Study Protocol

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Self-Care Among Vulnerable Migrants Along Mediterranean and Western Balkan Migration Routes: Protocol for a Theory-Informed Mixed-Methods Systematic Review

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Correspondence: Mariachiara Figura – Department of Maternal and Child Health Promotion, Internal Medicine & Specialties of Excellence "G. D'Alessandro" (PROMISE), University of Palermo, Palermo, Italy; Mail: mariachiara.figura@unipa.it

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Mariachiara Figura[1], Alice D'Abramo[2], Roberto Latina[1], Izabella Uchmanowicz[3], Gianluca Pucciarelli[2], Silvio Simeone[4], Rosaria Alvaro[2], Büşra Yürük[2,5], Paola Arcadi[6]

[1] Department of Maternal and Child Health Promotion, Internal Medicine & Specialties of Excellence "G. D'Alessandro" (PROMISE), University of Palermo, Palermo, Italy
[2] Department of Biomedicine and Prevention, University of Rome Tor Vergata, Rome, Italy
[3] Faculty of Nursing and Midwifery, Wroclaw Medical University, Wroclaw, Poland
[4] Department of Experimental and Clinical Medicine, University of Catanzaro Magna Grecia, Catanzaro, Italy
[5] Department of Nursing, Faculty of Health Sciences, Toros University, Mersin, Türkiye
[6] ASST Melegnano e della Martesana, Cernusco sul Naviglio (MI), Italy

Abstract

Introduction. Vulnerable migrants may experience legal insecurity, socioeconomic precarity, disrupted social networks, language barriers, discrimination, and restricted or fragmented access to healthcare and social protection. Under these conditions, maintaining health may depend not only on formal healthcare but also on everyday actions undertaken to preserve health, recognize changes in health status, and respond to health problems. In this context, self-care, conceptualized within Riegel's Middle-Range Theory of Self-Care of Chronic Illness as a process of maintaining health with practices of health promotion, provides a relevant framework for examining these actions. According to this theory, self-care includes self-care maintenance, defined as daily behaviors to maintain health stability; self-care monitoring,

defined as actions aimed at monitoring one's physical and emotional conditions; and self-care management, defined as individual responses to changes in physical and emotional aspects. However, self-care is rarely examined explicitly as an overarching construct in migrant populations. Relevant health behaviors are often embedded within studies of health, illness, healthcare use, treatment adherence, coping, lifestyle behavior, healthcare utilization, or help-seeking. Consequently, self-care behaviors among vulnerable migrants and the contextual factors reported to influence them remain insufficiently synthesized within a common theoretical framework.

Objectives. The review has two objectives: (1) to identify and synthesize self-care behaviors reported among vulnerable migrants living in Europe and associated with Mediterranean and Western Balkan migration routes, and to classify these behaviors within self-care maintenance, monitoring, and management; and (2) to identify and synthesize contextual factors reported to influence these self-care behaviors.

Study Design. A mixed-methods systematic review using a convergent integrated approach in accordance with Joanna Briggs Institute methodology and a theory-informed synthesis based on Riegel's Middle-Range Theory of Self-Care.

Participants and setting. Studies involving first-generation adults aged ≥18 years who are vulnerable migrants residing in European host countries and whose migration circumstances are consistent with Mediterranean and/or Western Balkan migration pathways.

Intervention or Exposure. Migration-related and structural vulnerability.

Conclusions. The review will synthesize evidence on self-care behaviors among vulnerable migrants and the contextual factors reported to influence these behaviors. Their integration is expected to clarify both the health actions reported across heterogeneous health contexts and the conditions under which these actions are enabled, constrained, modified, interrupted, or supported, informing nursing and healthcare research, context-sensitive practice, and intervention development.

Keywords: Migrants, Migration Health, Self-Care, Structural Vulnerability, Mediterranean Migration Routes, Western Balkan Migration Routes

Introduction

International migration occurs under heterogeneous legal, political, socioeconomic, and health-related circumstances. For some individuals, migration takes place under conditions of conflict, persecution, forced displacement, economic insecurity, or irregular mobility (UNHCR, 2025). Vulnerability in migration contexts should not be considered an inherent characteristic of migrant status. Rather, it may arise from the interaction between individual circumstances and structural conditions, including legal insecurity, socioeconomic disadvantage, discrimination, unstable housing, disrupted social networks, and

barriers to health and social services (Caceres-Titos et al., 2025; Figura et al., 2024).

