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To cite this article: Christine E. Laustsen, Pia Petersson, Albert Westergren & Maria Haak (2020): Exploring health professionals' experiences of being involved in a research project, Knowledge Management Research & Practice, DOI: [10.1080/14778238.2020.1762253](https://doi.org/10.1080/14778238.2020.1762253)

To link to this article: <https://doi.org/10.1080/14778238.2020.1762253>



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Published online: 18 May 2020.



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## Exploring health professionals' experiences of being involved in a research project

Christine E. Laustsen , Pia Petersson , Albert Westergren  and Maria Haak 

Faculty of Health Sciences, Kristianstad University, Kristianstad, Sweden

### ABSTRACT

The involvement of health professionals in research may ensure the acquisition of relevant and sustainable knowledge that is applicable in practice. However, knowledge is lacking about how professionals experience being involved. Therefore, the aim of this study was to explore how health professionals experienced the process of being involved in a project related to research on ageing and health. Data was collected through seventeen interviews and analysed using a grounded theory approach. The findings illustrate the health professionals' experiences of an adaptation process that occurred, e.g., adapting practice and research to facilitate collaboration and the ability to co-create. Influenced by circumstances and through ongoing negotiations and breakthroughs, co-creation was experienced, based on the health professionals' and researchers' trustful relationships. In conclusion, this new knowledge may be useful in designing and implementing future studies that involve health professionals in research projects on ageing and health.

### ARTICLE HISTORY

Received 16 May 2019  
Accepted 25 April 2020

### KEYWORDS

User involvement; participatory research; knowledge co-creation; collaboration; health professionals; ageing

## 1. Introduction

Involvement of users in research processes related to health research has attracted increasing attention during the last few decades (Dent & Pahor, 2015; Nyström et al., 2018; Shippee et al., 2015) since it is believed to increase the usability of research (Cornwall & Jewkes, 1995; Hughes, 2008). The users are persons with knowledge within a specific area and the ones that use and/or are affected by knowledge that emerges from research (Staniszewska et al., 2018). When users are involved, research is at some point conducted in collaboration (Cornwall, 2008). There are many different approaches in collaborative research such as action research, (Cornwall & Jewkes, 1995), participatory research (Hughes, 2008) and interactive research (Svensson et al., 2007) and several models illustrate how knowledge can be translated or co-created e.g., the framework for Knowledge Translation in ageing and health (Ellen et al., 2017) or the knowledge to action process (Graham et al., 2006). Even though there are different approaches to collaborative research with different underlying motivations and traditions, a common feature is that research is conducted *with* people and not *on* people (Kylberg et al., 2018) and the co-creation of knowledge applicable in practice is often the ultimate goal (Jull et al., 2017). The theoretical foundation of this paper is grounded in the belief that people learn from each other through social interactions. The co-creation of knowledge is viewed as a process in which knowledge

is constructed through social interaction. (Filipe et al., 2017; Lincoln & Guba, 2013).

The increased focus on creating knowledge regarding ageing and health that is applicable in practice has been caused by demographic changes. The number of older people in the world is expected to increase during the coming decades (Foreman et al., 2018) challenging health care systems; thus there will be a need for health systems that work in a collaborative way and where healthy ageing interventions are adapted to meet the older persons specific needs and rights (World Health Organisation, 2015). Facing these demands amplifies the need to devote more attention to how to conduct collaborative research that contributes to the development of ageing and health-related practice and policy (Ellen et al., 2017; Wensing & Grol, 2019). The involvement of health professionals in research on ageing and health may be a way to address this issue.

