MethodsX 16 (2026) 103870

Contents lists available at ScienceDirect

MethodsX

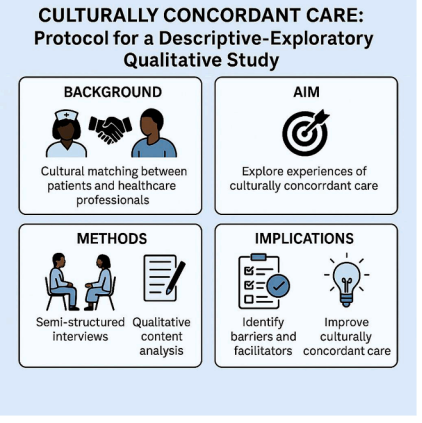
journal homepage: www.elsevier.com/locate/methodsx

Optimizing healthcare through alignment and nurturing across cultures (OHANA)☆

Cristina Pistacchio [a], Daniele Napolitano [b], Mariachiara Figura [c,*], Simone Amato [d], Alessio Lo Cascio [e], Eleonora Ribaudi [b], Noemi Giannetta [f], Sara Carrodano [g], Paola Arcadi [h], Alessandro Stievano [i]

[a] Sitra, Fondazione Policlinico Gemelli IRCCS, Rome, Italy
[b] CEMAD, Fondazione Policlinico Gemelli IRCCS, Rome, Italy
[c] Department of Maternal and Child Health Promotion, Internal Medicine & Specialties of Excellence "G.D'Alessandro" (PROMISE), 90127 Palermo, Italy
[d] Azienda Ospedaliera San Camillo Forlanini, Cardiac intensive care unit, Heart transplant centre and ECMO, Rome, Italy
[e] Direction of Health Professions, La Maddalena Cancer Center, Palermo, Italy
[f] Departmental Faculty of Medicine, UniCamillus, Rome, Italy
[g] Clinical Governance and Risk Management Department, ATS ASL5, La Spezia, Italy
[h] Bachelor School of Nursing, ASST Melegnano e Martesana, Cernusco sul Naviglio (MI), Italy
[i] Department of Clinical and Experimental Medicine, University of Messina, 98100 Messina, Italy

GRAPHICAL ABSTRACT



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* Corresponding author at: Department of Maternal and Child Health Promotion, Internal Medicine & Specialties of Excellence "G. D'Alessandro" (PROMISE), Piazza delle Cliniche 2, 90127 Palermo (PA), Italy.
E-mail address: mariachiara.figura@unipa.it (M. Figura).
@ChiaraFigura (M. Figura)

https://doi.org/10.1016/j.mex.2026.103870
Received 7 July 2025; Accepted 16 March 2026
Available online 17 March 2026

ARTICLE INFO

Keywords:
Cultural concordance
Healthcare provider
Patient
Qualitative
Ethnic matching

ABSTRACT

The increasing cultural diversity of healthcare systems requires strategies that support effective communication and equitable care for patients from diverse cultural and linguistic backgrounds. Cultural concordance refers to situations in which patients and healthcare professionals share relevant cultural or linguistic characteristics that may facilitate communication and mutual understanding.

In some healthcare organizations, this concept has been operationalized through organizational strategies aimed at aligning patients with healthcare professionals who share similar cultural or linguistic backgrounds. However, limited research has explored how these initiatives are experienced in clinical practice.

The OHANA (Optimizing Healthcare through Alignment and Nurturing Across cultures) protocol was developed to investigate experiences of culturally concordant care within healthcare organizations that have implemented cultural concordance systems. This multicenter qualitative study, coordinated by the Fondazione Policlinico Universitario A. Gemelli IRCCS in Rome in collaboration with several Italian hospitals, will explore the perspectives of both healthcare professionals and patients.

Data will be collected through semi-structured interviews and analyzed using inductive qualitative content analysis to identify themes related to communication, perceived benefits, and challenges associated with culturally concordant care. The findings are expected to inform strategies to support culturally responsive healthcare.

