

Professional thinking in Individual Plan processes

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Abstract

This article explores the kind of critical and reflective thinking that influences the social and health care professionals in the Individual Plan process. An inter-professional group of six healthcare and social researchers collected the data, which consisted of in-depth interviews with 12 service providers who were the clients' coordinators and one day centre leader. By focusing on reflective thinking in a critical perspective, it is concluded that coordinators are guided by different philosophical and theoretical perspectives in this process; a mixture of reasoning strategies, caring as a relational concept and a mixture of philosophical frameworks. To improve critical thinking in Individual Plan processes, coordinators need to be conscious about their way of thinking in action.

There are no Conflicts of Interest regarding this article.

Introduction

The aim of this article is to understand the complexity of how coordinators think and reflect in Individual Plan processes. In Norway, any person who is in need of long term and coordinated health care and/or social services has the right to an Individual Plan. This right is established in the new Health Care Act, Chapter 7, §§ 7-1 to 7-3 (Health Department, 2011). In this act, the Norwegian Health Directorate ensures the client's right to have an Individual Plan drawn up to enhance the client's participation throughout the rehabilitation process. This right to participate makes the Individual Plan an instrument that facilitates collaboration between the client, public services, and different coordinators. To meet the client's right to collaborate in the process, the coordinator has to accept each client as a unique individual and develop a role performance that takes into account the individual's desired level of participation (Alve, et al., 2012)

A strengthening of the interaction between those who are involved in Individual Plan processes will ensure the client's right to participate throughout the rehabilitation process. For this reason, it is important for coordinators to be critical about how they think and reflect in this process.

A literature research on Individual Plans reveals that there is little international research and also sparse Norwegian research on the topic. However there are some previous research. We have found only one international study and this is on Individual Plan to persons with cognitive disabilities (Adams, Beadle-Brown, & Mansell, 2006). However, they found that the presence and qu-

ality of an Individual Plan did not improve outcomes for the clients. Recent research reveals that in order to develop the Individual Plan process as an instrument that facilitates a rehabilitation process that gives the clients right to participate as specified by the Norwegian government, coordinators have to be conscious about how they create an Individual Plan together with the clients (Alve, et al., 2012; Slettebø et al., 2011). In a Norwegian study Michaelsen et al (2007) found that the coordinators of individual plans experienced conflicting roles as being both a coordinator and a mental health nurse for the client, and that client participation was a challenge. This is in line with the findings of Langhammar et al (2013) who also found that the coordinator role created challenges for the service providers. Sægrov (2012) found that the responsibility for writing an Individual Plan is pulverized and not integrated in cancer nurses' daily work. She found that training of service providers and anchoring clients right to Individual Plans in the management seemed necessary. Regarding client participation Michaelsen et al (2007) found that to educate the clients in data handling and support them during the plan process seemed to improve their participation and involvement.

The main problem to be discussed in this article is how coordinators in health- and social services are thinking and reflecting in Individual Plan processes.

Theoretical framework

The discussion of the coordinators' thinking and reflection is based on critical thinking (Hughes, 2008) and on Schön's

theories of reflection in action (Schön, 1983). Facione (1990) defined critical thinking as a purposeful, self-regulatory judgment that uses cognitive tools, such as interpretation, analysis, evaluation, inference, and contextual considerations on which to base judgment. With regard to Individual Plan processes, this means that coordinators have to reflect on what kind of critical reasoning would best guide their judgment and actions. Schön (1983) made a significant contribution to our understanding of the theory and practice of learning. His innovative thinking around the notion «reflection-in-action» has become part of the language of how to be conscious about ways of acting in practice. Schön's thinking is based on John Dewey's theory of inquiry (Dewey, 1938). Because of his process-oriented and sociological opinion of the world and of knowledge, his theory is considered as a pragmatic view on knowledge and experience. Cutchin and Dickie (2012) argue that the pragmatic attitude derived from Dewey is one made up of key metaphors that are helpful in addressing questions. Pragmatism, in this sense, is related to how coordinators are thinking and reflecting concerning the Individual Plan process that works for each client in his everyday life.

Mattingly and Fleming (1994) studied how occupational therapists are giving language to their practice and call this process «clinical reasoning». Clinical reasoning, is from their perspective, a way of perceiving based on Dewey's thinking (1938).

