SHINTARO MATSUNAGA*
Hitotsubashi University
NOZOMI IKEYA**
Keio University

TEMPORALITY AS A MEMBER'S PROBLEM IN REAL TIME: AN ANALYSIS OF A PREHOSPITAL EMERGENCY CARE SETTING

Abstract

The aim of this paper is to explore how theoretical concepts can be studied as members' problems, building on an argument developed by Sacks and Garfinkel through the notion of *perspicuous settings*. This notion is crucial for addressing social order as a member's problem. We aim to articulate ways of describing a member's problem *in real time* by focusing on the concept of time, since members' orientations to time are relevant to virtually all forms of action, whether or not they are carried out through interaction.

It might seem, then, that describing actions in interaction with close attention to the details of sequential organization is the appropriate way to approach members' problems in real time. However, this approach leaves unaddressed another dimension of members' orientation to time – namely, the assumptions members make when engaging in setting-specific actions, which may not be audio-visually transcribable. Therefore, this paper

* Lecturer, Graduate School of Social Sciences; e-mail: shintaro.matsunaga811@gmail.com; https://orcid.org/0000-0001-5978-5103

** Professor, Department of Humanities and Social Sciences; email: nozomi.ikeya@keio.jp; https://orcid.org/0000-0002-0241-7470

articulates different ways of describing time as a member's problem in real time, encompassing members' orientations both to the ordering principles of interaction and to time as an ordering principle of the work setting – or to either of these dimensions individually.

The setting of prehospital emergency care is chosen as a perspicuous setting, in which various temporal and spatial dimensions are made relevant in the coordination of actions involved in transferring a patient under treatment.

Keywords: Harvey Sacks, ethnomethodology, sociology of time, perspicuous setting, emergency medicine

INTRODUCTION

As researchers have argued separately [Carlin 2021; Mair, Sharrock 2021], returning to the starting point of ethnomethodology and conversation analysis (EMCA) through Harvey Sacks helps to avoid confusion and misunderstandings as it provides a clearer perspective on how EMCA research should proceed while avoiding confusion regarding the observational social science initiated by Sacks. According to Mair and Sharrock, Sacks sought to develop sociology in a new way [Mair, Sharrock 2021]. Rather than first separating meaning from action and then assigning meaning to actions based on external criteria, Sacks proposed – through various examples and his *Lectures* [Sacks 1992] – that members' activities are conducted in ways that are already mutually intelligible.

In this vein, Sacks's papers on the activities of lawyers and police officers can also be understood as extensions of this perspective. In two papers [Sacks 1997; 1972], Sacks transforms the problem of order into a problem for lawyers and police officers, respectively, and examines how each practitioner treats it as a practical problem [Ikeya 2019]. This approach reflects the influence of Garfinkel's reformulation of the problem of production of order – shifting the sociological inquiry to examining how its generation is made possible by members in the first place [Sacks 1997: 48 n. 2]. However, in these papers, Sacks does not immediately seem to provide a detailed description of how members handle order as a member's problem in real time. In other words, these papers do not seem to engage in what Carlin describes as the kind of formal *and* quiddity-based analyses that complement Garfinkel's, for instance, the twofold analysis in which Sacks not only examined the procedures through which members construct talk using recordings of group therapy sessions but also analyzed how members oriented themselves to the setting of the therapy session itself [Carlin 2021].

What can be observed from this argument is that studying *members' problems in real time* itself may not be straightforward, even in the community of ethnomethodology and conversation analysis. In this paper we start our argument from the interactional setting while acknowledging that an argument can be made starting from, e.g. documents as "ordering devices", as Anderson and Sharrock strategically chose to describe "consociation – the social organization of patterns of coordinated action in situations where the usual resources of face to face communication are absent" [Anderson, Sharrock 2018: iii].

Temporality is relevant to members as part of any activities, including as an ordering principle of interaction, as Rawls argued as part of her argument on criticisms made by sociologists that ethnomethodology lacks the concept of temporality [Rawls 2005]. Time can be verbally expressed as a topic of conversation [Button 1990; Raymond, White 2017], but it may be presupposed by participants without being verbally expressed. While members may orient to time as something specific to the situation they engage, such as sequential organization of the interaction, they may also orient to time as something generic to particular settings in which they participate, i.e. they see as relevant in each situation of the same setting. This is our first point. For example, in a prehospital emergency care setting, a flight doctor, a flight nurse, and paramedics pay attention not only to sequential organization of interaction among participants, but also to the medical history of the patient, more recent behavioral history of the patient, and the anticipated progression of medical conditions. Members see that taking these considerations into account is common in each situation of prehospital emergency care. In other words, they orient to these time considerations as part of carrying out prehospital emergency care and transfer of the patient each time they participate in the setting.

Incidentally, these considerations we presented in relation to prehospital emergency care setting can be characterized as *retrospective* trajectories, i.e. the patient's medical and more recent behavioral history; and as *prospective* trajectories, i.e. the foreseeable progress of the patient's conditions. However, our first point needs to be distinguished from this second point, which should be considered as another aspect of temporality. Our first point is that there are at least two kinds of members' orientation to temporality operating in a setting: one is, how sequential organization of interaction is organized in the situation; and the other is, issues of temporality members see as relevant in the setting (beyond each individual situation). We attempt to argue, in this paper, that describing time as a member's problem in real time involves these two kinds of orientation to

time. Further, we note that the latter orientation to time may not be necessarily audio-visually transcribable.

Before discussing a particular healthcare setting as a locus for members' unspoken orientations to time, we set out some important parameters of our approach. Speaking of what members see as relevant in the setting (beyond each individual situation), Sacks's [1997] paper on lawyers can be characterized as attempts to describe members' orientation as such. In other words, the paper attempts to describe how lawyers' problem of practical management of order appears to them and how they deal with it in the court and in the meeting with the client. While his paper does not deal with the lawyers in an actual interactional situation, what can be said is that the paper focuses on members' orientation to their practical problem in the setting. In effect, how the problem of order is seen by lawyers as persons who try to conduct the work from within each type of settings that lawyers work, such as the court and the meeting with the client. Thus, Sacks's paper on lawyers' work can be characterized as providing descriptions of members' problems in real time, in the sense that it describes how members see the problem with various considerations and assumptions specific to each setting.