Key points:

- Multicenter qualitative study protocol exploring experiences of culturally concordant care in hospital settings.
- Investigation of perspectives from both healthcare professionals and patients involved in cultural concordance systems.
- Use of semi-structured interviews and inductive qualitative content analysis to examine how culturally concordant care is experienced in clinical practice.

Specifications table

Subject area	Medicine and Dentistry
More specific subject area	Nursing
Name of your protocol	OHANA
Reagents/tools	N/A
Experimental design	Multicenter, qualitative study
Trial registration	N/A
Ethics	The study was reviewed and approved by the Ethics Committee of the Fondazione Policlinico Universitario A. Gemelli IRCCS, Rome, Italy (approval number: 0000,460/25 date: 03/04/2025). All procedures were conducted in accordance with the ethical standards of the institutional and national research committee and with the 1964 Helsinki Declaration and its later amendments.
Value of the Protocol	Provides insights into the impact of cultural concordance on patient-provider relationships in hospital settings. Identifies barriers and facilitators to implementing cultural concordance, informing future healthcare policies. Contributes to developing evidence-based guidelines to improve culturally sensitive care and reduce healthcare disparities.

Background

The growing globalization and international migration have led to increased cultural diversity in healthcare settings [1,2], which have become meeting points for individuals from different cultural backgrounds [3–5]. This diversity presents significant opportunities to improve cultural exchange [6] but also introduces complex challenges related to communication, trust, and mutual understanding between healthcare providers and patients [4,7–9]

In this context, cultural concordance, which involves matching patients with healthcare providers who share a similar cultural or linguistic background [10,11], plays a crucial role. In this context, cultural concordance refers to the alignment between patients and healthcare professionals who share relevant cultural or linguistic characteristics, such as language, ethnicity, or cultural background [12]. Studies in the literature have demonstrated that cultural concordance between patients and healthcare providers is associated with a perceived improvement in care quality, greater adherence to treatment, and a reduction in language misunderstandings [12, 13]. Additionally, this practice has been shown to reduce stigma and prejudice, ultimately benefiting health outcomes [14].

In some healthcare organizations, the concept of cultural concordance has been operationalized through specific organizational strategies aimed at facilitating the alignment between patients and healthcare professionals who share similar linguistic or cultural

backgrounds. These initiatives, sometimes referred to as cultural concordance systems, may include the identification of healthcare professionals with specific linguistic or cultural competencies and the possibility of matching them with patients when relevant for communication and care [12]. Such organizational approaches are intended to enhance mutual understanding, improve communication, and support more culturally responsive care within increasingly diverse healthcare settings.

Although cultural concordance between patients and healthcare professionals has been increasingly recognized as a potentially influential factor in healthcare delivery and patient outcomes, existing research has primarily focused on specific aspects such as racial or linguistic concordance and their association with patient satisfaction or healthcare utilization. Limited attention has been given to how culturally concordant care is experienced in everyday clinical practice, particularly within healthcare organizations that have implemented strategies to facilitate alignment between patients and professionals with similar cultural or linguistic backgrounds. As a result, there is a lack of qualitative evidence exploring how such organizational approaches are perceived and experienced by both healthcare professionals and patients in hospital settings.

Exploring the lived experiences of healthcare professionals and patients in a culturally concordant care setting is essential to understanding the perceived benefits, challenges, and areas for improvement.

The OHANA protocol was developed by the research team to investigate experiences of culturally concordant care within healthcare organizations that have implemented cultural concordance systems. Informed by existing literature on cultural concordance and cross-cultural communication in healthcare, the protocol was designed specifically for this multicenter qualitative study. To our knowledge, no previously published protocol has examined the organizational implementation of cultural concordance in hospital settings using a qualitative multicenter approach.

Coordinated by the Fondazione Policlinico Universitario A. Gemelli IRCCS in Rome in collaboration with several Italian hospitals, this study aims to explore the experiences of healthcare professionals and patients involved in culturally concordant care and to examine the perceived strengths, challenges, and implications of this organizational approach across different healthcare contexts.