In the Individual Plan process, the coordinator's way of acting occurs within social relationships or situations involving the client,

his family, the community, and a team of health care providers. The coordinator's development of skilful critical reflection depends upon being taught what to pay attention to. The powers of noticing or perceptual grasp depend upon noticing what is salient and upon the capacity to respond to the situation.

PROFESSIONAL THINKING

Several different professions, such as social work, occupational therapy, physiotherapy, medicine, nursing, and psychology form part of the Individual Plan processes.

There are a number of definitions of what characterizes a profession. Molander and Grimen (2010) describe two aspects: the organisational aspect and the performative aspect. The organisational view of profession emphasises factors such as the fact that professionals have a monopoly on their services, are autonomous, and are accepted politically. The performative view of professions emphasises that the professions are providing services to clients and are striving to solve the clients' health care and social problems. The services provided by a professional are aimed at changing the situation for the client from disability to ability. Professionals have to use evidence-based knowledge in addition to judgment, but their practice is often characterized by uncertainty (Molander & Terum, 2008).

As argued by Molander and Grimen (2010), professionals have to make their decisions on the basis of discretionary judgments, meaning that they have to be aware of how they behave in therapeutic relationships. They argue that it is important to rea-

lize that individuals who reason thoroughly and conscientiously can nevertheless arrive at different conclusions about a case.

Methods and design

This study was part of a larger study of what may cause tensions in working with Individual Plan processes (Alve, et al., 2012; Slettebø et al., 2011). This article is based on in-depth interviews focusing on how the coordinators think and reflect in Individual Plan processes. The first phase covered questions on the collaboration between coordinators, relatives and clients. The reason for this was to direct the informants attention to the interaction between the actors in the Individual Plan process. The next phase focused on the informants experiences related to client participation and involvement.

To obtain insight into the breadth and diversity of the coordinator's thinking, an inter-professional group of six health care and social researchers collected the data, which consist of in-depth interviews with 12 coordinators and one day centre leader who covered the role of a coordinator at the institution. The interviewers covered professions like occupational therapy, physiotherapy, nursing and social work. They had different experiences and theoretical framework from research as well as clinical praxis. The interviews were performed at the coordinators' work place, i.e., in health care or social institutions. They lasted approximately 1.5 hours and were tape-recorded.

PARTICIPANTS AND PROCEDURES

13 service providers were interviewed. The clients of the services

were asked to decide which of their service providers were to be interviewed. All except one, who was a day centre leader, were the client's coordinator in the Individual Plan process. However, the day centre leader covered the role of a coordinator at her institution. Their clients ranged in ages from 20 to 72 years, and all of them were in need of long term health- and social services. To explore the complexity of the critical and reflective thinking that guided the coordinators' work in Individual Plan processes, the informants were selected from different settings and institutions. Furthermore, their clients had a variety of problems requiring an Individual Plan, such as stroke, Parkinson's disease, cerebral palsy, tetraplegia, encephalitis, burn-out syndrome, bipolar condition, anxiety, and a rare syndrome including progressive eye disease. The clients dealt with their life situation in different ways, and for some of the clients, the adjustment process was gradual and prolonged. As a consequence of their different resources and problems, the rehabilitation program varied for each of the clients. In order to obtain insight into the breadth and diversity of the coordinators' way of thinking in Individual Plan processes, we interviewed coordinators from different settings and institutions: community health services, hospitals, and the social welfare system.

DATA ANALYSIS

The analyses were conducted within a focused ethnography (Morse, 1992) because the emphasis was placed on understanding the coordinator's way of thinking in action, and to explore the kind of discursive thinking that guides

their practice in Individual Plan processes in Norway. In accordance with an ethnographical perspective the analyses was performed using a discourse analytical process (Berger & Luckmann, 1966; Burman & Parker, 1993; Burr, 1998; Campbell & Oblinger, 2007 ; Parker, 1998; Shotter, 1993) in order to gain insight into the complexity of the coordinators' reflections in Individual Plan processes. The transcripts of in-depth interviews formed the text that was analysed. In the first step of the analysis, the text was read through to grasp its meaning as a whole. Next, the text was read more thoroughly to gain insight into how the coordinators described their role performance in the process. Furthermore, we highlighted and reflected on what kind of thinking seemed to guide the coordinators in the process. Each of the six researchers reflected on different theories that seemed to be hidden in the text from the interviews. After that, all the researchers discussed what kind of theoretical reflections were discovered in the text. The discourse analytical process allowed the researchers to move beyond the intentions underlying the delivery of the health care and social services, and to reflect on theories that seemed to guide the way the coordinators acted in Individual Plan processes.

