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DENMARK

Aalborg Universitet

Barriers and potentials of interprofessional planning

Creating Care Homes for People with Dementia

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Published in:
Enabling the city

DOI (link to publication from Publisher):
[10.4324/9780429297649](https://doi.org/10.4324/9780429297649)

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Publication date:
2021

Document Version
Publisher's PDF, also known as Version of record

[Link to publication from Aalborg University](#)

Citation for published version (APA):
Andersen, H. T., & Kirkeby, I. M. (2021). Barriers and potentials of interprofessional planning: Creating Care Homes for People with Dementia. In J. Fokdal, O. Bina, P. Chiles, L. Ojamäe, & K. Paadam (Eds.), *Enabling the city: Interdisciplinary and transdisciplinary encounters in research and practice* (pp. 154-166). Routledge.
<https://doi.org/10.4324/9780429297649>

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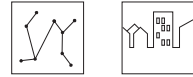
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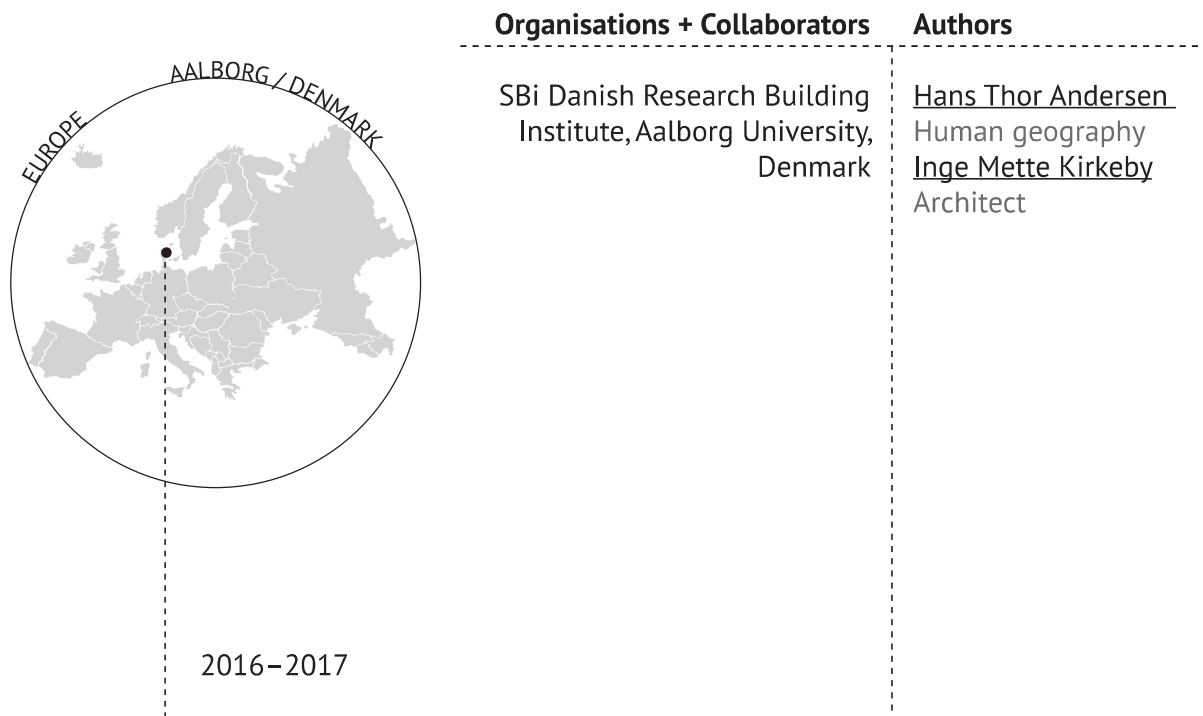


08



BARRIERS AND POTENTIALS OF INTER-PROFESSIONAL PLANNING

Creating Care Homes for People with Dementia



Introduction

It is a huge challenge to interdisciplinarity that people from different subject fields have to work together and come to the same understanding. On the one hand, growing specialisation results in different subject fields that create valuable in-depth knowledge. On the other, knowledge tends to become separated in silos with different discourses and different perspectives on how to tackle new challenges; differences created during education and reinforced by working experience. In this way, specialisation creates its own barriers to working together. However, complexity in most problems requires knowledge from several knowledge arenas in order to cover the various aspects of the problem – and interdisciplinarity, as well as interprofessionality, becomes a necessity. This chapter gives a meta-analysis of interprofessional cooperation in the field of creating care homes for people with dementia – a process which draws on a number of different specialisations.