These findings are expected to contribute significantly to developing guidelines and policies to improve healthcare services in increasingly multicultural contexts.

Description of protocol

Study design

This study adopts a multicenter qualitative descriptive design using an inductive qualitative content analysis approach. Qualitative descriptive studies are particularly suitable for exploring under-investigated phenomena in healthcare and for providing rich descriptions of participants' experiences in their own terms [15,16].

Inductive qualitative content analysis was selected as the analytical framework because it enables researchers to systematically identify patterns, categories, and themes emerging directly from textual data without imposing pre-existing theoretical structures. This approach is particularly appropriate when knowledge about a phenomenon is limited and when the aim is to capture participants' perspectives in a pragmatic and practice-oriented way [17–19].

Within this analytical framework, the analysis will move from meaning units to codes, categories, and themes, enabling the interpretation of both manifest and latent meanings embedded in participants' narratives [18,20].

The study will be conducted in hospitals that have implemented a cultural concordance system, defined as an organizational strategy aimed at facilitating the alignment between patients and healthcare professionals who share similar linguistic or cultural backgrounds to improve communication, mutual understanding, and care experiences.

Study setting and sampling

This multicenter study will be conducted in Italian hospitals that have implemented a cultural concordance system. The Fondazione Policlinico Universitario A. Gemelli IRCCS in Rome will act as the coordinating center. Additional hospitals may voluntarily participate if they meet the inclusion criteria and agree to follow the standardized research protocol.

Once enrolled, all participating centers will adhere to a common protocol to ensure consistency in recruitment procedures, data collection, and ethical standards across study sites.

Participants and sampling

Two participant groups will be included in the study:

- Healthcare professionals involved in the cultural concordance system.
- Patients who have received care within the cultural concordance system and who present a cultural and/or linguistic background different from that of the host context.

Participants will be recruited using a purposive sampling strategy, commonly used in qualitative research to identify individuals who possess direct experience of the phenomenon under investigation [21,22].

Potential participants will be identified by local coordinators at each participating hospital, who will review clinical and organizational records to identify healthcare professionals involved in the cultural concordance system and patients who have received care

within this system.

Within this framework, maximum variation sampling will be sought about demographic and professional characteristics (e.g., profession, gender, cultural background, clinical setting) to capture diverse perspectives on culturally concordant care [22].

The study does not aim to recruit predefined subgroups (e.g., language-concordant versus culturally concordant providers). Instead, the sampling strategy seeks to capture a range of experiences across the two participant groups, allowing relevant variations to emerge during the analysis. Recruitment will proceed iteratively so that diversity of experiences within and across participant groups can be considered during ongoing data collection and analysis.

Eligibility criteria

Healthcare professionals will be eligible if they:

- Are nurses or healthcare professionals working in participating hospitals.
- Are directly involved in the cultural concordance system.
- Have experience providing care to culturally diverse patients.

Patients will be eligible if they:

- Are hospitalized adult patients who have received care within the cultural concordance system.
- Present a cultural and/or linguistic background different from that of the host context that has been relevant during the care experience.
- Can provide informed consent and participate in an interview.

For this study, cultural or linguistic differences will be identified through one or more of the following indicators: country of birth outside the host country, native language different from that predominantly used in the healthcare setting, self-identified cultural background different from that of the host context, or the need for cultural or linguistic mediation during the care experience.

Eligibility will therefore not rely on nationality alone, but on the relevance of cultural or linguistic difference within the care experience.

Eligibility will be assessed by local coordinators in collaboration with the clinical teams at each site, based on the inclusion and exclusion criteria and on documented involvement in the cultural concordance system. These criteria will be verified during participant identification and confirmed through the sociodemographic questionnaire administered before the interview.

Eligible participants will receive verbal and written information about the study and will be invited to participate voluntarily. Individuals who agree to participate will sign a written informed consent form before the interview takes place.