THE EMBODIMENT OF TIME AND TEMPORALITY
IN INTERACTION RESEARCH

In recent EMCA research, a few studies have linked EMCA analysis with theories of time to highlight its significance. Some studies using video data have connected conversation analysis (CA) with theories of time by incorporating embodied action analysis.

Mondada characterizes time in CA as "emergent, incremental, contingent, and flexible" [Mondada 2021a]. She argues that CA's temporality aligns with the Greek concept of Kairos – opportunistic and phenomenological time. This perspective is reflected in Schegloff and Sacks's question, "Why that now?" [Schegloff, Sacks 1973], and CA's moment-by-moment analytic approach. Mondada illustrates these temporal aspects through analyses of surgical and service interactions [Mondada 2021a, 2021b].

Mondada highlights the usefulness of multimodal analysis but acknowledges the limitations of relying on transcripts of video data. She notes that describing temporal phenomena in situated contexts requires addressing practical environments that video data transcripts cannot fully capture. This concern aligns with issues raised by Sharrock and Button [1991] regarding reliance on transcriptions of video recordings. However, Mondada argues that this issue can be resolved

through researchers' analytical skills without further elaboration [Mondada 2021a]. Mondada's analysis exemplifies an approach that captures what this paper refers to time as an ordering principle of interaction.

A more systematic effort to organize and analyze time in EMCA is presented by Au-Yeung and Fitzgerald [2023]. Their study identifies two levels at which temporal phenomena are examined in EMCA, each linked to different research concerns and analytical techniques: "situational time" and "conversation time". The first, according to Au-Yeung and Fitzgerald, is ethnomethodological studies of work, using ethnographic methods to analyze and describe situated actions (in their term, "formal situations"). The second is conversation analysis (CA), which examines every bit of speech recoverable from recordings. They note that the former does not analyze every action or utterance, while the latter, relying on recorded data, cannot capture actions that are not directly related to the conversation. Building on this distinction, they integrate both perspectives through multimodal analysis using video data, incorporating not only conversational exchanges but also participants' spatial movements within transcripts.

By developing these analytical techniques, Au-Yeung and Fitzgerald examine interactions in a university communication workshop, aiming to describe levels of temporality beyond sequential order [Au-Yeung, Fitzgerald 2023]. While the study focuses on the advantages of video data, it seems to lack a detailed analysis of the workshop as a work setting as it does not thoroughly examine actions in relation to the specifics of the setting, i.e. specific characteristics of the workshop from the perspective of conducting and participating in the workshop. In other words, it does not seem to fully explore problems specific to the workshop the participants are concerned about. Thus, while Au-Yeung and Fitzgerald aim to bridge both approaches – attempting to capture both time as an ordering principle of interaction and time as an ordering principle of the workshop setting by noting the two kinds of temporality – ultimately their analysis focuses more on the former, resulting from their privileging of the audio visually transcribable phenomena.

We have chosen a prehospital emergency care setting as members orient to different dimensions of time as part of solving the patient's problem of illness and mobility. The emergency medical system is designed to practically manage the patient's problem of illness and mobility through "coordination of space with temporal efficiency" [Ikeya 2003]. In the prehospital emergency care setting, the flight doctor and flight nurse together with paramedics consider patients' progression of illness in relation to both the patient's medical history and more recent development of the medical conditions which led the patient (or persons around the patient) to call the emergency service, as well as the length of time

that will take for them to arrive at a hospital where proper treatment will be provided [Ikeya, Matsunaga, Akutsu, Takahashi, Nakazawa 2023]. Members pay attention to these considerations from the perspective of managing the problem of mobility with temporal efficiency. Consequently, we decided to choose the prehospital emergency care setting as a perspicuous setting for studying temporality as a member's problem in real time. "Perspicuous settings" is a concept that Sacks and Garfinkel addressed as part of their argument on studying theoretical concepts from the perspective of members who practically engage with the problem [Garfinkel, Wieder 1992; Ikeya 2019].

MULTIPLE DIMENSIONS OF TIME AND TEMPORALITY IN SOCIOLOGICAL RESEARCH

Sociologists have conceptualized time as distinct from the absolute notion found in natural sciences. In the earliest sociological studies of time, it has been framed as a social fact that varies across social groups [Durkheim 2008: 30]. For example, calendars can be characterized as tools for coordinating social systems [Sorokin, Merton 1937]. These discussions, focusing on the temporal aspects of social systems, have evolved alongside the broader sociological inquiry into defining modern society, illustrating how temporal phenomena are embedded in social structures [Giddens 1984].

Within sociology, some studies have aimed to theoretically explain temporal phenomena encountered by social members in everyday settings, focusing on more concrete subjects. A key contributor to the sociology of time is Eviatar Zerubavel [1979], who conducted ethnographic research in university hospitals. His work analyzed *sociotemporal order* – structured patterns of time – contrasting with perspectives from physics, biology, and psychology. Fieldwork in hospital wards and emergency rooms revealed temporal regularities, including medical work shifts, career trajectories, and routines, identified through ethnographic observation. However, influenced by Simmel's formal sociology, Zerubavel's analysis focused on abstract patterns, making it difficult to understand how members practically manage these regularities in specific settings.

While Zerubavel argues that structured temporal patterns organize social life, some studies in organizational sociology focus on how members' social actions relate to these patterns to conceptualize organizational continuity over time [Hernes 2014]. He argues that understanding continuity requires recognizing that temporally extended events continuously emerge through members' actions at various levels. These events are generated through *articulation*, where members

reaffirm the organization's meaning structures through actions and language. For example, Hernes illustrates how storytelling about a company's history links significant past events – often invisible in the present – to make organizational continuity comprehensible.

While the concept of articulation highlights the crucial role of members' actions in achieving social order within organizations, it focuses on categorizing types of articulation rather than examining how specific articulations are accomplished in practice. Although Hernes acknowledges that the events reaffirming organizational continuity are context-dependent, he does not provide detailed descriptions of how these events are accomplished within specific contexts.