These conditions are particularly relevant along Mediterranean and Western Balkan migration routes toward and within Europe, where vulnerabilities may accumulate before departure, during transit, and after settlement. Post-migration circumstances, including restricted access to healthcare, social exclusion, discrimination, language barriers, legal uncertainty, and adverse living conditions, may further affect migrants' physical and psychosocial health after arrival in Europe (Figura et al., 2025; Stevenson et al., 2024). Under these circumstances, characterized by intersecting structural barriers and limited resources, maintaining health may depend not only on access to formal healthcare but also on the actions individuals undertake in everyday life to preserve their health, recognize changes in their condition, and respond to health problems.

Self-care provides a relevant conceptual perspective for examining these actions. Riegel and colleagues, in the Middle-Range Theory of Self-Care of Chronic Illness, conceptualize self-care as "a process of maintaining health through health-promoting practices and managing illness" (Riegel et al., 2012). This theory identifies three interrelated processes: self-care maintenance, defined as daily behaviors to maintain health stability; self-care monitoring, defined as actions aimed at monitoring one's physical and emotional conditions; and self-care management, defined as individual responses to changes in physical and emotional aspects. More recently, the theory was updated to reflect advances in the conceptualization of self-care and to include a broader range of individual and contextual factors that influence self-care (Riegel et al., 2026).

Evidence on self-care among migrant populations remains fragmented. Previous reviews have focused on specific populations, health conditions, or selected aspects of self-care, including: (1) cultural influences on self-care among African immigrants living with noncommunicable diseases; (2) mental health self-care among Arabic-speaking refugees and migrants; and (3) health literacy and self-care among immigrants with type 2 diabetes (Mehjabeen et al., 2023; Osokpo et al., 2021; Tørris & Nortvedt, 2024). More recently, Pratama et al. (2026) examined self-care needs among international migrants and travelers. However, to our knowledge, no review has synthesized self-care behaviors across different health contexts among vulnerable migrants using Riegel's Middle-Range Theory of Self-Care as a theory-informed framework, which may be useful for understanding how vulnerable migrants maintain their health, monitor changes in their condition, and respond to those changes.

In addition, self-care is not always explicitly identified as such in primary studies. Relevant behaviors may instead be embedded within broader studies of health, illness, healthcare use, or adaptation and reported under other constructs, including coping, treatment adherence, lifestyle behaviors, and help-seeking (Nyaaba et al., 2019; Teunissen et al., 2014). As a result, behaviors relevant to self-care may remain unrecognized. Using Riegel's Middle-Range Theory of Self-Care can help identify these behaviors even when they are described using different terminology, because the theory offers clear criteria for recognizing behaviors as part of the self-care process.

A further consideration is that self-care is also shaped by the conditions in which people live and manage their health. Among vulnerable migrants, these conditions may include knowledge and beliefs, family and social relationships, cultural and religious meanings, language and health literacy, access to healthcare, socioeconomic resources, legal conditions, and migration-related experiences (Kitson & Lawless, 2025; Riegel et al., 2012; Riegel et al., 2026). These factors may influence whether and how individuals maintain their health, monitor changes in their health, and respond to health problems. For example, knowing that a health behavior is recommended does not necessarily mean that it is performed, as adherence may be influenced by factors such as treatment side effects, social support, or everyday circumstances (Nyaaba et al., 2019). Similarly, restricted access to healthcare or limited knowledge of how to access services may influence whether and how vulnerable migrants seek care (Teunissen et al., 2014). Examining these influences is therefore necessary to understand both the self-care behaviors reported among vulnerable migrants and the conditions that influence them.