The involvement of health professionals in research is of interest if there is a desire to develop and strengthen the health care system, since it may ensure the acquisition of relevant and sustainable knowledge that is applicable in practice (Mitchell et al., 2009; Nyström et al., 2018). In this study, practitioners and managers working in healthcare organisations are defined as health professionals. Health professionals strive to base interventions and treatment on evidence-based practice where research, the professionals' expertise, and the situation, experience and wishes of the patient are all integrated into the choice of care (Sackett et al., 1996). Nevertheless, there is

a gap between what is known from research and what is done in practice (Pablos-Mendez & Shademani, 2006). Research generating new knowledge in health care is not always applied in practice, or it takes a long time before it is applied (Green, 2008) which means that people are not always given the best available care (Graham et al., 2006). There is a need for evidence-based practice (Sackett et al., 1996); however, there is also a need for practice-based evidence (Green, 2008), since knowledge generated from research can be difficult for health professionals to interpret and to implement in the health care system (Pablos-Mendez & Shademani, 2006). A way to meet these needs and ensure a sustainable integration of practice and research is to place more emphasis on involving health professionals in research on ageing and health.

When involving health professionals in research it is believed that new knowledge can be co-created and health professionals can facilitate the transfer of knowledge from research to practice by being the link between them (Landry et al., 2006). Also, since health professionals know what works in practice, they can contribute a reality check to the research project (Bullock et al., 2012). However, evidence about how health professionals experience being involved in research processes is scarce.

Even though there is a growing amount of research *with* health professionals and research *on* health professionals' involvement in research in ageing and health, most of it is from the researchers' perspective (see for example, Nyström et al., 2018; Ross et al., 2003). Much less is known about health professionals' experiences of being involved in research on ageing and health. Therefore, the purpose of this study was to gain more knowledge about the process of involvement as well as areas that affected involvement, as experienced by health professionals. More specifically, the aim was to explore health professionals' experiences of their involvement in a research project related to ageing and health.

## 2. Method

This study was conducted within the UserAge Programme which is a large inter- and trans-disciplinary research programme with the overarching aim of understanding user involvement in research on ageing and health from different perspectives (Iwarsson et al., 2019).

### 2.1. Design

In order to explore the process of involvement, this study uses a grounded theory approach inspired by Charmaz (2014). Grounded theory is a method that allows inductive and systematic analysis of data where the researcher is able to go back and forth between data

and the emerging analysis through using a constant comparative method. The constant comparative method facilitates abduction of data in order to abstract to a theoretical level and develop a theoretical description of the emerging findings, grounded in data.

### 2.2. Study context

The context for this study was a collaborative research project focusing on preventive home visits for senior citizens (Pre-H) at Kristianstad University in Sweden. This specific project was chosen since it was believed that it could provide a deep insight into health professionals' experiences of being involved in a project related to research on ageing and health. Pre-H was initiated by seven municipalities, that sought scientific support to develop a mutual model for preventive home visits to older persons living in their home. The point of origin for the project was that the mutual model should be based on scientific evidence and useful for health professionals in practice, and it should be well aligned with a pragmatic approach in order to ensure the workability of the constructed knowledge (Johansson & Lindhult, 2008).

The goal with Pre-H was to develop, implement and evaluate a mutual model for preventive home visits to older people (Kristianstad University, 2017). Health professionals were involved from the planning to implementation phases of the project, and in a collaborative and iterative process lasting three years the model was successively developed and implemented. Pre-H was led by a steering group of 13 health professionals from the municipalities, hospitals and primary health care services within the area and three researchers experienced in ageing research.

During 2015 to 2018 the project was planned and developed gradually, guided by a project plan. For example, a digital support system to use during the home visits was developed and pilot-tested during the summer of 2017, which led to the need for the establishment of a working group to continue the collaboration with the researchers. This group consisted of seven health professionals from the municipalities who conducted the home visits.

The researchers regularly led several meetings and workshops with the health professionals. The meetings and workshops were characterised by open discussions on equal terms. The researchers presented scientific evidence related to preventive home visits which was then discussed in the group. The health professionals were viewed as experts and the discussions focused on each municipality's possibilities to act on the scientific evidence presented, and how the emerging content of the home visits could be managed in mutual agreement in between the municipalities. Notes were taken during each meeting and mailed to all included in the project, and were also reviewed at

the beginning of the next meeting. Other efforts made were that at the beginning of the project the researchers presented it to policymakers in each included municipality. The intention was to increase legitimacy for the collaborative project by presenting the benefits of preventive home visits aiming at improving older people's health.