Thus, while sociology of time has developed broad understandings of multiple dimensions of time and temporality, using theoretically developed concepts to explain members' practices may fail to capture how these practices manage multiple temporal orders simultaneously. This limitation suggests that existing sociological research on time does not fully meet the criteria of the *perspicuous setting* approach and may have missed opportunities to grasp the complex construction of sociotemporal order. By describing time as a *member's problem*, this paper investigates how members engage with various levels of temporal order within specific settings.

STUDYING TIME AND TEMPORALITY AS A MEMBER'S PROBLEM

Sociology of time has sought to provide analytical insights by theoretically categorizing various aspects of time and temporality. In contrast, EMCA adopts an approach that does not separate time from members' situated practices. One of the key works that explicitly discusses the relationship between sociology and EMCA in relation to time and temporality is Rawls [2005]. Rawls responds to a recurring sociological critique of EMCA, which claims that it lacks a concept of time. By referring to Garfinkel's work, she argues that time is an essential element in EMCA. According to Rawls, Garfinkel conceived of time as *an ordering principle of interaction* and as a public and shared dimension of experience. This conception of time implies that it is internally and simultaneously experienced by all participants engaged in the same interaction.

Although Sharrock and Button's [1991] essay "The social actor: Social action in real time" does not focus explicitly on the topic of time in the same way as Rawls, it offers significant insights for considering time from an EMCA perspective. This work argues that concepts frequently used by sociologists, such as "the actor's point of view" and "social structure," do not actually capture the

lived practices of social actors. Instead, these concepts are the end products of sociologists' own analytical activities.

However, in discussing the methodological procedures of sociological theorizing, Sharrock and Button introduce several analyses conducted by Garfinkel and Sacks, illustrating how social actors practically achieve social order in real time. In this way, Sharrock and Button's work not only exemplifies the methodological differences between the activities of sociologists and those of social actors, in terms of the temporal procedures in which they occur; but also connects the EMCA conceptualization of time, as outlined by Rawls, to the work of both Garfinkel and Sacks.

This paper focuses on the distinction between EMCA's treatment of temporality as foundational to social order and the instances in which time and temporality become explicit problems for members. The following sections will explore what it means to treat time and temporality as a member's problem, by returning to Sacks's methodological approach. Additionally, this paper will examine how this distinction has remained ambiguous even in recent EMCA studies on time.

SACKS'S PERSPICUOUS SETTING EPISODE

One of the methodological principles proposed by Garfinkel in ethnomethodology is the concept of a "perspicuous setting." This term, according to Garfinkel and Wieder [1992], was later adopted by Garfinkel to describe an observation initially made by Sacks. This observation is recounted by Garfinkel and Wieder [1992] as an episode from Sacks's early career.

After completing law school, one of the things Sacks was exploring was the conceptual distinction between "possessables" and "possessives." Rather than resolving this distinction by consulting legal texts in a library, he chose a different approach: investigating how people who encounter and solve such distinctions in practice go about doing so. Sacks sought out individuals whose work involved making such distinctions and identified Los Angeles police officers as a relevant group. He shared this insight with Garfinkel, noting that these officers, during their daily patrols, routinely categorized cars on the street as either "abandoned vehicles" or "vehicles under ownership." If a car was deemed "abandoned," officers were authorized to remove it from the street. Conversely, if a car was categorized as "under ownership," it was assumed to be temporarily parked by its owner, who would eventually return, and the officers would not immediately remove it. By studying how the officers made these distinctions during their patrols, Sacks proposed a way to explore the conceptual differentiation between

"possessables" and "possessives" through the practical actions of members engaged in their work [Garfinkel, Wieder 1992].

This episode involving Sacks serves as the basis for Garfinkel's articulation of the principle of the "*perspicuous setting*." According to Garfinkel and Wieder [1992], this policy involves identifying a setting that appears particularly well-suited for investigating how members practically encounter and address issues that might otherwise be approached as abstract conceptual problems or distinctions from a general theoretical perspective.

At first glance, the policy of the perspicuous setting might seem to focus solely on how researchers should select a setting that aligns with their research topics. However, upon closer examination, it becomes evident that this policy also addresses the *topical relevance* for the people involved in the setting being studied. Specifically, Sacks highlights the fact that police officers treat the distinction between "abandoned vehicles" and "vehicles under ownership" as a practical problem.

In research practice, there can be various ways to consider the interplay between the researcher's and members' topical relevance while adhering to the policy of perspicuous settings. Researchers may first select a topic and then identify a setting where it aligns with participants' practical concerns. Conversely, when the field is predetermined, researchers can begin by identifying issues treated as topics within that setting and may refine the research topic as the analysis progresses.

Here, we would like to refocus on Sacks's attention to lawyers' *management of order as a practitioner's practical problem*. In his effort to address a research topic of order, Sacks appears to have chosen lawyers [Sacks 1997] and police officers [Sacks 1972] as key figures who manage order as part of their professional responsibilities in the specific contexts of their daily work [Ikeya 2019]. The concept of order that Sacks topicalized is order practically pursued by lawyers "as lawyers," i.e. order in terms of law. More precisely, it is both order itself and accomplishment of that order. Sacks analyzed that, in litigation cases, lawyers orient themselves toward the *management of continuity*, striving to achieve it, whereas in non-litigation cases, they orient themselves toward the *management of routinization*, aiming to accomplish it.

Had Sacks completed his paper on "The lawyer's work" [Sacks 1997], it might have included an analysis of interactions between lawyers and their clients. Additionally, it might have examined how lawyers create, organize, and utilize documents as part of their professional activities, offering a detailed description of how they address the *management of order* in practice. When lawyers engage with clients to establish a case as a litigation matter, they are

likely to orient themselves toward the *management of continuity*. At the same time, they would also need to focus on the *management of the sequential order of talk and interaction* within their conversations. Furthermore, lawyers might work on drafting and organizing case documents on their own at the office after meeting with their clients.

What we should note here is that "management of order" is a problem that is not unique to legal professionals. Management of order in terms of law is the topic in which legal professionals specialize. If we remember Garfinkel's point that everybody is involved in the practical management of order, it is possible to ask how members manage order in different fields of activity as part of their respective activities. Garfinkel later called such studies "ethnomethodological studies of work" [Garfinkel 1986]. In studies of work, actual activities are described in terms of how order is managed and accomplished. The activities described can include one or another kind of professional work, but they also include leisure activities and everyday activities such as driving in traffic or standing in a queue.

