004; Koehn et al., 2013; Torres, 2015; 2019; Zubair & Norris, 2015). In her work, she emphasized that "when the care-experiences of PwM are described as being located in their specific cultural norms and differences, the complexity of these experiences, including the impact of social inequalities, are neglected" (Ahmad, 2022.a, p. 156). In other words, a culture-based focus can hinder inclusive dementia care, as illustrated in the above quote from a Turkish-Dutch family caregiver of her mother with dementia. Instead of engaging in dialogue to understand their care needs, the care professional opted to gain insight into their presumed cultural needs through a conference on culturally sensitive care.

Nevertheless, research and discourse on dementia care for PwM continue to disproportionately emphasize cultural aspects of care needs and experiences. The focus lies predominantly on cultural barriers to accessing dementia care services, and a culture-based approach is often proposed as the primary solution (see e.g., Berg et al, 2025; Kenning et al., 2017; Mukadam et al., 2011; 2013; Nielssen et al., 2019; 2020; Osman & O Carare, 2015). Such a focus has been critiqued to inadvertently essentialize and overemphasize the effects of culture (Iliffe & Manthorpe, 2004; Koehn et al., 2013; Torres, 2015; 2019; Zubair & Norris, 2015). Moreover, an emphasis on experienced cultural barriers places the responsibility for inequalities onto PwM, rather than onto care organizations and professionals who are responsible for providing inclusive care and support (Torres, 2015; 2019).

Therefore, alternative approaches to inclusive dementia care are urgently needed. As dementia prevalence rises sharply after age 60 (World Health Organization, 2012), the growing older migrant population is expected to lead to an increased incidence of dementia among PwM (Alzheimer Europe, 2020). Consequently, an increasing number of PwM will face pressure to provide care for their relatives with dementia, while often navigating complex challenges (Ahmad, 2022.a; Berdai-Chaouni et al., 2020). The increasing number of dementia cases among PwM, combined with existing social disparities, thus presents an unprecedented challenge for European healthcare systems in the coming decades (Monsees et al., 2021).

In our contribution to this ongoing debate, we use our observations of a culture-based focus to dementia care for PwM as a starting point to critically examine the literature. In doing so, we present three key arguments in the following order: (1) The concept of culture and culturally sensitive care, combined with segregated tools designed to address the needs of PwM, falls short of providing comprehensive guidance for inclusive care. (2) Instead of attributing care-related obstacles to cultural differences, we must shift our focus to understanding individual experiences of inequality as well as the systemic structures that perpetuate inequality. (3) To address the diverse needs of PwM and the challenges of ongoing diversity within Western societies, dementia care services should embrace diversity as the norm rather than an exception requiring segregated tools. This requires a paradigm shift in which professionals are trained to navigate relationships in ways that minimize reliance on rigid (ethnic and cultural) categorizations.

'Culture' Provides no Comprehensive Guidance for Inclusive Care

Due to social disparities, PwM often face a number of access barriers to care and support services for their loved ones with dementia. Such disparities include discrimination, language barriers, a lack of attention to individual needs, and a lack of clarity about where or how to access help (Botsford et al., 2011; Giebel, 2023; Greenwood et al., 2015; Monsees et al., 2020; Mukadam et al., 2011). Simultaneously, due to experienced cultural, religious, and/or linguistic differences, professionals may feel ill-equipped to support PwM in their care-needs (Ahmad et al., 2023; Berdai-Chaouni et al., 2020; Claeys et al., 2020).