A theory-informed synthesis is therefore needed to synthesize self-care behaviors among vulnerable migrants and the contextual conditions that influence them. Riegel's Middle-Range Theory of Self-Care is particularly suitable

for this purpose because it provides a clear definition of self-care and its components, helps identify behaviors that may be described using different terminology, and recognizes the factors that influence self-care. This conceptualization is also relevant beyond illness management, as self-care occurs in both healthy and ill states (Riegel et al., 2012; Riegel et al., 2026). This framework may therefore support a more integrated understanding of how vulnerable migrants care for their health across different health contexts.

Objectives

The review has two objectives: (1) to identify and synthesize self-care behaviors reported among vulnerable migrants living in Europe and associated with Mediterranean and Western Balkan migration routes, and to classify these behaviors within self-care maintenance, monitoring, and management; and (2) to identify and synthesize contextual factors reported to influence these self-care behaviors.

Methods

Study design

The two review questions for the planned systematic review will be the following: (1) Which self-care behaviors are reported among vulnerable migrants associated with Mediterranean and Western Balkan migration routes, and how can these behaviors be classified within self-care maintenance, monitoring, and management? and (2) Which contextual factors are reported to influence these self-care behaviors?

This study will be conducted as a mixed-methods systematic review using a convergent integrated approach in accordance with JBI methodology for mixed-methods evidence synthesis (Aromataris et al., 2024). This design was selected because both qualitative and quantitative evidence can contribute to answering the same review questions.

The review will include two analytical components. The behavioral component will identify and synthesize self-care behaviors, while the contextual component will identify and synthesize factors reported to influence these behaviors. The two components will initially be analyzed separately and subsequently integrated. In both analytical components, quantitative findings will be transformed into textual statements and analyzed together with qualitative findings (Stern et al., 2021).

The synthesis will be informed by Riegel's Middle-Range Theory of Self-Care (Riegel et al., 2012). Behavioral evidence will first be analyzed inductively by grouping self-care behaviors into behavioral patterns and broader conceptual categories. These categories and patterns will then be classified within self-care maintenance, monitoring, and management using Riegel's Middle-Range Theory of Self-Care. Contextual evidence will be analyzed separately to identify recurring factors reported to influence self-care behaviors. Explicitly reported relationships between contextual factors and self-care behaviors or processes will then be integrated with the behavioral findings.

The protocol is reported in accordance with the Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P) statement (Moher et al., 2015; Shamseer et al., 2015). The completed systematic review will be reported according to PRISMA 2020 (Page et al., 2021).

The review was prospectively registered in PROSPERO (CRD420250388984).

Eligibility criteria

Studies will be eligible if they include first-generation vulnerable migrants aged 18 years or older residing in European host countries, irrespective of health status, and originating from North Africa, the Middle East, South Asia, or other migration contexts associated with Mediterranean and/or Western Balkan routes. Eligibility will focus on populations experiencing migration-related or structural vulnerability, including refugees, asylum seekers, undocumented migrants, migrants experiencing legal or socioeconomic precarity, and other first-generation migrant groups exposed to vulnerability during migration or settlement.

In line with the aim of the review, studies will be eligible when they report actions performed by participants that are consistent with self-care maintenance, monitoring, or management, regardless of the terminology used in the original study. Behaviors described under constructs

such as adherence, coping, help-seeking, or lifestyle practices will therefore be eligible when the reported action falls within the conceptual scope of self-care maintenance, monitoring, or management.

Eligibility will not depend on a specific diagnosis or health condition. Studies conducted in chronic, acute, episodic, reproductive, psychological, preventive, or health-promotion contexts, as well as studies involving populations without a reported diagnosis, may be included when they report behaviors meeting the conceptual criteria for self-care. Contextual factors reported to influence these behaviors will also contribute to data extraction and synthesis.

Studies including both eligible and ineligible populations will be considered when findings concerning the eligible population are reported separately or can be clearly disaggregated. No minimum proportion of eligible participants will be required. Only findings attributable to the eligible population will contribute to data extraction and synthesis.

Secondary reviews, protocols, editorials, commentaries, theoretical papers without primary empirical data, conference abstracts without sufficient full-text information, and unpublished materials will be excluded. No restrictions will be imposed by publication year or language.