From Sacks's 1997 paper, we can draw two key insights. First, in focusing on lawyers' work, Sacks aimed to examine what kind of order lawyers, as lawyers, orient themselves toward and how they accomplish the practical *management of order* as part of their professional "work." This focus can be seen as an attempt to develop a *research topic of order* in line with *the policy of the perspicuous setting*. The orientation toward and accomplishment of *interactional order* is something that lawyers engage in as part of their work. The second key insight from Sacks's paper, closely related to the first, is that the practical *management of order* is carried out as part of various activities performed by people other than lawyers, including legal professionals. This includes not only the orientation toward and accomplishment of *interactional order*, but also the orientation toward and accomplishment of time and temporal order as part of these various activities.

SETTING

This paper examines prehospital emergency care in emergency medicine to describe *time as an ordering principle of the work setting*. Prehospital emergency care is provided to critically ill or injured patients who require treatment before hospital transfer. A flight doctor, a flight nurse, and paramedics typically administer this care by flying to a rendezvous point where an ambulance crew brings the patient. Care must be delivered quickly before they transfer the patient to an appropriate hospital, including physical assessments and treatments such as intravenous catheterization for drug administration and intratracheal intubation

to maintain an open airway. Medical crews face constraints different from those in hospital Emergency Medical Units, including limited staff, fewer diagnostic devices, and restricted access to medicines. They also make decisions on transportation issues, including which hospital to take the patient to, and whether they should transport the patient by helicopter or ambulance. It is a feature of a prehospital emergency care setting that medical crews are required not only to give treatment to patients but also to choose a hospital and to transport them.

This study focuses on the activities of medical staff from the Emergency Medical Unit of University Hospital A and local paramedics from the fire brigade in Japan. Upon a request from paramedics dealing with a patient, Hospital A dispatches a flight doctor, a nurse, and occasionally an in-hospital paramedic to rendezvous points where patients are brought by ambulance. An emergency helicopter typically carries a pilot, air mechanic, flight doctor, flight nurse, and sometimes a hospital paramedic. Upon arrival, the hospital medical crew coordinates treatment with local paramedics who brought the patient by the ambulance. Having prioritized providing life-saving care, the crew transports the patient by helicopter or ambulance to the hospital, continuously managing the patient's condition during transit.

We obtained official permission from the hospital to conduct this research using video recordings and related incident documents. From January 2019 to July 2024, we held research meetings with two certified flight nurse instructors (one featured in the video data analyzed later), a nursing researcher, a paramedic, a psychologist, and three ethnomethodologists. In these meetings, we discussed video data, prehospital emergency care practices, flight nurse education programs, and related studies. Informal interviews also allowed researchers to verify their analyses with flight nurses and paramedics. Through these meetings, ethnomethodologists and medical crews collaboratively developed the analysis. This approach compensates for our (ethnomethodologists) "vulgar competencies" [Garfinkel 2002; Ikeya 2020], as Garfinkel set a high standard for achieving hybridity in work studies [Burns 2025; Ikeya 2025], particularly with his unique adequacy requirement of methods – that researchers ideally possess the same competence as field members [Garfinkel 2002].

In this regard, the alignment between the officers' concerns and Sacks's inquiry into the distinction between "possessables" and "possessives" we discussed earlier demonstrates what Garfinkel [2002] would later describe as one of the criteria for a "hybrid study": the *topical relevance* for the researcher corresponds to the *topical relevance* for the people being studied [Ikeya 2020]. Thus, the policy

of the perspicuous setting implies that the researcher's topical relevance is inherently informed by the topical relevance of the members involved in the setting.

The data were obtained as part of a collaborative research project as mentioned above. As part of their standard procedure at Hospital A, flight nurses record their interactions during prehospital emergency care operations for training purposes. The authors were provided with the video data by medical crews. We were also expected to analyze them and to contribute to detailed understandings of international collaboration, the practices of expert flight nurses and the challenges that early career flight nurses faced. While the following analyses are based on the transcripts of video data, it should be noted that we were offered some professional medical knowledge and the details of the recorded case by medical crews. This supplemental information allows us to describe members' orientations in settings that do not appear in the transcripts. This collaboration with field members in research practices makes research data reliable in prehospital emergency care setting. These recordings, which include interactions within the ambulance, are later reviewed upon their return to the hospital. In this study, we utilize these recordings as data to examine the collaborative practices of medical teams in prehospital emergency care settings.

This study focuses on a recorded case involving a patient who attempted suffocation suicide and suffered carbon monoxide poisoning. The patient had a history of psoriasis; a chronic dermatological condition linked to increased suicide risk. The emergency team, consisting of a flight doctor (FD), flight nurse (FN), and in-hospital paramedic (HP), arrived at the rendezvous point about eight minutes after the call. They then provided prehospital emergency care collaboratively with local paramedics, whose captain (LP) appears in the two excerpts from a case below.

During the first ten minutes after the hospital team reached the rendezvous point, they identified two primary concerns. First, the patient exhibited multiple symptoms, including carbon monoxide poisoning, psoriasis, and a suspected mental illness that was suggested by the suicide attempt. Second, the patient's medical and behavioral history prior to the ambulance call made by his wife was unclear. These uncertainties posed significant challenges for determining the appropriate course of action.

By analyzing this case, this study aims to explore how medical professionals manage uncertain and complex conditions in prehospital emergency care settings and how they orient to time and temporality, not only in their face-to-face interaction but also in coordinated action at a distance.

ANALYSIS

In the following analysis, we focus on two specific moments where time becomes a salient issue for the members involved. Excerpt 1 captures an interaction between FN (Flight Nurse), HP (In-Hospital Paramedic) and LP (Local Paramedic), approximately ten minutes after they reached the rendezvous point, after some treatment was provided, including intravenous catheterization and intratracheal intubation to maintain an open airway for supplying oxygen. In this exchange, the hospital crew sought information about the patient's behavioral history to decide whether to transport the patient by land or air. Before this conversation, LP relayed information from the patient's wife; details about his most recent meal and last witnessed normal behavior, as known to the third person (his wife in this case), remained unclear. In addition, during their talk transcribed in Excerpt 1, the flight doctor is outside the ambulance on a call with Hospital B, where the hospital crew intended to transport the patient. However, as this exchange between the doctor and the hospital was not recorded, it is not included in Excerpt 1.

