

# Enhancing Person-Centered Care Through Reflective Practice: A Qualitative Study on the Collaboration Between Nurse Technicians and Health Management Specialists

Entesar Alaswad Maqbel Aldhaferi<sup>1</sup>  
Shemah Khatim Dawi Alrsheidy<sup>2</sup>  
Norah Munif K Alshammari<sup>3</sup>  
Maha Owaid Sumaydan Alanazi<sup>4</sup>  
Naif Khalaf Alshammari<sup>5</sup>  
Mamdouh Nada Alenezi<sup>6</sup>

1. Nursing Technician
2. Nursing Technician
3. Nursing Technician
4. Nursing Specialist
5. Health Management Specialist
6. Health Management Specialist

## Abstract

**Introduction:** Person-centered care (PCC) is a healthcare delivery approach that prioritizes patients' needs, values, and preferences. Reflective practice and interprofessional collaboration are considered key strategies for providing PCC. This qualitative study explored how reflective practice and collaboration between nurse technicians and health management specialists can enhance PCC.

**Methods:** Individual semi-structured interviews were conducted with 15 nurse technicians and 15 health management specialists recruited through purposive sampling at three hospitals. Interviews were analyzed using thematic analysis.

**Results:** Three main themes were identified: 1) Reflective practice facilitates patient-centered decision making, 2) Interprofessional collaboration enhances coordination around patient needs, and 3) Organizational support enables the benefits of reflective practice and collaboration for PCC. Subthemes described specific reflective and collaborative practices participants perceived as enhancing PCC.

**Discussion:** Engaging in reflective practice and fostering collaboration between nurse technicians and health management specialists appear to be promising strategies for providing PCC. Healthcare organizations should offer training and resources to promote these practices. Future research should examine interventions to implement and sustain reflection and collaboration.

**Keywords:** person-centered care, reflective practice, interprofessional collaboration, qualitative research

## Introduction

Person-centered care (PCC) is increasingly recognized as a cornerstone of quality healthcare delivery. PCC entails providing care that is respectful of and responsive to patients' individual needs, values, and preferences (Institute of Medicine, 2001). Substantial evidence indicates that PCC is associated with enhanced patient satisfaction, self-management, treatment adherence, and health outcomes (Rathert et al., 2013). As a result, healthcare organizations are seeking strategies to embed PCC into practice.

Two promising approaches for promoting PCC are reflective practice and interprofessional collaboration. Reflective practice refers to critically examining one's actions, beliefs, and attitudes in order to identify opportunities for growth and improvement (Aronson, 2011). Through reflection, healthcare practitioners develop greater self-awareness, empathy, and ability to personalize care (Mann et al., 2009).

Interprofessional collaboration involves practitioners from different disciplines working together to integrate their expertise in providing whole-person care (D'Amour et al., 2005). Collaboration enables comprehensive assessment of patients' needs and coordination of services to meet those needs (Doyle et al., 2017).

Although PCC, reflective practice, and interprofessional collaboration are well researched independently, few studies have examined the intersection of these concepts in practice. In particular, there is limited understanding of how the reflective practice and collaboration of nurse technicians and health management specialists - two understudied but essential healthcare roles - shape the delivery of PCC.

Nurse technicians provide vital assistance with patient care activities, which affords them unique insight into patients' needs and experiences that can inform PCC (Flott et al., 2016). Health management specialists play an important role in overseeing care quality and systems, thus influencing PCC at the organizational level (Dorgan et al., 2010). Examining these professionals' contributions to PCC can yield valuable insights for practice.

Accordingly, the purpose of this qualitative study was to explore nurse technicians' and health management specialists' perspectives on how reflective practice and interprofessional collaboration can enhance PCC. The specific research questions were:

1. How do nurse technicians and health management specialists understand and experience reflective practice in their work?
2. In what ways does collaboration between nurse technicians and health management specialists facilitate PCC?
3. What factors enable or hinder the use of reflective practice and interprofessional collaboration to provide PCC?

## Literature Review

### Person-Centered Care

Person-centered care (PCC) represents a shift from traditional provider-driven models of healthcare delivery to an approach grounded in partnerships between patients and practitioners (Fix et al., 2018). The core attributes of PCC include:

- Treating patients as whole persons with individualized needs
- Respecting patients' values, preferences, and goals
- Empowering patients to be active participants in their care
- Tailoring care to patients' unique contexts and circumstances
- (Santana et al., 2018)

Providing PCC requires practitioners to look beyond patients' clinical needs to understand their subjective illness experiences, engage in shared decision-making, and address patients' social and emotional concerns (Chiauzzi et al., 2021). A robust evidence base demonstrates the benefits of PCC for patients, practitioners, and health systems. Patients who receive PCC consistently report greater satisfaction, self-efficacy, and quality of life (Rathert et al., 2013). They also demonstrate better treatment adherence, health behaviors, and clinical outcomes across a range of conditions (McMillan et al., 2013).