### 2.3. Participants

In all, 17 health professionals from the Pre-H project participated in this study. An inclusion criterion was a minimum of six months' involvement in the Pre-H project. The participants were all between 41–65 years old, and 65% were women. They had up to 40 years of work experience in health care and had been working in the organisations they represented for between two to 30 years. The participants were educated nurses ( $n = 10$ ), a physiotherapist ( $n = 1$ ), a physician ( $n = 1$ ) or were otherwise educated in social care and public health ( $n = 5$ ). Two had a PhD degree. Thirteen worked in the municipalities and four who were working in other organisations had more strategic and advisory functions in the project. The health professionals' involvement in the Pre-H project ranged from one to three years and only a few had prior experience of participating in research projects. Irrespective of their professional background, all participants are referred to as health professionals in this study.

### 2.4. Data collection and procedure

Data was collected through interviews conducted by the first author (CL), at a location decided by the participant, over three months (April–June) in 2018. A thematic interview guide was used to cover central issues about experienced collaboration and interactions in the group as well as obstacles and opportunities for involvement in the Pre-H project. The participants were encouraged to speak freely and to add additional issues. Probing questions were asked to gain a deep and nuanced description of the participants' experiences of the central issues included in the interview guide. The interviews lasted from 39 to 95 minutes, and were recorded and transcribed verbatim. Analysis was performed simultaneously with the data collection. Questions were modified to target issues requiring further attention according to emerging insights, which was facilitated by memo-writing (Charmaz, 2014). Interviews were conducted until saturation was experienced. Saturation was reached during the 14<sup>th</sup> interview and thereafter another three interviews were performed which confirmed the researchers' experience of saturation.

### 2.5. Data analysis

The constant comparative method was used to analyse the data. This meant that the analysis process was not linear; instead it enabled abduction. That is, going back and forward between data and emerging findings (Charmaz, 2014).

In order to get an understanding of the context in parallel with the interviews, the first author participated as an observer in three project meetings from November 2017 to March 2018 and read 16 meeting reports covering a period from February 2015 to March 2018.

The first (CL) and second author (PP), independently of each other, started to code two interviews line by line, and the coding was then discussed. Focusing on segments of data, the first author then performed focused coding for the interviews. The emerging categories were then discussed by all the authors. For the theorisation, the analysis was done in near collaboration among the first and second authors, along with the fourth author (MH). The meaning of data was abstracted to theoretical categories. Axial coding was used to describe the relations between the categories. The third author (AW) critically reviewed the emerging findings.

The process of theorising was enabled by using gerunds when describing the theoretical categories as it facilitated the focus on the process and actions in the data (Charmaz, 2014). The emerging analysis was critically discussed, revised and verified at a meeting with the participants, which led to further development of the emerging findings. The QSR International's Nvivo 12 software was used in the analysis of the data.

### 2.6. Ethical considerations

The study was conducted in accordance with the Helsinki Declaration and approved by the Ethical Review Board in Lund, Sweden (Dnr: 2018/34). All participants were given written and verbal information about the study and gave written informed consent.

## 3. Findings

### 3.1. The adaptation process when involved in a research project

The health professionals experienced their involvement in the research project as being on a long journey, which they described as an adaptation process. This process was ongoing, iterative, sometimes blurred and was described as a process of adapting practice and research to facilitate collaboration and co-creation. Unclear structures, expectations and roles led to insecurity and frustration for the professionals, though

these were constantly defined and clarified throughout the process, which enhanced their involvement in the research project.

By being subjected to organisational, political and research-related prerequisites, health professionals and researchers were *influenced by circumstances* throughout the entire process and had to adapt to this. *Trustful relationships* had an impact on the interactions in the group and facilitated the adaptation towards each other and thereby the involvement of the professionals. The health professionals constantly *advocated for practice* in order to ensure that the project was applicable in practice. At the same time, they experienced *being led by the researchers* as something positive. When successful adaptation towards each other occurred, through ongoing negotiations and breakthroughs, *co-creation* emerged (Figure 1).

### 3.2. Being influenced by circumstances

Different circumstances influenced the adaptation process and thereby how the health professionals could be involved in the research project, which made it unclear what would happen and how the group would be able to reach the mutual goal. Organisational as well as political prerequisites such as different political agendas in the municipalities, awaiting political decisions, and the municipalities' willingness to invest in preventive work had an influence on the process.

