

Gärtner, Julia (2022): Time in Social Interaction in the Context of Medical Care for People with Dementia - A Qualitative Case Reconstruction of Processes of Temporal Coordination in GP Consultation Conversations, eDiss Open Access of the Lower Saxony State and University Library Göttingen (SUB), Göttingen.

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Summary

The influencing potential that lies in the conscious inclusion of time in social interactions has not yet been explicitly researched for the medical context - and especially for the encounter between doctors and patients. In interaction with people with dementia, the topic of time is already obvious with the leading symptomatology of the disease - amnesia - and is well observable. The key role of General Practitioners (GP) in the long-term care of people with dementia justifies the focus on GP care. In this respect, the chosen research topic is both of scientific interest and relevant to action.

A suitable approach to this research topic was provided by the Elias'ian process perspective on time, which overcomes the dichotomy between time as something 'objectively' measurable and the subjective experience of time and focuses on the interaction process.

A total of three consultations with patients, each accompanied by a family member, were videographed and transcribed. The data was analysed qualitatively by means of hermeneutic, case-reconstructive analysis procedures such as detailed and sequence analysis of the transcripts, as well as subsequent case comparison.

The analysis yielded the central result, that processes of temporal coordination shape the interaction of the participants on the treatment and relationship level. Based on the individual case reconstructions and a case-comparative analysis, different types/patterns of processes of temporal coordination in GP consultations were made comprehensible and named: 'The postponement', 'The plan' and 'First steps'. They each represent a different approach to the GP goals of 'ensuring the patient's integrity' and 'treating the disease', which are in conflict with each other in the care of people with dementia. Whereas in case 1 a 'consensual treatment presence' is negotiated, in case 2 a 'prioritization of the rhythm of care over the patient's own rhythm' takes place. In case 3, the 'duration of the presence' is a central aspect. All three figures emerge in intertwining with the implicit issues of the patient-family member dyad. Across cases, the analysis also revealed that references to time remained predominantly implicit in the conversations, that presuppositions and negotiations were made about the patients' competence in time (which tended to be limited), and that GP goals were made explicit but not patient's goals.

It can be concluded that the view on time aspects is highly relevant for coordination processes between physicians and patients. Sensitizing professionals to the inclusion of the time perspective represents an opportunity to improve quality of care. To research, it provides numerous opportunities for context-specific in-depth questions, the answers to which can be fed back into practice for a broadening of perspectives.