To address these social disparities and challenges within dementia care for PwM, discourse has increasingly centered on culture-informed strategies that are meant to improve access barriers and the relationship between PwM and care professionals. This includes studies emphasizing cultural barriers to accessing dementia care services and/or a need for services that are tailored to specific ethnic groups or PwM in general (e.g, Berg et al., 2025; Kenning et al., 2017; Monsees et al., 2020; Mukadam et al., 2011; 2013; Nielsen et al., 2019; 2020; Osman & O Carare, 2015; Richardson et al., 2017; Siette et al., 2023; Taiebine et al., 2024; van Wezel et al., 2014), as well as studies emphasizing a need for stronger cultural competencies among professionals (Berg et al., 2025; Duran et al., 2023; Gove et al., 2021; Mountford & Dening, 2019; Nielsen et al., 2019; 2020). In addition, numerous reports across Europe aim to guide professionals in delivering culturally appropriate care to PwM (see e.g. Alzheimer Europe, 2020; van der Klein & Razenberg, 2019). These reports include recommendations on adapting care and support to accommodate religious beliefs and cultural traditions, as highlighted in a report from Alzheimer Europe (2020).

Although most of the abovementioned studies and reports briefly mention that one should not focus solely on culture – acknowledging diversity within groups and the importance of the individual – they do place an emphasis on cultural barriers. This emphasis often overlooks the impact of other social factors, such as systemic inequalities and personal migration history, and instead recommends segregated, tailored tools for PwM (relating to language, and cultural and religious norms) and cultural competence training to achieve culturally appropriate care. This approach is problematic for several reasons outlined below.

First, both in everyday life and across various disciplines – including anthropology, sociology, and psychology – there is no single, universally agreed-upon definition of the concept of culture. Similarly, the concepts of culturally sensitive care and cultural competence also lack a universally accepted definition. This variability is further complicated by different educational philosophies and theoretical frameworks, each viewing culture in distinct ways, resulting in educational programs with diverse intentions (Dogra et al., 2007; 2016; Li et al., 2023; Vella et al., 2022). These inconsistencies in theoretical frameworks and training make it difficult to assess the effectiveness of cultural competence training (Vella et al., 2022). Moreover, although scholars generally understand these concepts to involve recognizing and respecting diverse cultural backgrounds in healthcare settings, there is a lack of conceptual clarity regarding how cultural appropriate care can be developed and implemented through education in practical settings (Claeys et al., 2020; Li et al., 2023). This not only leads to ambiguity about these concepts in the literature but also means that they are not understood and implemented in the same way by all care professionals (Claeys et al., 2020).

This ambiguity leads to our second argument: what studies and professionals perceive as cultural obstacles regarding interactions with PwM may not necessarily be culturally based. For instance, studies highlight that dementia-related stigma in migrant communities are rooted in cultural, religious, and/or supernatural beliefs, such as beliefs that people with dementia are cursed, possessed by evil spirits, or experiencing divine punishment (Allam et al., 2023; Mackenzie, 2006; McCleary et al., 2012). However, such explanations for dementia more likely stem from a lack of knowledge about the condition, rather than cultural beliefs. This lack of medical understanding and awareness that someone is ill leads people to fill the gap with non-medical explanations, such as possession by evil spirits (Ahmad et al., 2023). Nonetheless, when professionals encounter unfamiliar situations with PwM, they tend to attribute them to cultural factors, which can impede their work and result in inadequate support for PwM (Ahmad et al., 2023; Berdai-Chaouni et al., 2020). Thus, cultural explanations are not only ambiguous but also overlook and reinforce social inequalities and exclusion faced by PwM, while hindering professionals' ability to fully comprehend the care context.

Third, framing research or professional tools through terms like culturally sensitive care can inadvertently promote Othering and apprehension about interactions with PwM. That is, when professionals encounter challenges in their interactions with PwM, they may resort to quick fixes like culturally sensitive training, rather than focusing on the more crucial task of cultivating genuine, trusting relationships with migrant families (Ahmad et al., 2023, Berdai-Chaouni et al., 2020; Claeys et al., 2020). The pervasive Othering of PwM as a difficult and inherently different group (as opposed to the White majority population) has indeed been found to be a part of professionals' perspectives (Ahmad et al., 2023) and implementation of culturally sensitive care (Claeys et al., 2020). This process of Othering not only stigmatizes PwM as incomprehensible "migrant Others" but also undermines care professionals' confidence to perform their work effectively, due to perceived cultural knowledge gaps (Ahmad et al., 2023; Claeys et al., 2020). However, several studies highlight that acquiring cultural knowledge or participating in culturally sensitive training, particularly when focused on knowledge transfer, does not necessarily lead to improved quality of care (e.g., Berdai-Chaouni et al., 2020; Claeys et al., 2020; Shepherd, 2019). A recent literature review on the impact of cultural competence training for professionals (Vella et al., 2022) found that patient health outcomes did not significantly improve in any of the included studies. Shepherd (2019), too, highlights the absence of evidence supporting meaningful outcomes from cultural competence training, noting that such programs can sometimes cause more harm than good. Furthermore, a study on PwM caring for a family member with dementia (Ahmad et al., 2022) shows that even with culturally appropriate care, family caregivers may still experience exhaustion and a lack of adequate support.