EXCERPT 1

FN: Flight Nurse; LP: Local Paramedic; HP: In-Hospital Paramedic

463 FN: Jaa, saishuinshoku toka ga [bimyo desune.
          Then, we cannot be certain about his last meal and so forth.
464 LP: [Eto, a,
                                          Well, yha
465 LP: Kiitara,
          When we asked,
466 FN: Hai
          Yes
467 LP: Eto, saishukenzai no ototoi no kono 9 jihan no chotto mae no yoru
          7ji dasodesu.
          Well, it was just before she saw him last time, a little
          before 9.30pm, 7pm.
468 FN: Ga, [okusan ga miteiru toiu
          That seems to be the time his wife saw him
469 LP: [Okusan ga miteiru
          His wife saw him
470 FN: Sodesuyone
          I see.
471 LP: Sodesu, sodesu, sodesu
          Yes, Yes, Yes.

472 FN: De, sono ato moshikashitara jibun de tabeteru [kamoshirenaikara
          Then, he might have eaten afterwards.
473 LP: [Soudesu ne. hai, hai.
                                                           I see. Yes, yes.
474 HP: [un un
                                                           Uhm
475   (3.0)
476 FN: Kono mama chotto Hospital B de kimattara,
          If it is decided that we go to Hospital B,
477 LP: Ee
          Yes
478 FN: Riku de kono mama okusan to joshuseki dette kano desuka?
          **Would it be all right to go by land with his wife in the passenger seat
          as she is now?**
479 LP: A, daijobu desu. Sodesune.
          Ah, it is all right. Yes.

FN asked LP for information that has remained unclear regarding the events leading up to the discovery of the patient (line 463). This request for confirmation also prompted LP to formally articulate the uncertainty surrounding the patient's behavioral trajectory. LP reported the time of the patient's latest meal and when his wife had last seen him (line 465–467), while acknowledging that this is his speculation about the time the patient had last eaten based on the information from his wife as they had had a meal together at 7 pm, just before she had last seen him, at 9.30 pm a day before yesterday (line 467–471). FN sought to confirm that these times were based on the wife's account – and likely that this account itself involves some uncertainty, saying "okusan ga miteiru toiu" ("That seems to be the time his wife saw him"), (line 468). LP's understanding of FN's attempt to clarify this is evident from his overlap of "okusan ga miteiru" in line 469, which also means "his wife saw him".

In line 472–474, FN suggested that the patient might have eaten or drunk something after his wife last saw him, and both LP and HP agreed. They acknowledge the uncertainty surrounding the patient's history not only among FN and LP but also the HP, expanding shared recognition of the issue. Subsequently, starting at line 476, FN asked LP whether they could transport the patient by ambulance (line 476–478).

At this point in the interaction, we can observe the distinction and interrelationship between the *ordering principle of work in the setting* and the *ordering principle of interaction*. The primary issue here is confirming the uncertainty

surrounding the patient's behavioral history. FN and HP explicitly confirm this uncertainty by establishing a shared understanding. This confirmation is achieved through their interaction, as seen in the overlap not only in line 469 and the confirmation sequence but also in lines 472–474. The overlap of utterances by LP's "soudesu ne. hai, hai (I see. Yes, yes)" and the HP's "un un (Uhm)" in line 473–474 over FN's "kamoshirenaikara (Then, he might have)" in line 472 also marks the accomplishment of confirmation and mutual understanding that there is an uncertainty of the patient's behavioral history.

Thus, examining sequential interaction in conversation as represented in the recorded data seems to allow us to describe the emergency medical team's activity of confirming uncertainty surrounding the patient's behavioral history. However, from the perspective of the problem members are attempting to solve in this setting, the activity of confirming the uncertainty regarding the patient's behavioral history is only one part of the issue.

In fact, the interaction inside the ambulance is not completed with confirmation about the uncertainty. Starting at line 476, FN asks LP whether the patient's wife can accompany him in the ambulance via land transport. FN is now proposing to transfer the patient by land through her question "Would it be all right to go by land with his wife in the passenger seat as she is now?" (line 478). By this proposal, FN is attending to the fact that the flight doctor is currently contacting Hospital B as a candidate destination.

By analyzing Excerpt 1 in terms of time as an ordering principle of interaction and work setting, we describe retrospective and prospective trajectories to which members orient in prehospital emergency care setting. Confirming the uncertainty of the patient's behavioral history is inseparable from choosing the means to transfer him to a hospital. In other words, members' temporal orientation to the patient's past and transportation in the near future are intertwined; handling past and future in real-time is a member's problem in prehospital emergency care setting.

In addition, the FN's proposal of land transport after confirming the uncertainty of the patient's history demonstrates that members in this setting understand that FN is oriented to safety as well as urgency during transport. A key consideration is that patient complications which may arise cannot be taken care of during air transport in principle. In this case, given the many uncertainties in the patient's history, FN and other medical staff could not be certain the patient would remain stable throughout the flight without knowledge of the patient's behavioral history. To mitigate the risk of the patient regaining consciousness or becoming restless, FN is observed to have chosen ambulance transport to ensure safety. This concern

was confirmed through an informal interview between the authors and FN. Thus, in Excerpt 1, exchanges by FN and LP confirming the uncertainty of the patient's history can be seen as part of these members' orientation toward safety. While this orientation is not explicitly stated nor audio-visually transcribable it is, as we have demonstrated, nevertheless rationally observable in the members' practices. We argue that this is the kind of members' orientation which, because it may not be audio-visually transcribable, might have been overlooked in existing EMCA studies on time and temporality.