FIGURE II.8.1 Vigs Ängar, Sweden. Photo by Nanet Mathiasen.

Request for Knowledge on Care Homes for People with Dementia

In Western countries, the average age is increasing and, as a consequence, the number of people with dementia is growing too. In Denmark, it is expected that the number will double within the next 25 years, which means that in 2040 about 150,000 persons will suffer from dementia. The group with Alzheimer's, 65% of the cases, will gradually lose their ability to remember, understand, communicate and find their way, and some get very restless. In the late stage of the disease, such people are dependent on help from others, and often have to live in specially designed care homes with professional caregivers. Therefore, the care homes must be well suited for people who are mentally drifting away, but physically still active and mobile (Sigbrand, Bredmose, Kirkeby, Mathiasen, & Jensen, 2015, 2016).

International research indicates that the physical environment has great importance for the well-being of people with dementia (Day, Carreon, & Stump, 2000; Marquardt, Büter, & Motzek, 2014). Smaller units are preferable, architectonic qualities such as light and acoustics are essential for orientation and well-being, and not least a sense of homeliness is important. Research indicates that people with dementia often are very sensitive to atmosphere – an important architectural quality (Sonntag, 2013). Not only is it essential to have agreeable buildings, it is just as important to know which features must be avoided because they might be perceived as unpleasant or scary by people suffering from dementia. Furthermore, a wide range of needs have to be seen from a care perspective to support staff members working professionally with patients. This is important for the quality of the care itself and for economic management. Thus, to create a well-functioning and pleasant care home, a wide range of requirements should be met.

The Danish Building Research Institute (SBI) has several ongoing projects on how to create suitable environments for people with dementia. The research team investigated the relation between the physical environment and people with dementia, and subsequently guidelines and recommendations were published (Sigbrand et al., 2015, 2016). These results are based on research in various fields and targeted at practitioners of different professions who deal with the building of new or renovation of existing care homes.

However, an urgent question makes itself felt: how is this research-based knowledge actually received and brought into use by the practitioners, and how is it combined with other kinds of knowledge the practitioners have from other sources? An answer to this question may help researchers to design research projects better and to produce useful guidelines for interprofessional cooperation. In order to obtain more insight into this question on knowledge transfer, the Danish Building Research Institute conducted an exploratory study on knowledge transfer between different actors. However, the study is to be seen as a first step towards an answer; extended research would be required for a comprehensive answer.

Interprofessional Steering Groups

For a study of interprofessional knowledge transfer, care homes for people with dementia had the advantage that they have a very complex, but at the same time well-defined problem, which definitely requires different and specialised kinds of knowledge. Knowledge from different professions and knowledge arenas (Andersen & Atkinson, 2013) are needed to cover fundamental aspects – and the responsibility to set the interdisciplinary team is very high, since the environment is created for a group of people who are themselves unable to change or rearrange their environment or to withdraw. The case study thus problematises the question of involving the user directly in describing

their needs. Knowledge of user needs had to be obtained in another way – via experience gained by working in care homes and via research-based knowledge of how people with dementia interact with the physical environment. It should be stated that this kind of knowledge may generally cover aspects that users are not necessarily able to formulate themselves.

When you build a care home in Denmark, it is common procedure to appoint a steering group to follow and guide the planning process. The steering group members take part in developing the building programme and have to make sure all considerations are taken concerning various needs and interests; thus, they are approaching the project with different kinds of knowledge and interests. As a method to gain insight into kinds of knowledge use and how knowledge is exchanged between different actors, seven qualitative, semi-structured interviews were held with members of steering groups of care homes for people with dementia. The interviews lasted approximately one hour and were afterwards transcribed, and the following analysis is based on these interviews.

The process of working together in a steering group is often considered inspiring and open-minded; however, in practice it is also frustrating due to simple communicative matters, consumption of time without many results, a sense of missing the aim of the project and so on. A quite important issue is how to define the relevant participants. Those usually involved in building construction tend to consider architects, engineers and builders as key participants; a few may add the future users of the building. Here, the difficulties of inviting future users of a care centre arise simply because the main users suffer from dementia, and this, sadly enough, may lead to simply bypassing this category of users. Furthermore, relatives who engage themselves in the well-being of their family members will often be involved in practicalities, and working conditions and also practical arrangements for employees are important factors for the final outcome. The latter group in particular has a valuable insight into how to fit daily routines to building design.