Fourth, while segregated services and cultural competence training might benefit some PwM and professionals, such an approach is insufficient and unsustainable in an increasingly diverse and globalized society. In the context of increasing diversity and globalization, it is impractical to provide segregated services (addressing language, cultural and religious norms) for every ethnic minority group. Moreover, a professional approach that suits some families may inadvertently harm others (Ahmad, 2022.a). This challenge becomes particularly pressing as globalization and migration continue to change the demographic landscape of Europe and other Western societies (England & Azzopardi-Muscat, 2017; Vertovec, 2007), creating an ever more complex landscape of cultural backgrounds and care needs. These variations can make segregated services for PwM impractical and potentially counterproductive (Iliffe & Manthorpe, 2004; Phillimore et al., 2016).

For instance, in the Netherlands, the composition of PwM is expected to shift significantly by 2050, with those from “classic” migration countries (Indonesia, Suriname, the former Dutch Antilles, Turkey, and Morocco) decreasing from 40% to 10%. Meanwhile, EU migrants will become the largest group, comprising 30% of PwM, while people from asylum countries will increase to about 20% of PwM (de Beer et al., 2020). Nevertheless, most research on aging and dementia care in Dutch families with migration backgrounds tends to focus on two or three of the largest ethnic minority groups, specifically those of Moroccan and Turkish descent (see e.g., Duran et al., 2023; Suurmond et al., 2016; van Wezel et al., 2014; Yerden, 2013). This is also visible in Dutch discourse and culturally tailored tools concerning aging and dementia care for PwM, for example through leaflets that are only translated to Moroccan and Turkish (see e.g., Alzheimer Netherlands, 2022). Such a focus partially relates to the fact that Moroccan and Turkish individuals who came to the Netherlands as labor migrants are now aging. However, it also relates to the misconception that the term “migration background” has become synonymous with “Muslim” and/or specifically Moroccan or Turkish ethnicities. Indeed, in Dutch public discourse, Muslims are frequently portrayed as the least assimilable minority group (Wekker 2016, p. 159), a perception that should be contextualized within the broader framework of Islamophobia prevalent across Europe (Bayraklı & Hafez, 2016). These stereotypes lead to unconscious biases among people, including care professionals, which inevitably affects how culturally sensitive care is perceived and implemented. For example, in their study of Belgian healthcare professionals, Claeys and co-workers (2020) found that culturally sensitive care is often narrowly interpreted, primarily relating it to Islamic religion and Arabic culture. Similarly, Vandecasteele et al. (2024) observed that general practitioners tend to associate culturally sensitive care exclusively with Muslim patients and those of Moroccan or Turkish descent. The impact of these reductionist views are highlighted by Torres (2006) who argues that older PwM in Sweden are framed as an “easily identifiable and homogeneous social category posing an unusual challenge for elderly-care planners and providers” (p. 1341). Consequently, older PwM and their families are perceived as “problematic Others” (Torres, 2006) or “migrant Others” (Ahmad et al., 2023) whose assumed cultural differences are very difficult to bridge.