Information sources and search strategy

Systematic searches will be conducted in PubMed, Scopus, Web of Science Core Collection and, through EBSCOhost, CINAHL, APA PsycArticles, APA PsycInfo, and Psychology and Behavioral Sciences Collection. Databases will be searched from inception.

The search strategies were developed using controlled vocabulary, where available, together with free-text terms related to migration, self-care, and the European/Mediterranean context. The PubMed strategy served as the reference strategy and was adapted to the indexing systems, syntax, field structures, and search functionality of the other databases. Complete database-specific search strategies are presented in Supplementary File 1.

The self-care component was designed to be broad to maximize sensitivity for potentially relevant health behaviors that may be reported using other terminology.

Study selection

Search results will be exported to EndNote for reference management and duplicate removal and subsequently imported into Rayyan (Ouzzani et al., 2016).

Two reviewers will independently screen titles and abstracts against predefined eligibility criteria. A record will progress to full-text assessment whenever either reviewer considers it potentially eligible.

Potentially eligible full texts will subsequently be assessed independently by two reviewers. A primary reason for exclusion will be documented for studies excluded at full-text assessment.

Disagreements will initially be resolved through discussion and consensus. When consensus cannot be reached, an additional reviewer will be consulted. When uncertainty specifically concerns the conceptual interpretation of self-care or whether a potentially relevant behavior falls within the conceptual scope of self-care, a member of the research team with extensive expertise in self-care theory will be consulted.

The complete study selection process will be documented using a PRISMA 2020 flow diagram (Page et al., 2021).

Data extraction and initial analysis

Data will be extracted independently by two reviewers using standardized forms developed for the review. The two extractions will be compared, and disagreements will be resolved through discussion and consensus. A third reviewer will then check the extracted data to verify completeness and accuracy. A member of the research team with expertise in self-care theory will be consulted when there is uncertainty about whether a reported action represents self-care or about its classification. The same expert will also review the final behavioral classifications for consistency with Riegel's Middle-Range Theory of Self-Care.

For each included study, reviewers will first record the main study characteristics, including authorship and publication year, study aim, host country and setting, study design and methodological approach, data-collection

methods, total sample and review-eligible sample, participants' country or region of origin, migrant or protection status where available, duration of residence, age, sex/gender, health condition or topic, principal findings, methodological limitations, and relevant extraction notes.

For the extraction of self-care behaviors, a dedicated table will be used containing the following fields: evidence in the text, self-care behavior, behavioral pattern, conceptual category, and self-care dimension. First, reviewers will examine the findings of each study to identify self-care behaviors. When a finding meets the review criteria, reviewers will record the exact evidence reported in the primary study. For qualitative findings, this may include a participant quotation and/or the authors' description of the finding. For quantitative findings, reviewers will record the relevant numerical result. Reviewers will then formulate a self-care behavior, defined as a clear and concise statement describing the action represented by the extracted evidence. For qualitative findings, this statement will summarize the action described in the source text. For quantitative findings, this step will involve qualitization, whereby the numerical finding will be transformed into a textual statement describing the behavior while preserving the meaning of the original result (Stern et al., 2021). Self-care behaviors describing the same or closely related actions and purposes will then be grouped into behavioral patterns. A behavioral pattern will represent a group of self-care behaviors that share similar actions and purposes. Behavioral patterns that are conceptually related will subsequently be grouped into broader conceptual categories. A conceptual category will represent a higher-order grouping of behavioral patterns that are conceptually related. Finally, the conceptual categories (and their behavioral patterns) will be classified within self-care maintenance, monitoring, or management according to the function of the behaviors they contain, using Riegel's Middle-Range Theory of Self-Care.

Contextual evidence will be extracted separately. A contextual factor will be defined as any condition, resource, relationship, experience, or individual or structural characteristic reported to influence self-care behaviors. For the extraction of contextual factors, a dedicated table will be used containing the following fields: evidence in the text, contextual factor, contextual pattern, conceptual category, and relationship with the self-care dimension (maintenance, monitoring, or management). For each contextual finding, reviewers will record the contextual factor, the study reference, the supporting evidence, and any explicitly reported relationship with a specific self-care behavior or process. For quantitative findings, the numerical result will be qualitized into a textual statement describing the reported influence, while the original numerical evidence will be retained. Contextual factors describing the same or closely related influences will then be grouped into contextual patterns. A contextual pattern will represent a group of contextual factors that share similar influences on self-care. Contextual patterns that are conceptually related will subsequently be grouped into broader conceptual categories (Figure 1).