The criteria for choosing the interviewees were that they had taken part in a steering group concerning care homes for people with dementia within the last five years. The starting point was taken as two building cases near Copenhagen. However, almost all interviewees had considerable experience in the building sector, including care homes, and frequently referred to their general experience from previous work as well as their specific experience from actual steering groups. Taken together, they covered knowledge concerning medical aspects, care aspects, ergonomic aspects for staff working in the care home, economics, social aspects, architecture and construction. Their professional backgrounds were from architecture, engineering, political science and nursing. No relatives were interviewed in this project since they were not represented in the chosen steering groups. However, their experience and knowledge were indirectly present in the process due to the fact that the guidelines on care homes used in the projects draw on research, which includes the experience and knowledge of relatives.

Co-Design and Leadership

The task to plan, design and build care homes for people with dementia can on a general level be described as co-design, with emphasis on joint knowledge production and on leadership and management (see Chapter I.2 in this volume on the different phases). This is co-design in so far as the steering group – including the architects – dealt with the important task of interpreting the design problem and framing the design task during the preparations for the building. But it should be noted that this does not mean that all members design actively with pencil or mouse in hand. The design itself was worked out by the architects between steering group meetings. However, setting a frame

for the actual design is an integral part of the design – to find out what the design problem actually is. Lawson (2004, p. 17) says: “Perhaps it is in the very process of developing the framework that the greatest advance in thinking takes place. In arguing out the frameworks collectively we edge forward to some degree of consensus.”

Interdisciplinarity Means Cooperation

Once the relevant people have been identified, the planning and processing of a successful co-design begins. This is not just a question of getting the opportunity to have a say, but also to listen and learn. However, it is a precondition that all participants recognise the relevance and equal importance of the other participants in the project. The process itself is important since participants are learning by doing, which in turn leads to reflections on practice and “conventional wisdom” hitherto within the field in question. Healey (1997) leans on a long string of works on public engagement and participation within urban planning: since the early 1960s, planning theory has revolved around how technical–rational approaches could be merged with a broad inclusion of the public. Gans (1962) was a pioneer in this respect; his experience from ongoing projects in US cities led him to emphasise local relations, and he formulated a bottom-up perspective on local politics. Davidoff (1965) took the perspective further and argued for open-ended projects, orientation towards the future and for action, i.e. implementation of the preferred options. All citizens affected by specific decisions should be involved. The key issue is to identify exactly who they are and to provide real inclusion. Related to this is, of course, its implementation.

One crucial lesson learned from the urban interventions in existing urban environments was the realisation of social learning (Friedmann, 1987); knowledge is not pre-existing, waiting only to be discovered, but is actively produced through social interaction (Latour, 1987). Social learning is thus a form of co-creation. Healey (1997) is well aware of the critique of this social turn; while social interaction is important, it cannot ignore existing structures and interests. However, not all challenges can be reduced to discourses. Thus, Healey adopts social constructivism and attempts to unfold it, inspired by Giddens and Habermas; the main challenge is the practice of an equal, open-minded and acknowledged exchange of viewpoints, knowledge and interests. Healey points to the need for a post-structuralist understanding of politics when she unfolds an approach to the exchange of views, interests and knowledge. Following Bryson and Crosby’s (1993) three types of settings, she presents *forums, arenas and courts*:

- Forums put the emphasis on creation and communication of meaning.
- Arenas are sites for development and implementation of policies.
- Courts are where remaining, unsettled issues are mediated.

Although this model is developed for urban planning, it can easily be employed in connection with the co-production of a building project. Leadership and management are key functions in securing meaningful progress of a project. Leaders and managers possess the authority to initiate and promote processes and deliver suggestions. This may easily take place in conflict with the ideal of Habermas’ speech: *that any person is allowed to take part in a discourse, is allowed to raise questions about any idea and no one is prevented from expressing their wishes and needs*. Reality is a bit different; yet, only by accepting free expression of ideas without coercion can the joint product deliver better results than traditional knowledge production.

Building and Sharing Knowledge

Interprofessionality, like interdisciplinarity, means cooperation between people from different subject fields. It requires that knowledge is transferred across professional boundaries. To do so, mental barriers against understandings and interpretations embedded in other disciplines or traditions other than one's own must be lowered or removed. This seems obvious and simple; however, practice demonstrates that despite goodwill to appear open-minded, it is a far from easy operation. Generally, cooperation demands some levels of trust and crossing disciplinary boundaries further raises these demands. Even cooperation between agents in the same subject field may cause trouble – there is a possible gap to be bridged between knowledge and the way its parts are understood.