Data collection

Data will be collected through individual semi-structured interviews conducted face-to-face in private and comfortable settings selected by the participants.

Semi-structured interviews enable researchers to explore predefined topics while maintaining flexibility to follow participants' narratives and probe emerging issues during the conversation [23,24].

The interview guides will explore several dimensions of culturally concordant care, including personal experiences of culturally concordant care, perceived benefits, barriers and challenges, communication dynamics, and suggestions for improving culturally sensitive care.

Each interview will begin with a broad, open-ended question designed to encourage participants to share their experiences, for example: *"Can you tell me about your experience of receiving care from healthcare professionals who share a similar cultural or linguistic background to yours?"* Additional prompts and follow-up questions included in the interview guide will then be used to explore relevant aspects of the participants' experiences.

Interviews will be conducted by members of the research team who have training in qualitative research methods and experience in conducting interviews in healthcare settings. The interviewers include researchers with both clinical and academic backgrounds in nursing and healthcare research. To minimize potential power imbalances and reduce social desirability bias, interviewers will not be directly involved in the clinical care of the participants.

Before data collection, researchers will engage in a reflexive process of bracketing, documenting their assumptions, expectations, and prior knowledge regarding cultural concordance in healthcare. This step is intended to enhance reflexivity and minimize the potential influence of researchers' preconceptions on the interpretation of the data [25,26].

Interviews are expected to last approximately 30–60 min. With participants' permission, all interviews will be audio-recorded and transcribed verbatim. Field notes will also be taken during and immediately after interviews to document contextual observations and preliminary reflections, thereby enriching the interpretive context of the interviews [27].

Participants will also complete a sociodemographic questionnaire collecting relevant background information such as age, gender, professional role, years of experience, country of birth, nationality, and cultural background. These data will be used to describe the characteristics of the study sample and to contextualize the qualitative findings.

When participants are not fluent in Italian, a professional cultural mediator will be present during the interview to facilitate

communication. The decision to involve a cultural mediator will be made when participants have trouble communicating in Italian or when language barriers may limit the depth and accuracy of the interview. The mediator's role will be limited to providing linguistic and cultural interpretation to ensure that participants' meanings are accurately conveyed. Mediators will not influence the content of participants' responses and will intervene only when clarification or translation is required. The use of language and cultural mediation in cross-cultural qualitative research is recognized as an important strategy for promoting inclusiveness and ensuring the quality and depth of data collection when language barriers are present [28,29].

Data collection will continue until data saturation is achieved, defined as the point at which no new relevant themes or insights emerge from the data [30,31].

In qualitative research, sample size is typically determined by the concept of saturation rather than statistical representativeness. Empirical research suggests that thematic saturation in relatively homogeneous samples may occur after approximately 12–20 interviews, although more complex research designs may require additional interviews [30,32].

Based on previous qualitative studies using in-depth interviews, it is anticipated that approximately 15–25 interviews per participant group will be sufficient to reach saturation [30,32,33], although the final sample size will be determined during the data collection process.

In addition to saturation, the principle of information power will also inform sample adequacy, whereby the more relevant information the sample holds for the study aim, the fewer participants are needed [33].

Saturation will be assessed separately across the two participant groups, while considering the range and variability of experiences emerging through purposive recruitment.

Data analysis

All interviews will be transcribed verbatim and analyzed using inductive qualitative content analysis. Following established methodological frameworks, the analysis will involve several steps [17–19]:

1. Familiarization with the data through repeated reading of the transcripts.
2. Identification of meaning units related to the research question.
3. Condensation of meaning units and assignment of codes.
4. Grouping codes into subcategories and categories based on conceptual similarities.
5. Development of themes that capture the underlying meanings of the data.

Analysis will proceed iteratively alongside data collection, allowing emerging insights to inform ongoing sampling decisions and supporting the exploration of diverse experiences within the participant groups.

This analytical process allows researchers to move systematically from raw textual data to higher levels of abstraction while preserving the richness of participants' narratives [17,18,20].