"... it is just how the municipality works, it is politically regulated, and we have different amounts of money; some years we have more and some years

we have less. The politicians regulate what we invest in ..." (I)

The professionals were also subjected to research-related prerequisites influencing the project process. There could be ethical and procedural requirements e.g., being forced to agree upon actions leading to changed routines within one's own organisation.

### 3.3. Having trustful relationships

An overall attitude that permeated the health professional's involvement was that researchers and professionals trusted and acknowledged each other, which was shown in reciprocal respect and accept. The professionals described how everyone's views were equally important and were taken into account, which resulted in a creative environment with easy collaboration for the group. The trustful relationships had an influence on the interactions in the group and was described by the professionals as contributing to them being involved at a level that had an impact on the project process.

"So I dare to ask a few more questions when we meet now, which contrasts with how I acted at the beginning. You know, in the beginning you mostly sit, looking and listening and stuff like that. And the more often you have met, clearly, you dare to become more active in conversation and so, that's how it is" (N).

The professionals described how the researchers showed a genuine interest in their knowledge and practical experience, as well as an understanding of the different prerequisites for each municipality. The professionals experienced that the researchers' positive

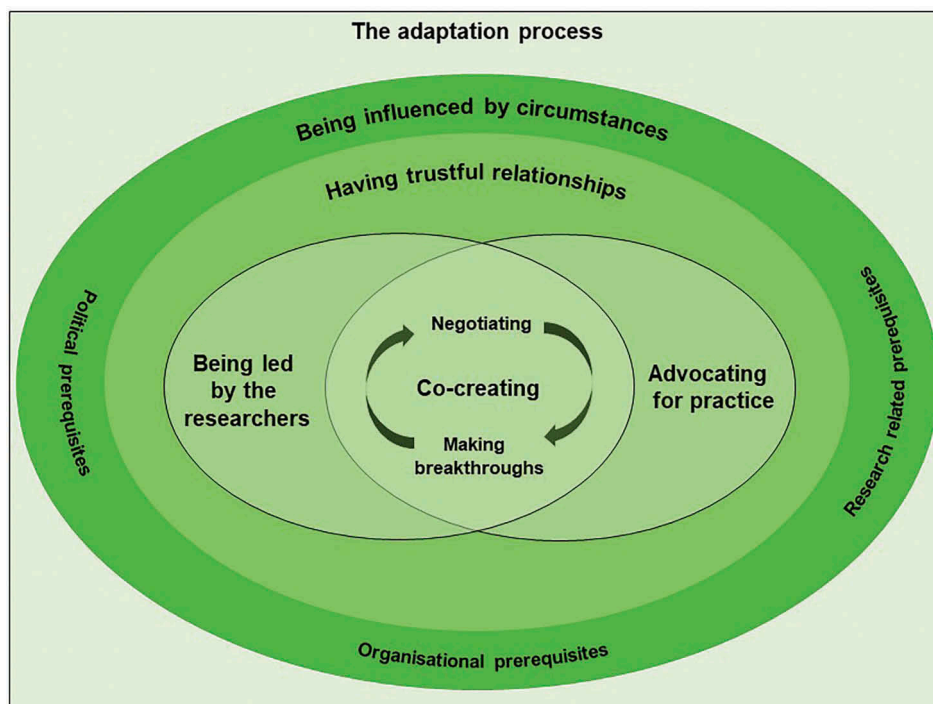


Figure 1. The adaptation process when health professionals are involved in a research project.



attitude towards them set the standard for the interactions in the group.

“They (the researchers) are extremely inviting ... I have experienced that all the time, that they have been very interested in how it is out there (in practice) ... They have been extremely open-minded and it is not as if they have said: ‘Now we will pick this out based on evidence, but we’ll ignore how things are for you out there in the municipalities’” (E).

### **3.4. Feeling confident in being led by the researchers**

The professionals experienced that the researchers’ role in the project was to lead the process forward, by facilitating collaboration through being the cohesive element that linked the group together.