Methodological quality assessment

Methodological quality will be assessed independently by two reviewers using the JBI Critical Appraisal Checklist appropriate to the evidence contributed by each study (Aromataris et al., 2024).

Disagreements will be resolved through discussion and consensus. If agreement cannot be reached, an additional reviewer will be consulted.

The appraisal results will be summarized descriptively. No percentage cut-off will be used to determine study eligibility, and no study will be excluded solely because of its methodological quality. Instead, methodological quality will be considered when interpreting the findings contributed by each study and the behavioral or contextual patterns developed from those findings.

Data synthesis

Data synthesis will follow a convergent integrated, theory-informed approach in accordance with JBI methodology for mixed-methods evidence synthesis (Aromataris et al., 2024; Stern et al., 2021).

Findings will be presented through a narrative synthesis (Popay et al., 2006), supported, where appropriate, by tables summarizing the behavioral, contextual, and integrated findings.

For the first review question, self-care

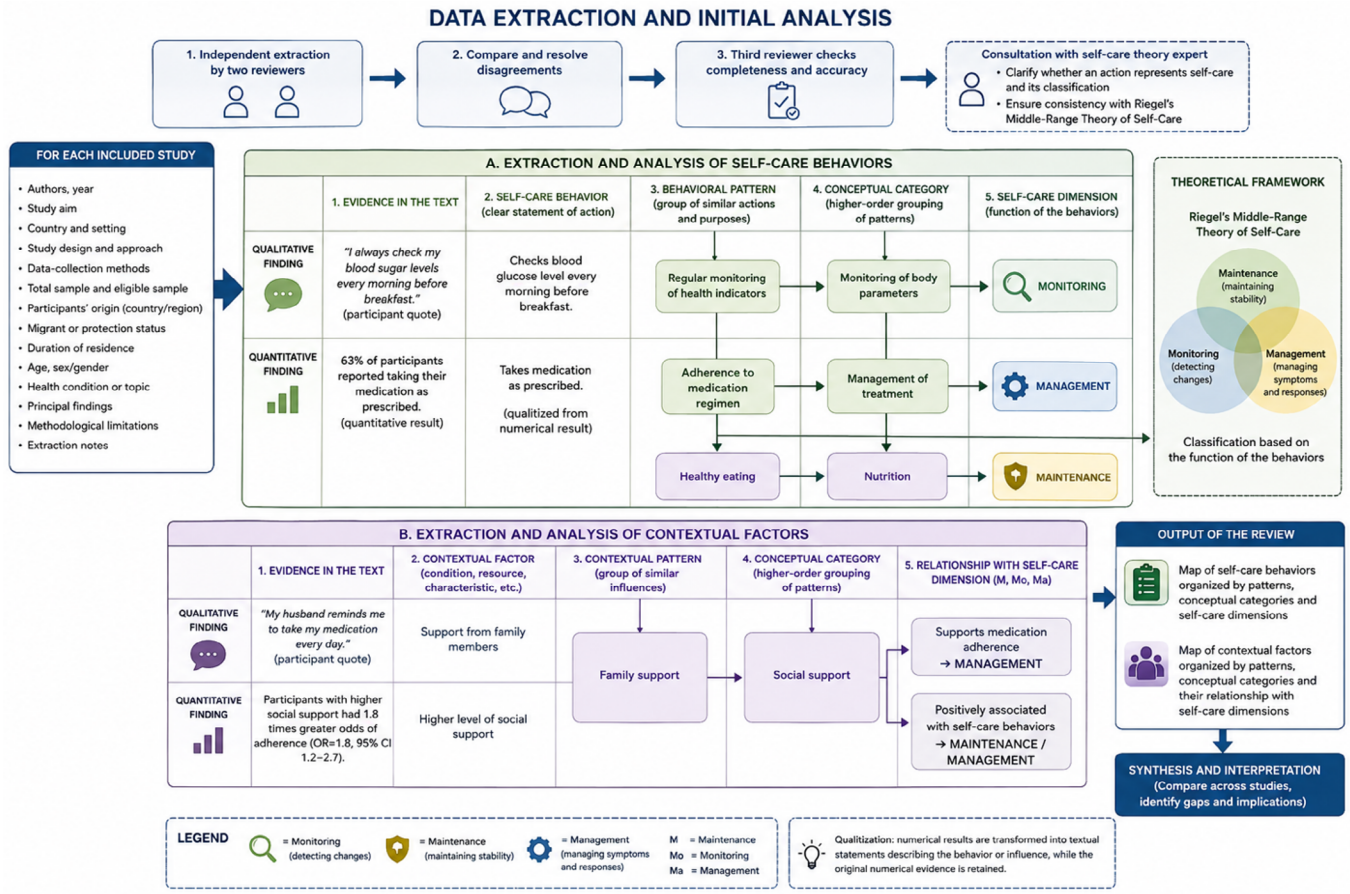


Figure 1. Data extraction and initial analytical process. Example of schematic representation of the extraction and organization of self-care behaviors and contextual factors.

behaviors will be synthesized separately within self-care maintenance, monitoring, and management. For each domain, the conceptual categories identified will be presented. Within each conceptual category, the behavioral patterns will be reported, together with the self-care behaviors included in each pattern and the studies contributing evidence.

For the second review question, contextual factors will be synthesized separately using the contextual patterns and conceptual categories. For each conceptual category, the contextual patterns will be presented together with the contextual factors included in each pattern and the studies contributing evidence. Any explicitly reported relationship between a contextual factor and a specific self-care behavior or process will be preserved in the synthesis.

The behavioral and contextual syntheses will then be integrated. When a primary study explicitly reports a relationship between a contextual factor and a self-care behavior or process, this relationship will be retained and interpreted at the level supported by the original evidence. Contextual factors without an explicitly reported relationship with a specific behavior or self-care process will remain part of the broader contextual synthesis and will not be assigned to a specific behavior or self-care domain.

Ethical considerations

Ethics approval is not required because this systematic review uses data reported in previously published primary studies and does not involve collection of new participant-level data.