Coding will be performed independently by at least two researchers to enhance analytical rigor. Differences in interpretation will be discussed within the research team until consensus is reached.

To ensure transparency, traceability, and reflexivity, the research team will maintain an audit trail documenting analytical decisions throughout the coding process. Reflexive notes will also be used during analysis to support the interpretation of emerging themes.

Sociodemographic information will not be analyzed quantitatively for hypothesis testing; rather, it will be used descriptively to characterize the sample and to contextualize similarities and differences in participants' narratives.

Qualitative data analysis software (e.g., NVivo) will be used to support the organization, management, and coding of the data during the analytical process.

Rigor

The rigor of the study will be ensured following the criteria for trustworthiness proposed by Lincoln and Guba, including credibility, dependability, confirmability, and transferability [34]. Credibility will be enhanced through prolonged engagement with the data, researcher triangulation, and iterative discussions within the research team. Dependability will be supported by maintaining a detailed audit trail documenting analytical decisions and methodological procedures throughout the study [34,35]. Confirmability will be strengthened through reflexive practices and independent coding conducted by multiple researchers, reducing the influence of individual interpretations on the analysis [34,35]. Transferability will be supported by providing detailed descriptions of the study context, participants, and data collection procedures, enabling readers to assess the potential applicability of the findings to other contexts [34].

Limitations

Several potential limitations should be acknowledged in this study.

First, as the research adopts a qualitative descriptive-exploratory approach, the findings will not be generalizable to all healthcare settings or populations. Rather than aiming to provide a comprehensive account of culturally concordant care across all contexts, the study seeks to explore how such experiences are perceived and described by participants within the specific settings included in the

study.

Second, participants may differ across several characteristics, including cultural and linguistic background, professional role, demographic factors, and organizational context. Such heterogeneity may influence how culturally concordant care is experienced and described. While purposive sampling and maximum variation strategies will be used to capture a range of perspectives, the diversity of participant characteristics may limit the extent to which common patterns emerge across the dataset.

Third, although data collection will continue until thematic saturation is reached within the participant groups, achieving saturation may be challenging in studies that include heterogeneous participants and multiple clinical settings. For this reason, the analysis will focus on identifying recurring patterns and meaningful variations in participants' experiences rather than assuming uniform experiences across groups.

Finally, the study is conducted within a specific healthcare and sociocultural context (Italy), which may limit the transferability of findings to other countries or healthcare systems with different models of cultural integration.

Funding statement

This work was founded by the Centre of Excellence for Nursing Scholarship (CECRI).

CRediT authorship contribution statement

Cristina Pistacchio: Conceptualization, Project administration, Investigation, Resources, Funding acquisition. **Daniele Napolitano:** Conceptualization, Project administration, Investigation, Resources, Writing – review & editing, Visualization, Funding acquisition. **Mariachiara Figura:** Methodology, Software, Formal analysis, Writing – review & editing, Investigation, Resources, Visualization, Funding acquisition. **Simone Amato:** Investigation, Resources, Funding acquisition. **Alessio Lo Cascio:** Investigation, Resources. **Eleonora Ribaudi:** Investigation, Resources. **Noemi Giannetta:** Writing – review & editing, Visualization. **Sara Carrodano:** Investigation, Resources, Funding acquisition. **Paola Arcadi:** Methodology, Software, Formal analysis, Writing – review & editing, Investigation, Resources, Visualization, Funding acquisition. **Alessandro Stievano:** Writing – review & editing, Visualization, Funding acquisition.

Declaration of competing 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.

Acknowledgments

The authors wish to thank all the healthcare professionals and patients who will generously agree to share their experiences as part of this study. We also thank the administrative staff and coordination units of the participating hospitals for facilitating the implementation of the protocol. Special thanks go to the Fondazione Policlinico Universitario A. Gemelli IRCCS for supporting the development of the cultural concordance system and for providing access to institutional data.

Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.mex.2026.103870.

Data availability

No data was used for the research described in the article.

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