“Well, I have the impression that they (from the municipalities) have felt the support of the researchers, so to speak, and the help to move on. Also, that those from the university have held this together” (K).

The professionals felt confident in handing over the responsibility for projects’ research-related tasks to the researchers, e.g., writing documents and applying for funding. They stated that they only wanted to be informed and not directly involved in these tasks, since the researchers were expected to be experts in these areas.

The professionals experienced it as a part of the researchers’ role to translate the results of research studies to an understandable level for the professionals, thereby facilitating project-related decisions.

“I think that the expectation I have of the researchers is that they will be able to translate it (the research) into everyday issues, simple things, that can easily be picked up in practice and maybe make changes or develop in a certain way. (...) Making it (the research) easy to understand and easily translatable into practice. Because this is where I feel that one can get some benefit from it ... for this is partly about getting the municipalities, the employees, but maybe also the politicians, to go in a certain direction or make changes” (H).

Also, since the research project was led by researchers it gained legitimacy in political and organisational contexts.

### **3.5. Advocating for practice**

The professionals advocated for practice in order to make sure that the research project could develop, evaluate and strengthen the quality of their practice, as well as be applicable in practice with respect to the different prerequisites in each municipality.

When advocating for practice the professionals felt they could use their practical experience and knowledge about the municipality’s prerequisites to make

contributions to developing the mutual model and the digital support system.

“I felt it was absolutely right for me, with the profession and background I had” (J).

The professionals felt very motivated and involved in the project, which was shown in a high level of commitment when addressing questions concerning preventive interventions and the benefits for the older people, the municipality and the society. The level of commitment contributed to a feeling of ownership for the project.

“I think it has been exciting to be involved and you feel a little like a mother to it” (D).

The professionals stated that advocating for practice, the time and effort involved in being committed and participating in meetings was worth the effort, since they gained something in return which they could use in their work life.

Advocating for practice also led to an implicit responsibility, which emerged from the professionals’ involvement in the project. The professionals either took the responsibility themselves or were given the responsibility by the organisation they represented. Especially the fact that they were the link between their organisation and the research project placed a responsibility on the professionals.

“... I feel that I have had a responsibility to carry it with me to the municipality and carry it back again to the group, from the municipality’s side” (D).

They were responsible for providing information on the project’s progress and decisions to other employees, managers or politicians within their own organisations. As one professional said when asked about potential expectations related to the role in the project:

“No more than the expectation that I should do what I should do, clearly, yes. That I report. Last week I was up at the highest group in the municipality and presented what I was doing and things like that, for managers and such higher up” (N).

The professionals also had a responsibility in their role of advocating for the municipality’s interests, since decisions made in the project could have effects in the municipalities. These could be financial effects or a change that forced the municipalities to seek new solutions and change work routines. There were tensions in their responsibility since, while they advocated for practice, they also advocated for the implementation of the research project in their own organisations, e.g., by negotiating decisions in the municipalities when standing at crossroads in the project.

## **4. Co-creation enabled through negotiations and breakthroughs**

In the meeting between the professionals and the researchers, co-creation emerged. Throughout the adaptation process there was ongoing negotiation

and breakthroughs to make sure that the mutual model for the preventive home visits was adapted to both research and practice. The process towards the researchers' and professionals' mutual goal was filled with obstacles and different ways of seeing things. However, the professionals experienced that all went well as compromises were made through give and take. During these negotiations they learned from each other and got a deeper insight into each other's worlds which resulted in them *making breakthroughs* and thereby getting closer to the mutual goal.

"I finally think that there, it was probably a small milestone, I think it was a breakthrough . . . after working through those questions" (B).

Areas that demanded much negotiation concerned, for example, the home visits, the digital support system and areas of responsibility. The negotiation in the group was not only influenced by the aim of adapting the model to both research and practice but also by the trustful relationships between professionals and researchers.

Negotiations and breakthroughs often happen during special events and situations. For example, the professionals experienced that the researchers made breakthroughs for the project when they met the policymakers and negotiated the project. This happened through creating legitimacy for the project and facilitating a change in attitudes in the organisations. Also, at events like workshops with information and dialogue around a specific area, progress occurred and was often distinguished by the professionals feeling a high level of involvement.