Discussion

This review is expected to provide a structured understanding of self-care among vulnerable migrants living in Europe and associated with Mediterranean and Western Balkan migration

routes. Its main contribution will be to bring together behaviors that are often reported across different health topics and under different terms, and to interpret them within a common self-care framework. By organizing findings within self-care maintenance, monitoring, and management, the review may clarify how vulnerable migrants maintain health, recognize changes in their condition, and respond when health problems or treatment-related issues arise.

A further contribution will be the identification of contextual factors reported to influence these behaviors. Self-care does not occur in isolation, and the same action may be supported or constrained by social, cultural, economic, legal, and healthcare-related conditions. Examining these factors alongside behavioral findings may help explain why some self-care practices are adopted, modified, delayed, or not performed. This is particularly relevant for vulnerable migrant populations, whose ability to care for their health may be affected by unstable living conditions, limited access to healthcare, language barriers, legal uncertainty, disrupted social networks, and other migration-related circumstances. The review may therefore provide a more complete understanding of self-care by considering both what people do and the conditions in which these behaviors occur.

The use of Riegel's Middle-Range Theory of Self-Care is also expected to provide a clear structure for distinguishing maintenance, monitoring, and management while allowing behaviors to be interpreted according to their purpose and context. This is especially important when primary studies do not explicitly use the term self-care. A theory-informed synthesis may therefore reveal relevant behaviors that would remain fragmented if they were considered only within the terminology used by individual studies.

The findings may have implications for nursing practice, research, and service organization. For nurses and other healthcare professionals, identifying common self-care behaviors and the factors that influence them may support more appropriate assessment, education, and self-care support for vulnerable migrants. For researchers, the review may help clarify how self-care is currently described and measured in migrant populations and identify areas that remain underexplored. At the service level, understanding contextual influences may help identify conditions that facilitate or hinder self-care and inform the development of more accessible and responsive healthcare interventions.

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