ETHICAL APPROVAL

The Norwegian Social Science Data Service and the Regional Committee for Medical and Health Research Ethics approved the study. The recruitment process included an approval of the health care or social institution. Each subject determined the level of information that he/

she wanted to share with us.

Results

The analysis of the coordinators' role performance in Individual Plan processes was categorized in three main themes. :

- Dealing with the clients' disability in their everyday life.
- Acting in a caring way.
- Individual Plan as a framework for action.

DEALING WITH THE CLIENT'S DISABILITY IN EVERYDAY LIFE.

Sometimes the coordinators seemed to be focusing on the clients' disability, such as when one of the coordinator said: «Well, he suffers from Parkinson and stroke so he is rather reduced. Mostly the treatment is related to his disability caused by stroke». At the same time, the coordinator was concerned about his life situation, such as his family relations and said: «When one spouse is disabled, it is obvious that the relationship between them will be influenced. They have been married for years and he used to be a man with a lot of resources, a great job and so on....» The coordinators seem to be concerned about how the clients were dealing with their disability in their everyday life.

Another coordinator for a young man with cerebral palsy, said: «He has an assistant who helps him with daily activities and with getting back to work. One of his resources is that he has a regular job position and he has a chance to come back in one way or another.» At the same time as the coordinator was focusing on the client's everyday life such as getting back to work and possibilities to an active life, she was concerned about the young man's psychological problems

and other problems related to his diagnosis as well as focusing on his resources.

Our data show that the coordinators were focusing on the clients' problems related to their diagnoses, but at the same time they showed that they tried to understand each client's resources and life situation. One of them emphasized this challenge with reference to a client with a bipolar condition: «She has a diagnosis which means that she feels fine in some periods and then she focuses on her possibilities But when she is down, she can only see her limitations.» Another coordinator working with a client who was looking for a job said: «He has the resources to manage to get a job. There is little to remark on his social functions,... I mean, he was able to contact the Association for the Blind. He goes to meetings there and he is very concerned with what is going on in the world and so on...» This coordinator seems to be more concerned with the client's resources than his problems with his blindness.

ACTING IN A CARING WAY

Our data show that consciousness about how to act in a caring way may be a challenge for the coordinators. One of them felt that her client demanded too much attention, and stated: «It is not our job to look after her, she has to.... when she says that the coordinator looks after me – when something does not work for her – she means that we have to be there at once....» Another coordinator felt that one of her clients was ashamed to ask for help and said: «This is a problem, because she used to be a person with a lot of resources. Actually, she is

ashamed to ask for help – to be in the position of needing help from another person has been a great challenge for this client.» To be caring seems, in this context, to strike a balance between stimulating the clients towards being responsible for their own life and giving them just enough support to get started.

Caring is seeing oneself as being equal, as one coordinator said: «I want to give her an experience of being an equal person.» Furthermore, she stated: «I think caring in this context means not taking over the responsibility for the client, but to help her to cope.» Our informants seem to feel that the relations with the clients are important in Individual Plan processes, but this may be a problem because they often have too little time for each client. As one of the coordinators said: «There is so much to do and the client wants all kinds of services from us all the time. I can see that my colleagues are drowning in feelings for their clients, and it ends in chaos.» According to this coordinator, the Individual Plan process demands a lot of time, and it is difficult to find time to listen to the client and deal with him in a caring way. She expressed this dilemma in the following way: «You have to meet with their vulnerable situation and at the same time you have to deal with the formalities related to Individual Plans; the clients are in need of both; it does not work!» Most of the coordinators say that their role is a challenge, as one of them said: «In sum, from the perspective of the client, I feel that I am forced to stay on the client's side in the middle of a network of coordinators.» Furthermore she said: «Still, I think that our most

important task is to represent stability for the clients in their lives, as well as predictability and confidence.»

On one hand, they have the role of being practical organisers; arranging meetings, being in contact with the Social Insurance Office, and so on. At the same time, they have to relate to the clients in a caring way.