In conclusion, we want to clarify that we are not dismissing professional tools and research that emphasize culture-based care for PwM and their loved ones with dementia. Rather, we argue that the concept of culture and culturally sensitive care, combined with segregated tools designed to address the needs of PwM, falls short of providing comprehensive guidance for inclusive care. Also, as scholars and professionals we should be wary that a culture-based focus can hinder a trusting relationship in which care-needs are clarified through thoughtful dialogue between individuals with dementia, families, and professionals. Moreover, a culture-based focus poses a significant risk of stereotyping and false conclusions, as it overlooks other relevant social categories that play a crucial role in shaping individual experiences and needs. In the following section, we will delve into the importance and impact of these social categories.

Understanding Care Experiences Through Intersectionality

Intersectionality, a term introduced by Crenshaw (1989, 1991), arose from a critique of white feminists' oversight of Black women's experiences of multiple, overlapping forms of discrimination. Essentially, intersectionality is a framework for understanding how multiple social categories (e.g., ethnicity, gender, and class) intertwine within individual experiences, set against broader power structures (Crenshaw, 1989, 1991).

Intersectionality is crucial for comprehending both the complex care experiences of PwM and the structural inequalities that lead to unequal access to resources (Ahmad et al., 2022; Iliffe & Manthorpe, 2004; Torensma et al., 2025; Torres, 2015; Zubair & Norris, 2015; Viruell-Fuentes et al., 2012). Still, as discussed in the previous section, both literature and practice often resort to culture-based explanations (see also, Botsford et al., 2011; Koehn et al., 2013; Torres, 2006; Viruell-Fuentes et al., 2012). As highlighted by Koehn and co-workers (2013), while the literature acknowledges the necessity of an intersectional lens when studying the health and care experiences of PwM "this seems to be honored more in principle than in how research is undertaken, or at least how the results are written up" (p. 457).

Thus, several scholars challenge dominant culture-based explanations by demonstrating how the intersections of multiple social categories significantly shape the diverse care needs and experiences of PwM (Ahmad et al., 2023; Iliffe & Manthorpe, 2004; Torensma et al., 2025; Torres, 2015; Zubair & Norris, 2015; Viruell-Fuentes et al., 2012). An intersectional analysis of the experiences of PwM caring for a family member with dementia (Ahmad et al., 2023), found that the interplay of caregivers' class background and personal migration history had more impact on their caregiving practices than their ethnic and cultural identity. These factors influenced the acquisition of skills necessary for organizing and sharing care tasks, as well as perceptions of what constitutes "good care." For instance, caregivers from rural backgrounds with limited education who migrated later in life were less equipped to manage care tasks compared to those who migrated earlier and had better educational opportunities. This was also highlighted in Jutlla's study (2015), which found that the decision to seek dementia care support beyond the family relates to one's migration history and social class, rather than the culture-based explanations presented in the literature. That is why, within the context of dementia care, the effects of cultural and/or ethnic background have been argued to be less significant and often obscured by the stronger effects of socio-economic status and education (Iliffe & Manthorpe, 2004).

The intertwinement of social class and migration history cannot be understood without their intertwined with other social categories that influence care experiences and needs. These social categories are specific to the backgrounds of both the caregiver and care recipient, including gender, religion (Ahmad et al., 2022; Torensma et al., 2025), and the presence or absence of social networks (Ahmad et al., 2022; Jutlla, 2015).

Moreover, to fully comprehend the intersectional backgrounds of PwM, it is essential to place an individual's personal narrative within the context of wider power structures and systemic inequalities that may be marked by racism. Like the general population, care professionals may hold biases or preconceived notions about individuals based on their ethnic or cultural background, which can profoundly impact their decision-making and practice (Featherston et al., 2020; FitzGerald & Hurst, 2017). A recent scoping review by Pattillo and co-workers (2023) shows that experiences of racial discrimination lead to mistrust in healthcare systems, preventing effective utilization of care and support services. As a result, PwM are excluded from receiving inclusive care and support, as highlighted in studies across different European countries (see e.g., Ben et al., 2017; Hamed et al., 2020; Jutlla, 2015; Patillo et al., 2023; Kolste & Venderbos, 2022; Torensma et al., 2025). Especially subtle racist practices have been found to systematically undermine access to essential care (Hamed et al., 2020). In dementia care, systemic racism and marginalization may force family caregivers to seek alternative resources for managing their relatives' care (Ahmad et al., 2023; Jutlla, 2015). Nonetheless, care professionals may misinterpret this behavior through the culture-based frame "they look after their own," overlooking underlying structural barriers and thus reinforcing them (Ahmad et al., 2023). Rather than a culture-based approach in which PwM are regarded as a deviation from the norm, an intersectional approach highlights the experiences and every day practices that systematically deprive PwM of resources to both receive and provide care for their loved ones (Ahmad, 2022.a; Viruell-Fuentes et al., 2012).