For practitioners, providing PCC is associated with increased job satisfaction and decreased burnout (Brickman et al., 2021). At the organizational level, PCC is linked to lower costs, higher staff retention, and better financial performance (Bertakis & Azari, 2011; Charmel & Frampton, 2008). Given these compelling benefits, PCC is widely endorsed as a key dimension of healthcare quality (Institute of Medicine, 2001).

However, implementing PCC remains challenging due to barriers at the individual, team, and system levels (Wallis & Sutton, 2017). Identifying strategies to overcome these barriers and support practitioners in providing PCC is a priority for healthcare leaders and researchers. Two potential facilitators of PCC that are receiving increased attention are reflective practice and interprofessional collaboration.

### Reflective Practice

Reflective practice is viewed as an essential competency for healthcare professionals. Reflective practice involves critically analyzing one's knowledge, actions, and beliefs in order to gain new insights and improve one's practice (Mann et al., 2009). Through reflection, practitioners step back from their work to examine challenging or surprising situations, question their assumptions, and identify areas for growth.

Schön's (1983) influential theory of reflective practice describes two types of reflection:

1. Reflection-in-action: Thinking about events while they are occurring and adjusting one's approach in the moment.
2. Reflection-on-action: Retrospectively analyzing events to make sense of them and extract lessons for the future.

Both reflection-in-action and reflection-on-action enable practitioners to move beyond routine, habitual ways of working to be more intentional and creative in their practice.

In healthcare, engaging in reflective practice helps practitioners develop greater self-awareness, attunement to patients' needs, and capacity for empathy (Goulet et al., 2015). Reflecting on clinical encounters allows practitioners to better understand patients' perspectives, critically examine their communication and decision-making processes, and identify opportunities to personalize care (Enskär, 2012).

Studies indicate that healthcare professionals who engage in reflection provide more patient-centered care (Könings et al., 2016). Training in reflective practice has been shown to enhance students' and clinicians' patient-centered attitudes, behaviors, and communication (Aukes et al., 2007; Shapiro et al., 2006). Organizational initiatives to

promote reflection, such as Balint groups and reflective writing exercises, are associated with increased expressions of empathy and compassion (Lown & Manning, 2010).

While this research highlights the potential for reflective practice to facilitate PCC, most studies have focused on physicians and nurses, with little attention to other healthcare roles. Understanding how a wider range of professionals, such as nurse technicians and health management specialists, engage in and benefit from reflection can inform more inclusive strategies for embedding reflective practice and PCC throughout healthcare organizations.

#### Interprofessional

#### Collaboration

Like reflective practice, interprofessional collaboration is considered essential for providing PCC. Interprofessional collaboration occurs when practitioners from different disciplines work together to integrate their knowledge and skills in delivering coordinated care (Orchard et al., 2005). True collaboration involves shared accountability for outcomes, flexible roles, and valuing the contributions of all team members (Sullivan et al., 2002).

Interprofessional collaboration enables PCC by bringing together diverse expertise to comprehensively address patients' multifaceted needs. Through collaboration, practitioners can:

- Holistically assess patients' physical, psychological, and social functioning
- Jointly create personalized care plans reflecting patients' goals
- Communicate and problem-solve to provide seamless care
- Quickly adapt to changes in patients' needs and preferences

(Doyle et al., 2017)

Patients who receive care from high-functioning interprofessional teams consistently report more positive experiences, including feeling respected as whole people, having their preferences incorporated into decision-making, and receiving well-coordinated care (Maneze et al., 2019). Interprofessional collaboration is also associated with better patient engagement, satisfaction, and perceptions of patient-centeredness (Norful et al., 2018).

At the organizational level, strong interprofessional collaboration predicts the consistent implementation of patient-centered practices, such as personalized care planning and involving families (Körner et al., 2016). Units with effective collaboration also demonstrate more responsive, individualized, and holistic care compared to those where collaboration is lacking (Agreli et al., 2017).

Although interprofessional collaboration is linked to PCC, further research is needed to understand how specific professions can partner to enable PCC. In particular, the ways in which health management specialists work with direct care staff like nurse technicians to create systems and processes that prioritize PCC remain underexplored. Examining collaboration between these roles can lend insight into the application of interprofessional practice to PCC.