INDIVIDUAL PLAN AS A FRAMEWORK FOR ACTION

The coordinators reported that they were aware of the legislation and statutory framework for working with an Individual Plan in practice. Nevertheless, it sometimes was a dilemma to follow the ideal of the legislations. When asked if their everyday practice had been different after working with an Individual Plan process, one of the coordinators replied: «I think it is good for the clients that the Individual Plan has been implemented in our practice – this will enhance the client's participation.» Most of the coordinators stressed this idea in their way of working with the Individual Plans. As one of them said: «I am the secretary – and ask the client what he wants, what are his goals and so on, and I write them down.»

The importance of what to focus on in the rehabilitation process was important for some of the coordinators in organising the Individual Plan process. One of the coordinators said: «We have written down a lot of things; daily activities and his physical function is one thing, another thing is his house, which has been an important project for him.»

Sometimes efficiency was a challenge for the coordinators due to too many services involved, as expressed by one of

them: «It is impossible to make a network between the services – with one of my clients we have to cooperate with Child Welfare and a lot of other services.» Another challenge that made it problematic to reach the goal of efficiency was related to the coordinators' understanding of the aim of the Individual Plans. One of them claimed: «The Individual Plan is meant to be a tool for the clients' network of service providers, but this opinion is not shared by everyone in the health care and social services in the community.»

Some of our coordinators felt that a problem related to their role in Individual Plan processes was linked to the demand for efficiency, and this often contradicted the client's life situation. One coordinator told us that she had to help her client with her financial planning which took more time than was allocated.

The number of Individual Plans each health care and social service organization was working with, was an important topic, and one of our informants said: «We have to give a report on how many Individual Plans we are working on twice a year.» Furthermore, she said that living with these quantitative goals was a matter of good leadership: «We have a leader who gives us support when we do not produce enough plans. She is very calm about this and says: «Ok, we have enough plans, those we have are purposeful.» It seems like the leader of this service was concerned about the quality of each plan rather than the quantity of plans.

It seemed as if most of the coordinators interviewed in this study were continually modifying their way of thinking with respect to the organizations in practice.

For some of the subjects, Individual Plan was a new way of working, and they argued that they had to find their own way of doing this process.

Discussion

The analysis explored the idea that three theoretical schemes seem to guide the coordinators' practice in Individual Plan processes:

- Coordinators are guided by a mixture of reasoning strategies.
- Caring as a relational concept
- Coordinators are guided by a mixture of philosophical frameworks.

COORDINATORS ARE GUIDED BY REASONING STRATEGIES

In the Individual Plan processes, the coordinators seem to be guided by a mixture of a reasoning strategy related to the clients' everyday life, and a reasoning strategy related to the clients' disability. Mattingly and Fleming (1994) argue that therapists are integrating a procedural way of reasoning focussed on the treatment of disability and a conditional reasoning strategy, to support the client in the process of reconstructing his or her everyday life. Hughes (2008) describes this reflective thinking as a situated, practice-based form of reasoning. The analyses in this study show that coordinators act within both described reasoning strategies in a dialectic way. The dialectic between these strategies seems to be common in health care and social practice (Antonovsky, 1979), and may be described as a bio-psycho-social model (Engel, 1977; Solvang, 2012).

This study shows that the coordinators' thinking in Individual Plan processes differs because

every client requires different kinds of help in the Individual Plan process. Furthermore, each client's life situation may change over time, and this might necessitate a combination of a procedural reasoning and a conditional reasoning strategy (Mattingly and Fleming 1994). In accordance with Antonovsky's (1979) theories of how specific personal dispositions serve to make individuals more resilient to the stressors they encounter in daily life, this study shows that the health professions have to focus on how their clients deal with both challenges and resources in order to shape a healthy life situation for themselves and their families. In a performative view of professions (Molander & Terum, 2008) where the coordinators are focusing on the clients' life situations and how to help them cope with their everyday lives, this vision may be achievable.

Looking at the professions from an organisational point of view (Molander & Terum, 2008), every profession has its own professional union and is autonomous. From this perspective, it may be a challenge for different professions to fulfil the same role as coordinators in Individual Plan processes. This may cause confusion for the clients who often are not familiar with the different professions' way of thinking in action. Looking at Individual Plan processes from a critical theoretical point of view, the mixture of a reasoning strategy related to the client's everyday life and a reasoning strategy related to the client's disability may be problematic. These are two ways of thinking that are related to different discourses. As argued by Molander and Terum (2008), reasoning

strategies related to disability are often normative and regulated, and as such present a challenge for the health care and social professions because their practice is characterized by uncertainty. On the other hand, in individual plan processes, the coordinators have to be conscious about their way of acting in practice and be able to handle the dialectic between the clients' everyday life and their disability (Dewey, 1925; Schön, 1983). These reflections may enhance the consciousness of how to act in Individual Plan processes when dealing with different clients and within different practices.