In other words, instead of attributing care-related obstacles to cultural differences, we must shift our focus to understanding individual experiences of inequality as well as the systemic structures that perpetuate inequality. This approach recognizes that experiences of disadvantage are rooted in broader societal systems, not in the cultural characteristics of marginalized groups themselves. As argued by Zubair and Norris (2015), "this will reveal the role of multiple social inequalities, as opposed to ethnic culture, in the disadvantages experienced by ethnic minority people in their later life and old age" (p. 911).

Acknowledging Diversity as the Norm

In the preceding sections, we highlighted the limitations of a culture-based focus in guiding inclusive dementia care for PwM. We advocated for an intersectional understanding instead. This section builds upon these arguments. We propose that both professionals and organizations must view a diverse society as the norm, rather than an exception necessitating specialized tools for PwM and their loved ones with dementia. This means that dementia care approaches should be inherently inclusive, flexible, and responsive to the diverse needs of all individuals and families. Such a view responds to the discussed limitations of a culture-based focus within dementia care, as well as the further "diversification of diversity" in Western societies (Vertovec, 2007, p. 1025). Given the dynamic and intersecting nature of diversity in Western societies, it would be more effective and sustainable to redesign professional approaches to be adaptable to these ongoing demographic shifts. This approach would ensure that professional approaches to dementia care remain relevant and inclusive for all members of a diverse and constantly changing population (see also, Phillimore et al., 2016).

For such a paradigm shift professionals should be trained to navigate relationships in ways that minimize reliance on rigid (ethnic and cultural) categorizations. Conducting open, intersectional dialogues can enable professionals to build trust and discern individual needs for care support. Professionals should explore each family's and individual's unique background and experiences, and how they intersect with other relevant social categories. This exploration should aim to uncover how these experiences shape the current care context and how they influence needs for care support. Within interactions with PwM, this means that professionals will learn about an individual's migration history and experiences of inequality within a White majority society (alongside other intersecting aspects of their identity). By fostering these competencies, professionals can address the needs of all individuals with dementia and their families, regardless of their background.

Moreover, to grasp the discussed individual and systemic inequalities, it is essential that professionals are continuously encouraged to reflect on their positionality. This means that professionals should be equipped with the skills to manage their potential discomfort and biases when encountering clients who they perceived as an Other. Studies (Ahmad et al., 2023, Claeys et al., 2020; Dogra et al., 2007; Hengelaar et al., 2025) indicate that in their interactions with PwM, White care professionals often unconsciously position their own values and norms as the default standard. This ethnocentric perspective leads them to evaluate patients primarily in terms of similarities or differences to their own frame of reference, leading to discomfort and biases when encountering the "cultural Other." Not only does this overlook unique contexts, it also impedes the development of trusting relationships where PwM can freely express their care and support needs. To address this issue, professionals should engage in an ongoing process of self-awareness and reflection in which they critically evaluate their own biases and frames of reference. Thus, this paradigm shift requires that organizations foster discussion and self-reflection regarding the issues professionals encounter within their interactions with PwM.

Additionally, self-reflection should acknowledge that cross-cultural care encounters often generate uncertainty, which cannot be simply resolved through cultural knowledge or diversity training (Dogra et al., 2007; Shepherd, 2019). Professionals should embrace uncertainty as an inherent aspect of cross-cultural interactions, recognizing that effective responses rely on fostering dialogue and striving to understand individuals in their unique contexts. This awareness may help navigate interactions with PwM through a more empathetic approach.