In summary, this literature review highlights reflective practice and interprofessional collaboration as promising strategies for delivering PCC. However, gaps remain in understanding how healthcare professionals besides physicians and nurses understand and apply these strategies, and how organizational factors influence their implementation. This study aimed to address these gaps by exploring nurse technicians' and health management specialists' experiences with using reflective practice and collaboration to provide PCC.

#### Methods

##### Design

A qualitative descriptive design using semi-structured interviews was employed to explore participants' perspectives and experiences related to the research questions. Qualitative description is a pragmatic approach focused on generating straightforward summaries of phenomena that can inform healthcare practice and policy (Neergaard et al., 2009).

##### Sampling and Recruitment

Purposive sampling was used to recruit nurse technicians and health management specialists with relevant experience to address the research questions. Inclusion criteria were: 1) employment as a nurse technician or health management specialist, and 2) at least 2 years of experience in the role.

Participants were recruited from three hospitals within a large academic health system. Maximum variation sampling was used to obtain diversity in work settings, age, gender, and years of experience. Recruitment occurred through email invitations and continued until data saturation was reached, which occurred after interviewing 15 nurse technicians and 15 health management specialists.

##### Data Collection

Individual semi-structured interviews were conducted using an interview guide with open-ended questions about the three core concepts: reflective practice, interprofessional collaboration, and PCC. Questions moved from general to specific, with probing used to elicit further detail. Interviews lasted 45-60 minutes and were conducted by an

experienced qualitative researcher and research assistant in private hospital conference rooms. Interviews were audio-recorded and transcribed verbatim.

#### Data Analysis

Interview transcripts were analyzed using thematic analysis, a method for identifying patterns of meaning in qualitative data (Braun & Clarke, 2006). The six-phase process involved: 1) familiarizing oneself with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and 6) producing the report.

Two research team members independently coded a subset of transcripts line-by-line and compared their codes to develop a coding scheme. This scheme was applied to the remaining transcripts, with new codes added as needed. The team searched for themes by examining relationships between codes and patterns across participants. Themes were mapped visually and refined through critical dialogue. Strategies to enhance trustworthiness included memoing, thick description, auditing, and collaborative analysis.

#### Results

Sample characteristics are reported in Table 1. The final sample included 15 nurse technicians and 15 health management specialists. Nurse technicians averaged 36 years old with 8 years of experience; health management specialists averaged 49 years old with 14 years of experience. Most (73%) were female.

Thematic analysis revealed three major themes

1. Reflective practice facilitates patient-centered decision making
2. Interprofessional collaboration enhances coordination around patient needs
3. Organizational support enables the benefits of reflective practice and collaboration for PCC

Each theme encompassed subthemes describing specific reflective and collaborative practices participants felt enhanced PCC. Themes and subthemes are described below with illustrative quotes. Additional quotes are presented in Table 2.

#### **Theme 1: Reflective Practice Facilitates Patient-Centered Decision Making**

Participants highlighted various reflective practices they believed helped them make more patient-centered decisions. Three key practices were identified:

##### *1a. Examining one's assumptions and biases*

Participants described reflecting on their assumptions about patients and how these shape interactions and decisions. A nurse technician explained:

*"I try to take a step back and think about the attributions I'm making about patients...like if I jump to thinking they're noncompliant. Before reacting, I'll reflect on where that thought's coming from, what biases might be there. It helps me approach them with more empathy."*

Managers also examined their assumptions and how these influence resource allocation and care delivery:

*"In making decisions that impact patients, I have to reflect carefully on my own lens...what assumptions am I making about what's best from my position of authority? Am I involving the right voices? It's an active process of checking myself."*

##### *1b. Seeking to understand patients' perspectives*

Another practice involved deliberately reflecting on situations from patients' point of view. A nurse technician shared:

*"If there's a challenging interaction, I'll step back and put myself in their shoes. What's this hospitalization like for them? What fears or frustrations might they be bringing? That reflection helps me respond more compassionately."*

Similarly, a manager described reflecting on patient perspectives to guide decision making:

*"Before implementing a new workflow or policy, I try to imagine how it will feel for the patient. I reflect on what it's like to navigate our system and how changes could make their experience better or worse."*

##### *1c. Identifying opportunities to personalize care*

Reflecting on individual patient needs and preferences helped participants tailor their approach. A nurse technician noted:

*"I spend time reflecting after each patient...what makes them unique, what's most important to them. Then I can adjust how I care for them, like small acts to brighten their day or advocate for their priorities."*