In cooperation through interprofessionality, this gap is in no way smaller. On the contrary, the agents have different backgrounds due to their education, where they became socialised in subject-specific approaches, discourses and ways of solving problems. Although the words may be “understood” by their recipient, it is far from certain that the words are understood in the intended way – the message may be changed, and the discrepancies may be recognised in the situation, or maybe not.

According to Bruno Latour, knowledge can well be transported from one place to another, from one person to another or one subject field to another. But not without the content undergoing change. A mediator arises in between them to carry the information. The mediator can be, for example, a text or a drawing, and many research results can be seen as mediators, communicating the content of the research to others. Still, each time content is translated into another mediator, the content undergoes a change. Latour compares this with the way a metaphor can carry a meaning. He points to the fact that the etymological root of “metaphor” is “movement” and “transport” (Latour, 1986, p. 25).

In this chapter, the “flexibility” of knowledge is held to be an important quality. It will appear to be a contradiction in terms to launch a concept of flexible knowledge. Knowledge is, for most people, an absolute phenomenon; like truth, a phenomenon that cannot be discussed but only accepted as correct or incorrect. Such an understanding or perception of knowledge unlocks the creation of new knowledge, for our own perspectives as well as those of the group.

At this point, it is important to distinguish between context-independent knowledge – for example, facts and rules – on the one hand, and context-dependent knowledge – for example, phronesis, experience and examples (Flyvbjerg, 1991) – on the other. Context-independent knowledge is probably easier to transport with only minor changes in content, whereas context-dependent knowledge requires more interpretation and personal acquisition. This certainly is a major advantage of context-independent knowledge – although here also, several transformations have taken place from, for example, research object to research result (Latour, 1986). For this reason, context-independent knowledge is considered an ideal in several research fields.

Context-dependent knowledge plays an important role in design and planning projects (Kirkeby, 2009, 2010, 2011). According to Kristian Kreiner (interview in Kirkeby, 2010), the importance of context-dependent knowledge can be explained by the fact that planning and building problems are loosely structured problems, or perhaps better contested issues: there is usually no complete agreement on what the problem is, why it has appeared or what should be done. Thus, a merely analytical solution is not possible, but the frame and the solution are developed in parallel. To solve a planning or building problem, it is necessary to choose a perspective, an Archimedean point, from which the problem can be tackled (Kreiner: interview in Kirkeby, 2010). When deciding between different possible perspectives, context-dependent knowledge is superior to context-independent knowledge,

because context-dependent knowledge contains a normative dimension – a position – that may support decision-making (Flyvbjerg, 1991, p. 72ff; Ruderman, 1997). Planning and building projects are prescriptive; that is, dealing with such issues cannot be based on experience, since the future has not yet put its mark on the present. The planner or architect often has to involve stakeholders, users, other professionals and various decision-makers to develop a joint understanding of both challenges and possible solutions and negotiate various demands and wishes to create a coherent proposal/plan. This mediating role is exactly what was referred to when one of the interviewees talked about being “orchestra conductor”: managing to include all relevant stakeholders, users, decision-makers, etc. and creating an arena where all are able to raise their voices in a constructive way. Although many scientists would refuse to call such efforts scientific, it is nevertheless an important part of bringing together disciplinary knowledge in work.

Aristotle calls this practical, action-orientated knowledge, which makes people able to make decisions “good for man,” for *phronesis*. *Phronesis* is context dependent, often embedded in good examples or personal experience. The importance of practical context-dependent knowledge is emphasised by Donald Schön. In his ground-breaking book *The Reflective Practitioner: How Professionals Think in Action* (1983), he asks, “What is the kind of knowing in which competent practitioners engage? How is professionals knowing like and unlike the kinds of knowledge presented in academic textbooks, scientific papers, and learned journals?” (Schön, 1983, p. viii) – and by this he opens a wider perspective on knowledge as integrated in action and not only as “technical rationality” (ibid, p. 21ff).

Consequently, “flexible knowledge” does not indicate that “everything goes,” but underscores that knowledge as context-based knowledge is not independent of place or circumstances. It has to be related to a specific situation. Mezirow (1997, p. 5) focuses on transformation from a learning perspective: “Adults have acquired a coherent body of experience – associations, concepts, values, feelings, conditioned responses – frames of reference that define their life world [...] They set our ‘line of action’. Once set, we automatically move from one specific activity (mental or behavioural) to another. We have a strong tendency to reject ideas that fail to fit our preconceptions.” Experience, and perhaps first of all academic training within a specific discipline, produces a discursive horizon, which in turn is internalised in the individual agent/actor.