Cerullo and Cruz (2010) found that reflection and critical thinking develop from scientific and professional knowledge, and both are permeated by ethical decisions. Furthermore, they argue that values and institutional strategies might improve critical thinking. Critical thinking in this perspective may be a way of becoming conscious of how to act in Individual Plan process for each client related to their individual goals for the rehabilitation process.

CARING IS A RELATIONAL CONCEPT

The analyses revealed care as being fundamental in the relationship between coordinators and clients. As stated by Martinsen (1991) caring is a relational concept in health- and social services; one has to establish a relationship between the participants. Hence, caring is based on the understanding that we are all dependent on each other, and that the strongest should have a responsibility to take care of the weakest (Martinsen 1991). In relation to the role

of the coordinator in Individual Plan processes, this means that the coordinator is the stronger part and has to be conscious of this perspective in the relationship. An important part of being a professional in the Individual Plan processes is that the coordinators have to be aware of their way of interacting and how they deal with power and powerlessness in their relationships with clients (Alve, et al., 2012; Slettebø et al., 2011). One challenge in relation to the legislations of the Individual Plan is to establish a mutual partnership in the process as this is claimed as an ideal (Alve et al., 2012).

Another aspect of caring and care ethics is illustrated by Martinsen (1991), when she shows how intuitive thinking and acting are part of the reasoning process for professionals. In well-known situations, the professional, as an expert, will have the capacity to act intuitively, will be able to reflect on each situation, and thereby learn from it. In new situations, he/she would reflect on action in advance of acting. This seems to be relevant for our informants in the Individual Plan processes. They have a repertoire of alternatives to help the clients to solve their problems, on one hand, and on the other hand to act intuitively to meet the care receiver's needs. When more tricky problems arise, they seem to reflect and reason on them with help from theories about caring as a relational and ethical concept (Martinsen 1991), and experience-based knowledge related to a bio-psycho-social model (Solvang 2012), in order to help the clients be responsible for their own life. In a review of the literature on clinical reasoning over the past

20 years, Unsworth (2004) found that each therapist's personal worldview influenced all of his or her thinking. It seems that the personal role qualities of each therapist plays an important part in how they interact with the clients (Alve, 2006).

In the analyses of Individual Plan processes in this study, we found that coordinators were guided, more or less, by a perspective of positive psychology, in other words, they were striving most of the time to change the situation for the client, e.g. from disability to ability. This way of thinking is similar to what is formulated in the Norwegian legislation regarding Individual Plans. Hence, in this case, the intentions are to enhance the client's participation with caregivers throughout the rehabilitation process and thus, to help them cope with everyday life. As argued by Schneider (2011), positive psychology shares humanistic psychology's concern over what it means to be fully, experientially human, and how that understanding illuminates the vital or fulfilled life. However, he argues that theories of positive psychology appear to oversimplify both the experience of human flourishing and its social-adaptive value. Nevertheless, he feels that positive psychology findings are useful in limited contexts, like the attainment of pleasure, physical health, and cultural competency.

Jhangiani and Vadeboncoeur (2010) argue that the recent shift to a «positive psychological» approach emphasizes a «health model» rather than a «disability model». In mental health, discourses are intended both to reduce the stigma around mental health issues and to enable people to play a role in monitoring their

own mental health. This is in accordance with how the client's role is described relative to Individual Plan processes, even though most of the coordinators reported that their role in Individual Plan processes was a challenge because it took more time than they had available during their working day. There seems to be a conflict between the ideal of enabling the clients to play an active role in the Individual Plan process and the time that is available for the coordinators to spend on this process.