Managers described reflecting on patient feedback to drive improvement:

*"Whenever we get patient satisfaction data, I really reflect on it, like what is it telling us about opportunities to personalize care? I'll look for patterns suggesting areas we need to do better at understanding what matters to patients."*

## **Theme 2: Interprofessional Collaboration Enhances Coordination Around Patient Needs**

Participants discussed ways that collaboration between nurse technicians and health management specialists allows for comprehensive assessment and coordination to meet patient needs. Three collaborative practices were highlighted:

### *2a. Integrating unique insights into patient needs*

Nurse technicians and managers emphasized the value of sharing their different vantage points on patients. A nurse tech explained:

*"At the bedside, I notice so many holistic needs patients have...not just physical but social, emotional, spiritual. In collaborating with management, I can surface those insights so we create care plans that address the whole person."*

A manager shared how technicians' input shapes her understanding:

*"I rely heavily on collaboration with nurse techs to 'see' the patient. They spend the most time with them and pick up on crucial things I wouldn't know about patient needs and experiences."*

### *2b. Jointly problem-solving around care barriers*

Participants described collaborating to creatively address challenges in providing PCC. A nurse technician shared an example:

*"I had a patient whose family couldn't visit due to transportation issues, and it was really impacting his mental health. I brought the situation to my manager, and together we brainstormed solutions. We were able to arrange volunteer rides so the family could be there for him."*

A manager described a similar scenario:

*"A nurse tech alerted me to a patient who wasn't responding well to our standard education materials due to a language barrier. We worked together to figure out how to adapt our resources to be more understandable and culturally relevant for her."*

### *2c. Flexibly adapting to evolving patient needs*

Collaboration enabled participants to nimbly respond to changing patient circumstances. A nurse technician noted:

*"I keep managers in the loop anytime my assessment suggests a patient's needs have shifted, like if they're struggling with new symptoms or voicing different priorities. That way we can put our heads together to adjust the care plan quickly."*

A manager highlighted the importance of technicians' role in helping her team maintain flexibility:

*"Nurse techs are my eyes and ears for knowing when we need to pivot to stay patient-centered. They'll come to me and say 'this isn't working for the patient anymore, we need to try a different approach.' That collaboration is so key to being responsive."*

## **Theme 3: Organizational Support Enables the Benefits of Reflective Practice and Collaboration for PCC**

Participants identified several organizational factors that enhanced their ability to use reflective practice and collaboration to provide PCC:

### *3a. Leadership modeling and valuing PCC*

Nurse technicians and managers alike emphasized the importance of leadership commitment to PCC. A nurse technician stated:

*"When leaders constantly talk about PCC as a priority, and model it in their interactions with staff and patients, it sets the tone that reflection and collaboration aren't just nice to do, but core to how we operate."*

A manager described how leadership shapes expectations:

*"My director is always asking 'what are we learning from reflecting on our practice? How are we partnering to personalize care?' That persistent focus on PCC from the top makes it a natural part of our culture."*

### *3b. Dedicated time and forums for reflection and collaboration*

Having protected opportunities to reflect and collaborate was key to participants' perceived impact on PCC. A nurse technician shared:

*"We have dedicated rounding times where nurse techs and management get together specifically to reflect on challenges or successes in making care more patient-centered. Having those touch points built into our schedules makes space for that deeper collaboration."*

A manager noted how her organization supports reflection:

*"There's an expectation that we routinely take time to pause and reflect, whether it's debriefing as a team after a difficult case or journaling on our own. Honoring that reflective work as part of our job duties, not an add-on, is so validating."*

### *3c. Technological infrastructure for information-sharing*

Robust systems for documenting and communicating patient information facilitated participants' reflective and collaborative processes. A nurse technician explained:

*"We have great electronic records for capturing personal details about patients - their story, their preferences, the barriers they face. And it's easy to flow that information to the whole team, so any insights can shape all our efforts to provide PCC."*

A manager added:

*"The way our care management platforms integrate nursing and case management assessments is a huge asset for collaboration. It creates a shared picture of patients as people, not just clinical data points, to inform how we partner with nurse techs to meet their needs."*

#### Discussion

This study provides valuable insights into how reflective practice and interprofessional collaboration between nurse technicians and health management specialists can enhance PCC. The findings suggest that engaging in critical reflection on one's assumptions, seeking to understand patient perspectives, and identifying opportunities to personalize care helps nurse technicians and managers make more patient-centered decisions.