Thus, with this analysis we hope that we have demonstrated that members' orientations toward time may not always appear as explicit temporal expressions in conversation but still constitute problems within the setting. In Excerpt 1, explicit temporal expressions such as specific times, e.g. 9:30 p.m., 7:00 p.m. and sequential markers, e.g. before, afterwards, help articulate the uncertainty surrounding the patient's history. However, particular emphasis should be placed on FN's question "Would it be all right to go by land with his wife in the passenger seat as she is now?" in line 478. While this question includes a temporal marker ("now"), its primary orientation, as discussed, is not about the patient's wife coming with the medical team in the ambulance but ensuring safety of the patient during the transportation. By focusing on the ordering principles of work in the setting, we have demonstrated that it is possible to identify aspects of time and temporality that, although not explicitly stated, are treated by participants as problems and actively shape the organization of the setting. This approach highlights how time operates as a constitutive element of the setting, even when not directly verbalized by participants.

Excerpt 2 captures a conversation between the in-hospital paramedic (HP), the local paramedic captain (LP), and the flight nurse (FN) after the decision to transport the patient by land has been made. By this point, the medical team has completed the oxygen supply for treating the patient's carbon monoxide poisoning and was preparing for hospital transfer. It should be noted that oxygen supply is a means of treating carbon monoxide poisoning and its completion offers medical crews a prospect to improve the patient's most acute symptoms at this time. The team has already contacted Hospital B through the flight doctor and arranged for the patient's transport there. However, Hospital C, located closer to the rendezvous point, remained a potential transfer option.

EXCERPT 2

HP: In-Hospital Paramedic; LP: Local Paramedic; FN: Flight Nurse

502 HP: Chikai no ha yappari Hopital B desuka?
           Is Hospital B the closest?
503 LP: Kokkara ichiban chikai no ha B byoin.
           Moshiku ha C byion ga koko inter ga arun de.
           The closest is Hospital B. Or Hospital C, as there is an interchange.
504 LP: Moshikashitara C byoin no ho ga chikaku nattan de.
           I**t may be the case that C Hospital is closer.**
505 LP: Maa, demo kawatte 5fun gurai desukedo.
           Well, it is 5 minutes difference we are talking about.
506 FN: Aa
           Ah
507 HP: Jaa, yappari are desu yo [renraku shiyasui
           Then, easier to communicate
508 FN: [Maamaamaa
                                       Well
509 FN: Soudesu ne
           Yes, you are right.
510 FN: Ato wa X ken nai desukara ichiou
           It is also within the same X prefecture.
511 HP: Un
           Yah
512 FN: Ato wa sore okitara D dai san ni okuru toka wa mou kaeraremasune
           Also, he can be sent to the University Hospital D when he wakes up.
513 HP: Un Sore saki no hanashi desune
           Yah. That's about something ahead.

In Excerpt 2, HP first asked LP "Is Hospital B the closest?" (line 502). LP responded that Hospital C, which is in another prefecture, may take less time to get to due to a highway close to the hospital, but the difference would be only about five minutes (line 503–505). FN acknowledges LP's report as relevant to their decision by uttering "Ah" (line 506). Then HP starts concluding their decision making by suggesting Hospital B will be the better option as the doctor outside the ambulance has been in contact with the hospital already, thus it will be easier to communicate the circumstances of the case without starting from the beginning (line 507). Here it is noted that both HP's explicit reference to "the closest" (line 502) and "a 5 minute difference" (line 505) indicate that the team is oriented toward selecting the fastest transfer option, which demonstrates that achieving urgency is a problem for the members in this setting. In this exchange,

LP indicates that the five-minute difference is not significant, as they are in contact with Hospital B, their intended destination (line 507). The fact that this time difference was not treated as problematic needs to be understood in relation to this situation. Depending on the patient's condition, even a five-minute delay could be critical. In this case, however, the patient has already been treated for carbon monoxide poisoning in the ambulance, and by the time of Excerpt 2, the patient has shown signs of improvement (just after the exchanges in Excerpt 1 and before Excerpt 2, they acknowledge the improvement with the value of CO). While achieving urgency by choosing the closest hospital remains an option, taking into consideration the extra time that needs to be spent for contacting a new hospital, they see Hospital B as an optimal choice.

Thus, this case illustrates how urgency is a problem the participants regard as an ordering principle of the setting, which is viewed as operative and, at the same time, to be achieved by the participants. Thus, ensuring rapid patient transport is clearly a problem for the members to consider. However, this does not suggest that its achievement is unconditional. In fact, while flying by helicopter was clearly faster, transporting the patient by land was suggested by FN (Excerpt 1, line 478). The doctor, who later returned to the ambulance after the interaction in Excerpt 2, assumed that they were flying via helicopter to Hospital B, as he had not been party to the discussion among other members inside the ambulance. As we demonstrated, in Excerpt 1 FN, HP and LP concluded that they go by land as they saw that the patient's unclear behavioral history may turn out to be a risk if they fly by helicopter. This prioritization of transporting by land rather than by air had become a premise in the exchange in Excerpt 2, as members no longer saw transportation via helicopter as an option, which demonstrates medical crews in this situation orient to achieving safety during the transport as well as urgency.

Medical crews consider not only safety of the patient and urgency during transport but also treatment, which the patient might receive, with consequent potential change of hospitals in the future. This is a prospective trajectory we alluded to in our Introduction. At lines 512 and 513, FN and HP mention that the patients might be moved to University Hospital D in the future after receiving some treatment in Hospital B. From information delivered by local paramedics, medical crews have confirmed that Hospital D is one that the patient has attended already for his dermatological disease. HP in line 513 acknowledges the adequacy of the medical crew's decision to transport the patient to Hospital B, considering the potential movements of the patients as "something ahead." In terms of time and temporality, this demonstrates that the work of medical crews is performed not only in a face to face situation but also in broader medical environments

at a distance, which is a premise for members to accomplish their prehospital emergency care. In this particular situation, medical crews need to be clear what they should do by themselves in the near future from the broader prospective trajectories of the patient.

Thus, while both safety and urgency are important principles for the flight doctor, flight nurse and paramedics to pursue in prehospital emergency care setting, that they pursue both in prehospital emergency care may not be audio-visually observable in recordings and transcripts. As we have demonstrated with descriptions alongside Excerpts 1 and 2, members manage temporal order in a particular case of prehospital emergency care in terms of these principles. Further, how they try to pursue them may vary depending on the situation. While achieving urgency is pursued in emergency prehospital emergency care in principle, safety is another important principle they need to consider, and this paper has shown that members orient to both safety and urgency considering the patient's condition.