Conclusions

As European societies face demographic shifts with aging populations and increasing diversity (England & Azzopardi-Muscat, 2017), inclusive care for PwM and their loved ones with dementia is imperative. Especially amidst increasing anti-immigration sentiment, inclusive approaches to dementia care are more crucial than ever. Unfortunately, the current culture-focused discourse surrounding dementia care for PwM falls short and may even hinder efforts toward inclusivity. In this paper we highlighted how terms like cultural sensitivity are not only ambiguous, but they also pose a significant risk of stereotyping, Othering, and drawing false conclusions about perceived cultural obstacles to care. Also, the continuous focus on cultural differences obscures underlying inequalities, hindering the development of effective strategies to address these inequalities. Moreover, we highlighted why a culture-based focus is insufficient and unsustainable in an increasingly diverse and globalized society.

To foster truly inclusive dementia care for PwM, it is essential for both research and practice to move beyond the prevailing discourse that unintentionally marginalizes PwM by overemphasizing presumed cultural differences from the White majority population. Rather than a culture based-focus, it is necessary to uncover the multiple, intersecting dimensions of social inequalities experienced by PwM throughout their lives. Engaging in thoughtful conversations can uncover each individual's unique migration history and experiences of inequality, as well as how these experiences intersect with other relevant aspects of their identity. The quote we referenced at the beginning of this paper underscores the importance of dialogue rather than a culture-based focus.

This implies that, rather than developing segregated tools designed to address the needs of PwM, or adhering to a one-size-fits-all approach that caters primarily to the White majority, dementia care should acknowledge diversity as the norm. Here, it is essential to foster continuous dialogue, self-reflection, and research regarding the adaptability of professionals' perspectives and approaches to dementia care within the context of an increasingly globalized and diverse society.

Notes

1. The term people with migration backgrounds (PwM) is used in several European countries including the Netherlands, Belgium, and Germany, and is often defined as someone with at least one parent born abroad (de Ree, 2016). While we acknowledge this term's limitations (e.g., its frequent association with non-White populations), we use it in this paper to emphasize migration-specific challenges rather than ethnicity. Our choice for this term aligns with Schmachtenberg and co-workers (2021), who note that PwM and their loved ones with dementia face distinct challenges compared to long-established ethnic minorities without recent migration histories. This makes the term PwM more suitable for the purpose of this paper.

2. There are many different definitions of concepts such as cultural competence and culturally sensitive care. An often cited definition of cultural competence is: "a set of congruent behaviors, knowledge, attitudes and policies that come together in a system, organization or among professionals that enables effective work in cross-cultural situations" (Cross et al., 1989, p. 13). In a similar vein, culturally sensitive care can be described as: "the ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups that share a common and distinctive racial,

national, religious, linguistic or cultural heritage" (Tucker et al., 2011, p. 343). While cultural competence and cultural sensitivity are often used interchangeably in the international literature, European literature prioritizes culturally sensitive or culturally appropriate care to describe the ability to recognize, understand, and adapt to patients' cultural background (see e.g., Alzheimer Europe, 2020; Berdai-Chaouni et al., 2020; Claeys et al., 2020; Duran et al., 2023). For the purpose of this paper, these terms are used interchangeably to describe research and practical solutions focusing on the cultural, religious, and linguistic backgrounds of PwM and their loved ones with dementia.

Author Contributions: Conceptualization, M.A.; Investigation, M.A.; writing—original draft preparation, M.A..; writing—review and editing, M.A. and A-M.T.; funding acquisition, A-M.T. Both authors have read and agreed to the published version of the manuscript.

Funding: Please add: "This research received no external funding" or "This research was funded by NAME OF FUNDER, grant number XXX" and "The APC was funded by XXX". Check carefully that the details given are accurate and use the standard spelling of funding agency names at https://search.crossref.org/funding. Any errors may affect your future funding.

Institutional Review Board Statement: Not applicable

Informed Consent Statement: Not applicable

Data Availability Statement: No new data were created.

Conflicts of Interest: The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

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