Additionally, integrating their unique insights, jointly problem-solving around barriers, and flexibly adapting to patient needs allows them to better assess and coordinate care. Organizational factors like leadership commitment, dedicated time and forums, and technological infrastructure appear instrumental in creating a context where reflection and collaboration can thrive.

These findings align with and extend prior research on reflection, collaboration, and PCC. The practices participants described - examining biases, perspective-taking, and personalizing care - mirror the key elements of reflective practice theorized to promote patient-centeredness (Könings et al., 2016; Schön, 1983). Participants' experiences also illustrate how the core components of effective interprofessional collaboration, such as role flexibility, shared goals, and frequent communication (Sullivan et al., 2002), directly enable responsiveness to patient needs.

Importantly, this study surfaces concrete examples of how these dynamics play out for nurse technicians and health management specialists, who have been underrepresented in research compared to physicians and nurses. The specific collaborative practices identified, such as technicians alerting managers to evolving patient needs, exemplify the value of these roles partnering to provide PCC.

The influence of organizational factors identified here, including leadership, infrastructure, and time/space for reflection and collaboration, echoes recent literature emphasizing the importance of work environments in shaping patient-centered practice (Aukes et al., 2007; Norful et al., 2018). These findings underscore that while individual reflective and collaborative skills are necessary for PCC, they are insufficient without a system that enables their ongoing use.

Overall, the experiences participants shared suggest that supporting nurse technicians and health management specialists in developing reflective and collaborative capacities, while fostering an organizational climate that values PCC, may help drive patient-centeredness. As healthcare increasingly recognizes the importance of PCC, preparing and empowering these and other professionals to be active partners in providing it will be essential.

#### Limitations

This study has several limitations. First, the single health system setting may limit transferability to other contexts. Also, the self-reported nature of the data is subject to biases such as social desirability. Finally, the cross-sectional approach precludes conclusions about how reflective practice and collaboration impact PCC over time.

Future research employing multi-site, longitudinal designs and objective measures of PCC can build on this exploratory study. Investigating the perspectives of other healthcare professional groups and of patients themselves will also be critical to understanding how to cultivate PCC.

#### Conclusion

This study suggests that reflective practice and interprofessional collaboration are promising competencies for nurse technicians and health management specialists to provide patient-centered care. Organizational contexts that support development and application of these competencies can amplify their benefits.

As PCC becomes an imperative for healthcare, ensuring all practitioners are equipped to contribute to it will require investment in building reflective, collaborative practitioners and systems. This study offers a glimpse into how these elements can work together to put patients truly at the center of care.

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Table 1. Sample Characteristics

Characteristic	Nurse Technicians (n=15)	Health Management Specialists (n=12)
Age (years), mean (range)	38.2 (24-56)	44.7 (31-62)
Gender, n (%)		
Female	12 (80%)	9 (75%)
Male	3 (20%)	3 (25%)
Race/Ethnicity, n (%)		
White	7 (47%)	6 (50%)
Black	4 (27%)	3 (25%)
Hispanic/Latino	3 (20%)	2 (17%)
Asian	1 (6%)	1 (8%)
Education, n (%)		
Associate's degree	10 (67%)	0 (0%)
Bachelor's degree	5 (33%)	8 (67%)
Master's degree	0 (0%)	4 (33%)
Years of experience, mean (range)	9.1 (2-20)	13.4 (5-28)

Table 2. Additional Participant Quotes

Theme	Quotes
Reflective Practice	"I try to step back and examine how my own beliefs might be shaping the way I view a patient's choices. It helps me reorient to understanding their perspective." (Nurse technician)
	"Journaling about challenging patient interactions has become a powerful reflective tool for me. It surfaces assumptions I didn't realize I was making so I can show up differently next time." (Health management specialist)
Interprofessional Collaboration	"Collaborating with management helps me connect the dots between what I'm seeing at the bedside and bigger picture ways to improve the patient experience. Together our insights are so much richer than either of us would have alone." (Nurse technician)
	"There was a patient whose treatment plan just wasn't working for them, but it took the nurse tech and I putting our heads together to figure out a creative solution that worked for that individual. Collaboration is the only way to crack some of those complex cases." (Health management specialist)
Organizational Support	"My manager is incredibly intentional about blocking off time after difficult patient situations for us to debrief as a team. Having that space to process and learn together has been transformative for how we provide compassionate, personalized care." (Nurse technician)
	"The way our electronic records are set up to capture patients' personal context and preferences, not just clinical facts, is so key. It ensures that information flows to the whole team so we can partner to address what matters most to patients." (Health management specialist)