"Yes we did. Yes, everybody got . . . there was a lot of brainstorming about what everyone wanted and how we thought, and everything was photographed and discussed, so it was a really great workshop. Everyone worked and everyone had ideas and thoughts and a lot of different aspects came forward" (L).

## 5. Discussion

The aim of this study was to explore health professionals' experiences of their involvement in a project related to research on ageing and health. The findings describe important aspects of the process of involving health professionals, from the health professionals' perspective, and these aspects are illustrated in a model of the adaptation process. The illustration of the adaptation process simplifies the complexity of the categories' interactions, since all the categories have some impact on each other. The professionals described their involvement as an ongoing, iterative adaptation process, which was due to several aspects that influenced each other and that had to be adapted to each other in order to facilitate collaboration and co-creation.

In order to co-create knowledge when involving health professions, adaptation is required. This adaptation entails both individuals; researchers and

professionals, and the context in which the project is situated. In the Pre-H project the professionals were influenced by the context by being subjected to organisational, political and research-related prerequisites. Awareness of the context, with different prerequisites as rules, demands and resources is important when aiming to involve health professionals. In order to co-create knowledge, adaptation to the prerequisites or an effort to adapt them might be needed. Engeström's (2001) description of the activity theory illustrates how people are influenced by the context when performing an activity e.g., work or research. A minimum of two activity systems is included when using the theory for analysing the interactions between systems. When contradictions between the desired performance of the activity and for example, people or the rules in the context are experienced, it can lead to what he calls expansive transformation. Through social interactions between the involved people, who critically discuss these contradictions, modelling occurs of new solutions that can be implemented and evaluated. The contradictions drive the change in the context, the persons or other parts of the activity system. In the Pre-H project, contradictions between the health professionals and researchers led to negotiations. In turn, negotiation led to adaptation through the combination of everyone's knowledge and acceptance of each other's contexts with their specific prerequisites. As the professionals in the Pre-H project expressed it, they learned from each other and through negotiations and breakthroughs they could co-create new knowledge in order to develop the mutual model.

The concept of 'knowledge' and whether it can be translated or should be co-created is well discussed in relation to user involvement in research. Greenhalgh and Wieringa (2011) describe the complexity of the concept of 'knowledge' and discuss the existence of differences in 'knowledge' as an objective, context-free fact that can be translated in a linear way and 'knowledge' as something that is created in a cultural and social context. That knowledge is not something passive that can be given to others but something that has to be created in interaction between people and objects is a viewpoint that accords well with the constructivist epistemology (Moon & Blackman, 2014). Engeström's activity theory is grounded in the cultural-historical school, which emphasises that development happens through social interactions with artefacts. The theory does not elaborate on development on an individual level, rather at a group level. Nevertheless, the subject is an important element in the theory and the subject's motives are reflected in the performance of an activity. These motives cannot be taught; they have to be developed through vital relationships (Engeström, 2011). This stresses the significance of relationships between people when aiming to create new knowledge. In the Pre-H project the relationships between the researchers and the professionals were characterised

by being trustful, which facilitated the adaptation process and enabled those involved to co-create new knowledge.

Effort and time to develop trustful relationships between researchers and professionals involved in research are needed when aiming at co-creating. Respect and acceptance of each other's expertise and knowledge contributed, in the Pre-H project, to building and sustaining the trustful relationships. In a study by Dave et al. (2018), mutual respect and transparent communication were ranked as most important for creating and maintaining trust between academia and the public when involved in research. Furthermore, transparency and clear expectations are important for building trustful relationships (Grant et al., 2008) and poor communication can result in a lack of trust (Bahraminejad et al., 2015). Having trustful relationships is possible even if one party leads the project as long as there is shared decision-making (Plowfield et al., 2005). As seen in the findings of this study, the professionals experienced the researcher's role in leading the project as something positive. Hence, trustful relationships contributed to confidence in letting one party lead the project, since they were still partners. Partnerships are built on relations in which every person's knowledge is equally legitimate. Even when the relations are asymmetric, caused by different knowledge, it is possible to create a partnership, by all parties considering each other's knowledge as equally important (Kristensson Ugglå, 2014). Respectful communication, negotiation, openness and trust are some indicators for a successful partnership between researchers and professionals having the role as decision-makers (Kothari et al., 2011), which is comparable to the findings in this study. The professionals in the Pre-H project experienced that their knowledge was legitimate, which empowered them to advocate and take responsibility for practice. Thus, when feeling respected and acknowledged as equal partners, people are more inclined to stand up for what they believe and know. However, becoming a partner might create tensions regarding responsibility, which is important for researchers to be aware of when conducting research studies with the involvement of professionals.