CONCLUSION

As part of our attempt to explore how theoretical concepts can be studied as members' problems, building on an argument developed by Sacks and Garfinkel through the notion of *perspicuous settings*, this paper has demonstrated how the flight doctor and the flight nurse coordinate their actions in the ambulance for planning their future actions, i.e. transfer of the patient under treatment. This requires their consideration of various temporal and spatial dimensions.

Two excerpts were analyzed to demonstrate how members manage time and temporality in the prehospital emergency care setting. In Excerpt 1, medical crews confirmed uncertainty of the patient's behavioral history in his past while considering by what means to transport the patient in the near future. Consequently, they chose transportation by land to ensure safety. In Excerpt 2, we demonstrated how members try to accomplish the problem of mobility considering rapid transportation, as well as prospective trajectories of the patient. They eventually decided upon a destination hospital while considering both the current highway conditions (informed by the local paramedics) and the fact that the doctor was contacting the hospital. This decision was made to ensure both safety and urgency. In addition, they acknowledged potential transfer of the patient to a hospital in the future where the patient had been originally treated, while making clear that it is not within their task to take the patient to the hospital he had been attending. Thus, we have demonstrated that the members' orientation to time in their coordination

of actions for planning the patient transfer involves various temporal trajectories, which they assume when working in the prehospital emergency care setting.

In this vein, what we demonstrated in this paper is closely related to what Anderson and Sharrock called "consociation," the patterns of social organization of coordinated action "at a distance". Anderson and Sharrock discussed coordinated actions where face-to-face interactions were absent, analyzing documents and other artifacts to which university executives referred to make administrative decisions. Thus, in this paper, we have chosen to describe members' orientations to time in the emergency medical setting as involving coordinated actions at a distance, i.e. beyond face-to-face interaction. At the same time, we have chosen to do so by describing members' orientations to time in the face-to-face interaction.

As we described the coordinated action at a distance accomplished by face-to-face interactions, this paper is an attempt to offer contributions to recent EMCA research on time and temporality. Recent EMCA research utilizing multi-modal analysis offers detailed analyses of audio-visually available data. However, such analyses might have left members' orientations to time and temporality beyond face-to-face situations untouched. While this paper also described members' problems within the face-to-face situation, i.e., interprofessional collaboration in the land ambulance, medical crews showed their orientation to the problem of securing safe transfer of the patient, as well as possible transfer of the patient to other hospitals in the (near) future, both of which are related to members' orientation to time as an ordering principle of the work setting. Thus, by distinguishing time as an ordering principle of interaction as well as time as an ordering principle of work setting, we hope that we have managed to present different ways of describing members' orientations to time in real time. Thus, from our analysis it is now clear that each EMCA study has made choices without much discussion about the consequences of these choices.

As for the sociology of time, we made the point that while it has been concerned with temporal practices of social actors, it has failed to describe diverse temporal dimensions in a way that both actors' practices and temporal dimensions are intertwined. The idea of focusing on a perspicuous setting offers researchers a perspective with which to focus on settings where members' problems align with researchers' topics. This perspective would allow a sociology of time to examine temporal patterns in different settings, in relation to a member's problem in the setting, and to describe how such patterns are accomplished by members' practices. For example, one of the temporal regularities in prehospital emergency care setting is the transportation of patients after delivering treatment and, as we discussed, the process of transportation is accomplished by members' complex

considerations of a patient's condition, contact with the candidate hospital, traffic conditions, and so on. In this vein, temporal regularities that have been identified by sociological analysis can be a resource of members' practices, but they themselves cannot be sufficient to describe what members do properly.

Our argument corresponds to what Rawls argues against sociologists' criticism of Garfinkel, that the concepts of time and temporality are missing in his discussions, by presenting the idea of time as an ordering principle of interaction. Building on Rawls, we tried to add another dimension, i.e. time as an ordering principle of a work setting, to develop analytical possibilities to examine more diverse temporal phenomena where sociologists have also shown their interests. As mentioned above, the sociology of time has not necessarily described members' practice in an adequate manner. In contrast, EMCA seeks to describe how temporal orders are meaningful to members in the setting as inseparable from those practices that members engage with in real-time.

However, and crucially, it is important to note that we do not limit our attempt to describe real-time practices solely to interactions. This paper has argued that EMCA can approach broader phenomena, which may overlap with what sociologists may have long been concerned with, but do so without "losing" phenomena by describing what *members* regard as *their* problem in the work setting.

ACKNOWLEDGEMENTS

BIBLIOGRAPHY

Anderson Robert J., **Wes W. Sharrock**. 2018. *Action at a distance: Studies in the practicality of executive management*. London: Routledge.

Au-Yeung Terry S.H., **Richard Fitzgerald**. 2022. "Time structures in ethnomethodological and conversation analysis studies of practical activity". *The Sociological Review* 71(1): 221–242. https://doi: 10.1177/00380261221103018.

Burns Stacy. 2025. "Sacks and Garfinkel, early on." *Przegląd Socjologiczny* 74(3): 37–54. https://doi.org/10.26485/PS/2025/74.3/4. (this issue)

Button Graham. 1990. "On member's time". *Réseaux* 8(1): 161–182. https://doi: 10.3406/reso.1990.3537.

Carlin Andrew P. 2021. Sacks' plenum: The inscription of social orders. In: *On Sacks. Methodology, materials, and inspirations*. R. J. Smith, R. Fitzgerald, W. Housley (eds.), 32–46. Abingdon: Routledge. https://doi: 10.4324/9780429024849-4.

Durkheim Émile. 2008. *The elementary forms of religious life*. C. Cosman (trans.), M.S. Cladis (ed.), Oxford: Oxford University Press.

Garfinkel Harold, **D. Lawrence Wieder**. 1992. Two incommensurable, asymmetrically alternate technologies of social analysis. In: *Text in context: Contributions to ethnomethodology*. G. Watson, R.M. Seiler (eds.), 175–206. Newbury Park: Sage.

Garfinkel Harold. 2002. *Ethnomethodology's program: Working out Durkheim's aphorism*. A.W. Rawls (ed.). Rowman & Littlefield.

