

Äldre patienters, närståendes och läkares erfarenheter av mötet dem emellan - En studie inom sjukhusvård med ett sociokulturellt perspektiv

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ABSTRACT

The aim of this study was to describe elderly patients' and relatives' experience of the meeting with the doctor in a hospital setting, and to describe doctors' experience of meeting patients in a hospital setting.

Complaints to the Swedish Medical Responsibility Board and several government studies show that the health and hospital care services are criticised for their treatment of elderly patients, especially as concerns information about health and medical treatment. Previous research on the meeting between elderly patient, relative and doctor shows that there are shortcomings as regards information and communication, that relatives are uncertain about whom they can get information and support from, and that they are unsure about their role relative to the elderly relative patient and the health and hospital care.

The dissertation's sociocultural perspective was used to explain how the meeting between elderly patient, relative and doctor in a hospital setting takes form. A qualitative approach was used with interviews for data gathering. Twenty elderly patients (>65 years) and 20 relatives were interviewed about experiences from the meeting with the doctor in hospital. In addition, secondary analysis was performed on 18 interviews with doctors. Manifest and latent content analysis was performed and the results were analysed using sociocultural theory.

The result shows that elderly patients' and doctors' perceptions of the meeting are influenced by their demeanour, that collaboration affects the exchange of knowledge, and that power relationships affect the possibility to assume responsibility. Relatives can feel ignored, accepted or dominated. Shortcomings in the hospital care routines also have an effect. The doctor's self-awareness and his or her ability to create a dialogue affect the relationship with the patient. From a sociocultural perspective the core of the meeting is *dialogue*. The nature and shape of the conversation is influenced by *power* and *interaction*. Power, interaction and the form and nature of the conversation are of importance for the ability of all parties to *create meaning* in the meeting.

The main conclusion of the study is that the doctor's position of power makes it difficult for the elderly patient to participate in the meeting. The discrepancy between doctors' intention to individually communicate and dialogue with the elderly patient, and the critical view of patients and relatives as regards doctors' demeanour indicate that doctors' intentions are not achieved in everyday hospital care, despite the fact that 25 years have passed since the new Swedish Health and Medical Services Act was passed. Elderly patients are probably not given sufficient opportunity to participate in the meeting with the doctor.

Key words: Elderly patient, doctor, relatives, experience of meeting, communication, health and hospital care

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