Thus, when we meet other and different frames of reference, we may adjust our own ideas – and transformative learning occurs. This seems an important quality in interprofessional cooperation, where trench warfare would lead nowhere, but the necessity to come to one, and only one, answer requires consensus. Mezirow refers to Habermas, who argues that it is inherent in our nature to look for consensus and that we would, in fact, not take part in a discussion without implicitly accepting that consensus should be possible. However, he is at the same time aware of the fact that this is a high ideal and not necessarily reached (Mezirow, 1990, pp. 165, 211).

Enablers and Barriers in Interprofessionality

When the interviewees were asked: “which kinds of knowledge did you use?” they first of all mentioned context-dependent knowledge such as their own experience gained from previous projects. Only secondly did they mention research-based knowledge and context-independent knowledge. The interviewees further made a distinction between “generalist knowledge” and “specialist knowledge.” In particular, actors with a broad experience within the building sector saw themselves as generalists without necessarily having in-depth knowledge of all aspects. Instead they



FIGURE II.8.2 Vigs Ängar, Sweden. Photo by Nanet Mathiasen.

would ask questions, for example, about how people with dementia react to their surroundings, and subsequently consult caregivers with experience from working in the field. It was notable that in this context the caregivers from practice were named as “the real specialists.” It became clear that context-dependent knowledge and exchange of context-dependent knowledge is extremely important in a planning and design process that involves different professions.

In a number of cases, the steering group had started the process by visiting some existing care homes and the interviewees stressed the importance of studying good examples – again a matter of context-dependent knowledge, where you draw inspiration from one example to reuse in another. On the study trips the group members got to know each other better; they initiated their discussion of the subject, and the talk about the project triggered a knowledge transfer between group members while the discussion sharpened their understanding of the subject. In this way there was an exchange of knowledge on a horizontal level among the group members.

However, the interviewees also reused experience from previous projects in developing their own views about suitable solutions for the care home they were preparing. This means that there was also a vertical knowledge transfer from some finished projects – and indirectly from the people behind them. This secures continuity over time in the care home sector, and it leads us to another important lesson learned from the interviews: it is an important enabler for the team to experience other already finished examples.

Cooperation is crucial for building up knowledge and working towards consensus on the building programme, especially due to the fact that different perspectives may ideally lead to extended knowledge exchange between the actors, to reflection and to developing new ideas suited for the specific building task to build the best possible care home. “In fact we all want the same,” an interviewee said, “we want to build the best possible care home.”

Repeatedly, it was stressed that the process had been good, that there had been a will to listen to other steering group members’ points of view and that strong efforts had been made to reach a consensus. However, although consensus is an attractive goal in theory, the practice may be tiresome. On one occasion there was a clash between the architects and the contractor. In that case, the team leader chose to hire an external coach to settle the disagreement. In another example, a group managed to move from disagreement to agreement. The core of the discussion was “homeliness” and the group strongly disagreed on how to create homeliness in practice. But by the means of questioning their ideas, the team leader managed to get beyond their opinions, and through an intensive discussion they found out that they actually shared the same ideas on a more abstract level; thus, the discussion established a new insight into their possibilities. But, this may need somebody who has the strength to get behind people’s defences in order to find out where consensus lies.

This interest in consensus is not to be underrated – which may easily happen when the discussion gets heated. However, when different perspectives meet, this may trigger learning. Secondly, it is an underlying interest in consensus that makes a discussion worthwhile. The interviewees’ awareness of the importance of consensus was high, and a shared wish for consensus can be an important enabler in interprofessionality.

Also, the leadership in the group was of major importance. In an interview, the leader’s role was compared to the role of the conductor of an orchestra – it was not necessary that he/she should be able to play all the different instruments, but the conductor had the responsibility to judge which instrument was to take the lead and when. Another interviewee, a structural engineer, stressed the importance of listening and letting each other take the lead. In the balance between architect and engineer, he said, the architect should take the lead at the beginning of the project and the engineer’s

role was to back up the architect with his specific knowledge. Later in the project, the roles were reversed and the engineer would take over, while the architect would take on the supportive role. Although leadership is important, you should not try to force a solution through: “then you wouldn’t survive this job,” a group leader said. To survive, you had to use your knowledge to find the best way, he said, and “if that is insufficient, then you withdraw a little and let others bring forward their knowledge.” If good leadership is established, it serves as an important enabler for cooperation across different professions.