Giddens Anthony. 1986. *The constitution of society: Outline of the theory of structuration*. Berkeley: University of California Press.

Hernes Tor. 2014. *A process theory of organization*. Oxford: Oxford University Press.

Ikeya Nozomi. 2003. "Practical management of mobility: The case of the emergency medical system". *Environment and Planning A* 35(9): 1547–1564. https://doi:10.1068/a35194.

Ikeya Nozomi. 2019. "A reading of Sacks' 'Lawyer's work' as an invitation to ethnomethodological studies of work". *Ethnographic Studies* 16: 167–180. https://doi.org/10.5281/zenodo.3459383.

Ikeya Nozomi. 2020. "Hybridity of hybrid studies of work: Examination of informing practitioners in practice". *Ethnographic Studies* 17: 22–40. http://dx.doi.org/10.5281/zenodo.4050533.

Ikeya Nozomi. 2025. Hybrid studies. In: *The Routledge international handbook of ethnomethodology*. A.P. Carlin, A. Dennis, K.N. Jenkings, O. Lindwall, M. Mair (eds.), 313–322. Abingdon: Routledge. https://doi: 10.4324/9780429323904-31.

Ikeya Nozomi, **Shintaro Matsunaga**, **Tatsuya Akutsu**, **Seiichi Takahashi**, **Hiroko Nakazawa**. 2023. Working out interprofessional collaboration: Flight nurses' practical management of prehospital emergency care. In: *Medical and healthcare interactions: Members' competence and socialization*. S. Keel (ed.), 47–72. Abingdon: Routledge. https://doi: 10.4324/9781003312345-4.

Mair Michael, **Wes Sharrock**. 2021. Action, meaning and understanding: Seeing sociologically with Harvey Sacks. In: *On Sacks. Methodology, materials, and inspirations*. R.J. Smith, R. Fitzgerald, W. Housley (eds.), 19–31. Abingdon: Routledge. https://doi: 10.4324/9780429024849-3.

Mondada Lorenza. 2021a.The temporality of embodied action: responding, anticipating, preempting [Video]. DARGchive. www.youtube.com/watch?v=lWI4EQTOpfI.

Mondada Lorenza. 2021b "How early can embodied responses be? Issues in time and sequentiality." *Discourse Processes* 58(4): 397–418. https://doi:10.1080/0163853X.2020.1871561.

Monteiro David, **Oriana Rainho Brás**, **Michel Binet**. 2024. "Time-oriented decisions in palliative care team meetings". *Discourse Studies* 26(3): 381–401. https://doi: 10.1177/14614456231223147.

Rawls Anne Warfield. 2005. "Garfinkel's conception of time". *Time & Society* 14(2–3): 163–190. https://doi: 10.1177/0961463X05055132.

Sacks Harvey. 1972. Notes on police assessment of moral character. In: *Studies in Social Interaction*. D. Sudnow (ed.), 280–283. New York: Free Press.

Sacks Harvey. 1992. Lecture 14: The inference-making machine. In: *Lectures on conversation, vol 1*. Jefferson, G. (ed.), 113–125. Oxford: Blackwell.

Sacks Harvey. 1997. The lawyer's work. In: *Law in action: Ethnomethodological and conversation analytic approaches to law*. M. Travers, J.F. Manzo (eds.), 43–49. Farnham: Ashgate.

Sharrock Wes, **Graham Button**. 1991. The social actor: Social action in real time. In: *Ethnomethodology and the human sciences*. G. Button (ed.), 137–175. Cambridge: Cambridge University Press. https://doi.org/10.1017/CBO9780511611827.008.

Sorokin Pitirim A., **Robert K. Merton**. 1937. "Social time: A methodological and functional analysis". *American Journal of Sociology* 42(5): 615–629. https://doi.org/10.1086/217540.

Zerubavel Eviatar. 1979. *Patterns of time in hospital life: A sociological perspective*. Chicago: University of Chicago Press.

Shintaro Matsunaga
Nozomi Ikeya

CZASOWOŚĆ JAKO PROBLEM UCZESTNIKÓW W CZASIE REALNYM: ANALIZA OKOLICZNOŚCI PRZEDSZPITALNEGO RATOWNICTWA MEDYCZNEGO

Streszczenie

Celem tego artykułu jest eksploracja tego, jak pojęcia teoretyczne mogą być badane jako problemy uczestników (ang. *members' problems*). Wspieramy się na argumentacji Sacksa i Garfinkla dotyczącej pojęcia „wyrazistych okoliczności" (ang. *perspicuous settings*). Pojęcie to jest kluczowe dla ujmowania porządku społecznego jako problemu uczestników. Zamierzamy przedstawić sposoby opisywania problemu uczestnika *w czasie realnym* poprzez skupienie się na pojęciu czasu, jako że odnoszenie się uczestników do czasu jest istotne dla niemal wszystkich form działania niezależnie od tego, czy są one realizowane w interakcji czy też nie.

Może się zatem wydawać, że opisywanie działań w ramach interakcji ze szczególnym uwzględnieniem szczegółów organizacji sekwencyjnej to właściwy sposób, by zbliżyć się do problemów uczestników w czasie realnym. Jednak poza zasięgiem tego podejścia pozostaje inny wymiar odnoszenia się uczestników do czasu, a mianowicie założenia, z jakimi uczestnicy wkraczają w działania w takich, a nie innych okolicznościach, które niekoniecznie poddają się audiowizualnemu zapisowi. Dlatego w tym artykule prezentowane są inne sposoby opisywania czasu jako problemu uczestników w czasie realnym, obejmujące odnoszenie się uczestników zarówno do porządkujących zasad interakcji, jak i do porządkującej zasady okoliczności pracy – albo do jednego z tych wymiarów.

Przedszpitalne ratownictwo medyczne wybrano do analizy z uwagi na to, że odbywa się ono w wyrazistych okolicznościach, w których różnym wymiarom czasu i przestrzeni przydawana jest ważność w trakcie koordynacji działań mających na celu przejęcie pacjenta pod opiekę.

Słowa kluczowe: Harvey Sacks, etnometodologia, socjologia czasu, wyraziste okoliczności, ratownictwo medyczne