COORDINATORS ARE GUIDED BY PHILOSOPHICAL FRAMEWORKS

All the coordinators interviewed in this study reported that they were working with clients who had a right to an Individual Plan. However, they sometimes felt that it was a challenge to follow the legislation regarding an Individual Plan (Health Department 2011). Some of them reported that they sometimes had problems due to efficiency in their practice. They further stated that it was a challenge to deal with the cooperation from the different services involved in the individual plan process. In the health care and social services, it is important to distribute limited resources among those clients who are in need of it. As claimed by Eriksen (2001), it sometimes seems like the coordinators have to focus on the production of flexible, result-oriented, and efficient services to the consumer instead of focusing on caring as the most important part of the services. This way of thinking seems to be in accordance with the philosophy of New Public Management (NPM), where the social progress is enhanced through economical productivity and effectiveness that are

measurable (Eriksen, 2001). The philosophy behind NPM may be problematic with respect to the legislations on Individual Plans concerning the client's right to satisfy their needs both for coordination of their rehabilitation process and their individual needs for help in their everyday life. The analyses of the coordinators' way of thinking show that the client's right to lead the direction of the Individual Plan may be a challenge with respect to the resources they are given to do this work. On the other hand, some of the coordinators argued that it may be problematic to give the clients so much power in the process. One of them even said that she felt like just a secretary of the Individual Plans.

Our data show that the coordinators are thinking of Individual Plan as a process over time. This seems to be inspired by theories put forward by Argyris and Schön (Argyris & Schön, 1978). They declare that we continually modify our maps and images of the organizations in practice. As argued by Prange (1999), organizational learning has to do with learning from experience. This means that the Individual Plan process may be seen as a picture that is always incomplete and that the clients and the coordinators are continually working to add pieces to the client's life world to get a better view of the whole.

Within the philosophy of organizational learning, people appear to think in conjunction or in partnership with others and with the help of culturally-provided tools and implements (Salomon, 1993). This means that reflection is a central part of the process.

In a bulletin of the World Health Organization, Chunharas

(2006) wrote that a learning organization is one in which the environment is structured in such a way as to facilitate learning as well as the sharing of knowledge among group members or employees. She argued that to build a «learning organization», we have to highlight various dimensions that determine the complexity of knowledge translation, using the problem-solving cycle (Chunharas 2006).

It seems like the Individual Plan process in Norway is a mixture of the philosophy of new public management's focus on economical productivity and effectiveness that is measurable (Eriksen, 2001) and the philosophy of organizational learning. Organizational learning as described by Prange (1999) may be a more open-minded attitude toward the process as a way of handling, which is related to a process-oriented and sociological opinion of the world and of knowledge (Schön, 1983). These different ways of thinking highlight the possible appearance of tensions and conflicts related to the intention of the Individual Plan process.

METHODOLOGICAL REFLECTIONS

The variety of the coordinators' professional backgrounds and the fact that they work in different facilities in Norway such as community health services, hospitals, and the social welfare system, have contributed to providing insight into the breadth and diversity of their critical thinking. Due to the focused ethnographic design, this diversity has given insight into the variety of the coordinators' critical thinking in Individual Plan Processes. Nevertheless, due to the small number of cases, the results cannot be

generalized. However, in accordance with Kvale and Brinkmann (2009), they contribute to valuable conceptual knowledge.

The clients selected the professionals included in this study. This might have been subject to bias, as the clients' motives for their respective choices might have been unclear. However, because the study concerns client-centeredness, it seems obvious that the clients were in the best position to select a coordinator to be interviewed about collaboration.

Because the Individual Plan is a Norwegian concept, it is open to discussion whether these findings are applicable outside of a Norwegian context.

The diversity of the professional background of the six researchers may have affected the study's trustworthiness. However, discussions within the research group throughout the whole process strengthened the analyses. This enhanced the credibility of the study and helped to highlight different aspects of the coordinators' critical and reflective thinking.

Conclusion

This article discusses the kind of discursive thinking that might guide coordinators' practice in Individual Plan processes. By focusing on reflective thinking in a critical perspective, it is discovered that the coordinators are guided by different philosophical and theoretical perspectives in this process. Firstly, their actions are guided by a dialectical relationship between procedural strategies and a conditional reasoning strategy. Secondly, they focus on how to collaborate with their clients in a caring way to help them cope during their rehabilitation

process. Thirdly, it is found that there is a challenge in operating in two different philosophical frameworks such as new public management and organizational learning.

To improve the reflective thinking in Individual Plan processes, the coordinators need to be conscious about their way of thinking in action. In this article, we propose that consciousness reflects professional knowledge as well as values and personal / institutional strategies. Evidence-based practice is seen as an important component of professional thinking in health care. Without a concurrent reflective practice, this may be a challenge in Individual Plan processes, where each client may have different needs related to their everyday life as well as their medical problems. In this process, even the professional practices are characterized by uncertainty rather than evidence.

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ANNONSE

PERMOBIL