### 5.1. Method discussion

The study context was the Pre-H project, which limited the number of people who could be interviewed. Within the group of participants theoretical sampling was used as a means of focusing the data collection. The findings from this study aim to explain what happens in a specific empirical area and are most likely transferable to a similar context. By using a constructivist approach like Charmaz (2014) we acknowledged that the findings

are based on interpretations that depend on the researchers' views as well as the context.

All 17 professionals that were asked to participate agreed. They might have felt obliged to accept due to their involvement in the project, but in order to minimise this risk they were informed that only the first and fourth authors would know who had agreed and who had declined to participate. Since the project idea came from the health professionals it is presumable that they were very motivated to be involved in the project as well as participate in this study. However, it is the authors' belief that the professionals were open about even less positive aspects of their involvement, such as the feeling of frustration due to the unclear and time-consuming process, and the difficulties with the collaboration, caused by the various parties seeing things differently.

To get a deep understanding of the context and increase the credibility, the first author made observations of group meetings and read meeting reports. Also, to ensure the credibility of the findings the emerging model was discussed, revised and verified with the participants at a group meeting. Consideration was given to providing a thick description of the participants, study context, data collection and data analysis, but bearing in mind the ethical perspective of anonymised participation and de-personalised quotations (Lincoln & Guba, 1985).

The second and third authors were involved in the project and contributed to the understanding of the core of the participants' experiences in relation to the context. The fourth author did not participate in the Pre-H project meetings and could thereby validate the findings to ensure that the emerging findings were grounded in the data. We all had our own pre-understanding which may have affected our interpretation, though an effort was made to be aware of this by discussing it in the group. Charmaz (2014) acknowledges the subjectivity of the researcher and the researcher's role in the collection of the data, the interpretation and the construction of the new knowledge.

### 5.2. Limitations

This study was conducted during the time the research project was carried out; thus it was not fully implemented in the involved municipalities, which might mean it does not give the full perspective. However, the time for data collection was chosen since it was judged that the health professional's involvement was peaking during the planning and development of the Pre-H model. Also, the project started in 2015 and some of the participants expressed during the interviews that it was difficult to recall specific steps in the project's process.



## 6. Conclusion

In conclusion, the findings, reflecting professionals' experiences of an adaptation process, can be useful when designing and implementing future studies that involve health professionals in projects related to research on ageing and health. Although this study was based on one group's experiences in a specific context, it adds to our understanding of the process of involvement of health professionals in a project, and its results may help ensure the awareness of important areas affecting the process of involvement of professionals.

## Acknowledgments

The PhD student's (CL) learning process was supported by the Swedish National Graduate School for Competitive Science on Ageing and Health (SWEAH) funded by the Swedish Research Council. The authors thank all participating health care professionals from the preventive home visits for senior citizens project.

## Disclosure statement

No potential conflict of interest was reported by the authors.

## Funding

The study was conducted within the UserAge Programme funded by the Swedish Research Council for Health, Working Life and Welfare (Forte, 2016-07090). Additional funding was provided by the Research Platform for Collaboration for health, Kristianstad University, Sweden.

## ORCID

Christine E. Laustsen  <http://orcid.org/0000-0002-2556-7084>

Pia Petersson  <http://orcid.org/0000-0003-3393-7484>

Albert Westergren  <http://orcid.org/0000-0003-4820-6203>

Maria Haak  <http://orcid.org/0000-0002-0054-2542>

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