On the other hand, in such projects you also find a number of barriers. Lack of money may be one barrier. It is such a well-known fact that we might easily overlook it and just take it for granted. However, we have to realise that limited resources make it necessary to choose between different wishes and ideas. All wishes cannot just be added together in the final project; it becomes necessary to give some wishes priority and leave out others. Different wishes, represented by different actors, may in turn clash. Experienced actors may have an advantage, and they prepare themselves beforehand; an architect gave as an example that to obtain an attractive architectural feature – a bay window in some flats in a care home – it had been necessary to stress its importance right from the very beginning.

In particular, the risk of conflicts between different actors may cause a barrier in interdisciplinary projects. An engineer expressed his experience in these words: “the building sector is traditionally one of the most conflict-filled areas of all because there are opposite wishes the whole time.” Also, the different approaches between different professions such as architects and engineers may cause problems, and he urged both parties to be open to finding ways to cooperate. As previously mentioned, an engineer pointed out a possibility – that at the beginning of a project the architect took the lead and the engineer took a supportive role, whereas in the next phase the roles were reversed.

Yet, enablers and barriers may be two sides of the same coin – a good cooperative atmosphere in the group may be an enabler, whereas a poor atmosphere would rather be a barrier. On the one hand, different points of view may block progression of a project, or on the other, new learning may emerge.

Reflections on Lessons Learned

Finally, the project gives rise to a few critical reflections, linked in the following to lessons learned. The first lesson learned from the interview-based study was that context-dependent knowledge such as experience from previous projects and “good examples” were mentioned before research-based knowledge as important in the planning process. The critical question is whether experience is considered such an important driver that new knowledge only comes into the process with difficulty. On the one hand, continuity, where we make use of previous experience with the option to refine it, seems attractive. On the other, we may lean so heavily on previous ways of operating that we fail to see the possibilities of improvements, although there might be new, research-based knowledge that ought to be taken into consideration!

A second lesson is that willingness to listen to other actors’ perspectives is required in order to move towards consensus, and in, for example, planning or building projects this is necessary in order to come to an agreement on the building programme. Clearly, the different perspectives represented by members of the interprofessional group are important assets of crossing professional boundaries. The confrontation between different views based on experience and subject-specific knowledge

may hold an important potential for developing new understanding or new knowledge – transitional learning. At the same time, it may lead to conflicts.

The third lesson learned from the interviews was that group members were eager to develop a good process and to be obliging and willing to listen. However, a critical question has to be put: can the wish for consensus lead to the situation where some disagreements are avoided in order to maintain a good atmosphere and avoid conflicts? But, in any case, an agreement on one, and only one, solution is required. This raises another urgent question: is interprofessional collaboration in itself so demanding that too much focus moves from the end product to the process? In the end it is the built product that counts. And one has to ask: has the quality of the final building, the result itself, achieved a higher quality due to interprofessionality, or might the result have been better if, for example, the architects had had the final say in all decisions? The interviews did not give an answer to this question – the interviewees took it for granted that cooperation between different professions was necessary for the best possible result. The answers from the interviewees mainly illustrated the process, not surprisingly, since the interview plan focused on their exchange of knowledge and did not question the quality of the final project, the care home. Theoretically, consensus might be reached “the easy way” if difficult questions are simply neglected. However, the interviews revealed no examples of this kind of procedure; quite the contrary, examples were given that demonstrated determination and energy to go “behind fences” to find common solutions. Nevertheless, serious attention should be given to the fact that a “good” process is insufficient in itself to establish the optimal result. However, in interprofessional projects, cooperation is built in, and a good result, in our case care homes for the elderly with dementia, might well depend on the process leading to it, where the actors, in our case the steering group members, respect and trust the validity of other professionals’ statements. New research projects could explore these unanswered questions.

Interprofessionality does not arise by itself; it is born out of necessity, that is, the necessity of more knowledge than one profession can possess and of co-thinking to optimise the use of limited resources (i.e. the result of tight budgets). But its success cannot be taken for granted. It requires openness and willingness to listen and find solutions. Cooperation with other professions is just as difficult as cooperating with people in one’s own profession. In the process towards consensus, the group leader plays an important role. Using a metaphor from the interviews, the role of the leader is to be compared to the conductor of an orchestra, who has the responsibility of bringing together the necessary instruments, making them play in harmony and making sure that the right instrument takes the lead at the right moment.

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