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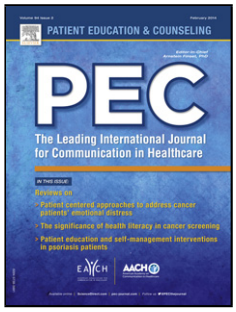

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- We examine 99 calls to the Macmillan cancer helpline using Conversation Analysis.
- We focus on endogenous measures of caller satisfaction expressed during the call.
- Callers express differing levels of satisfaction in the closing of the call.
- Expressions of dissatisfaction cause difficulties in closing the call.
- Patterns of communication may benefit organisations in how to manage calls.

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Closing calls to a cancer helpline: expressions of caller satisfaction

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Abstract

Objective: This study provides an alternative approach to assessing caller satisfaction focussing on how callers express their appreciation of the service provided during the call, as the calls draw to a close.

Methods: Conversation analysis is used to analyse 99 calls between callers and cancer specialist nurses on a leading cancer helpline in the UK.

Results: Caller satisfaction is expressed through upgraded forms of the appreciations through which callers begin to close the call. Dissatisfaction is conveyed in what are by comparison with expressions of satisfaction, downgraded forms which acknowledge but do not fully or enthusiastically appreciate the information/advice given. With latter calls, nurses begin to 're-open' aspects of information/advice giving, thereby leading to more protracted call closings.

Conclusions: Endogenous indicators of caller satisfaction are displayed through callers' upgraded appreciations in the closing moments of helpline calls. Difficulties in terminating calls (protracted by nurses re-opening information-giving etc.) arise when callers do not convey their satisfaction with the service provided.

Practice implications: An understanding of endogenous indicators of satisfaction may benefit helpline organisations and further their understanding of effective call-handling, particularly through identifying the features common to those calls in which callers do not display their satisfaction with the call.

Keywords:

Cancer care
Helplines
Caller satisfaction
Conversation analysis
Call closings

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1. Introduction

Medical helplines in general and cancer helplines in particular play a significant role in healthcare provision, through the delivery of information, advice, guidance and (emotional and psychosocial) support. The Macmillan Cancer Support helpline receives approximately 140,000 calls p.a. from those affected by cancer including relatives, carers and friends as well as patients, making it the largest cancer helpline in the UK in terms of volume of calls handled, staff, and scope of service [1]. This article reports findings of a study of call handling by the Macmillan Cancer Support helpline, focusing on how – through the expressions of appreciation through with they bring calls to a close - callers convey their satisfaction, or otherwise, with the service provided during the call.

Callers present with a range of enquiries concerning information about current symptoms and treatment, what to ask doctors in future consultations, financial matters, prognosis and recurrence of the disease, and information and advice about how best to support friends or relatives who have cancer. Enquiries can be complex, with callers presenting more than one concern; and callers can have difficulty articulating their concerns. Moreover, when callers informational and psychosocial needs are complex and intertwined it can be difficult for call handlers to manage calls optimally [2]. These complexities, together with the expectations callers have which the service may not be able to satisfy, can contribute to misalignments between callers and call handlers [3]. The fact that conversations with callers are not face-to-face and are not informed by any additional information about patients (such as medical records) may further contribute to these complexities and misalignments (but see Irvine et al. 2012 [4]).

Macmillan operates a triage system; all calls are initially handled by a frontline call operator, an Information Support Officer (ISO), who may decide to triage the call to a member of the financial support team, or to a cancer specialist nurse, if the call concerns a more complex medical matter. This system is summarised in figure 1

----FIGURE ONE----

In this report we focus on calls triaged to the specialist nurse, in which it appears that the complexities and misalignments referred to above occur more frequently than in calls handled only by the ISO, which tend to be of a more routine (e.g. non-medical) nature. The calls handled by specialist nurses appear to be more susceptible to the complexities of giving specialist information and advice; they are therefore calls with which callers may express or convey their satisfaction, or otherwise, with the service they have received during the call. Caller or patient satisfaction is widely evaluated largely through self-report questionnaire studies using standardised quantitative measures of satisfaction [6-10]; but, also note some qualitative in-depth interviews [11]). There is however a consensus that "The persistent use of patient satisfaction to evaluate the client's perception of the quality of a health service is seriously flawed" [12]; see also [13-15]. Hence in our study we take an alternative approach to caller satisfaction, by focusing on callers' expressions of satisfaction, or otherwise. Rather than rely on exogenous measures of caller satisfaction, we adopt a methodology that explores the endogenous indications that callers are either satisfied or dissatisfied with the service they have received during the call (this endogenous methodology resting on internal indicators rather than external measures is developed in Drew et al. 2010 [16]). These internal indicators of caller satisfaction explored here are the expressions of gratitude (or their absence) to be found during the closing stages of calls to the helpline. Such expressions are also to be found at other stages during calls, for instance when callers thanks nurse call handlers for specific advice or information (e.g. "that will be most useful"). But callers generally use summary expressions of gratitude or appreciation as a call closing device; these 'closing expressives' [17] are the internal indicators of caller satisfaction explored in this report.

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2. Data and methods

A sample of 350 consecutive calls handled over a 3-month period **was collected from the helpline for this project.** Subject consent was obtained for all calls, from callers and call handlers. Ethics and Governance approvals were awarded by the University of Southampton (reference: SOMSEC060.10). Of these 350 calls 99 were triaged to and closed by specialist nurses; these 99 calls constitute the data for this report.

These calls were transcribed and analysed using the conventions and methods of Conversation Analysis (CA) (a glossary of transcription conventions is shown in appendix 1). CA is a largely qualitative, micro-analytic method of analysing communicative processes of real-time interactions. CA's methodology is increasingly being applied successfully to medical interactions in a wide variety of medical settings (on the general applicability of CA to medical interactions see [18-19]; for more specific applications see e.gs [20-25]). Audio recordings of caller-nurse interactions enable us to conduct fine grained analysis, not only of *what* is said but *how* it is said (the exact words used, and hesitations, interruptions, laughter etc.); CA analyses explores how participants design their turns at talk in such a way as to engage in setting-related activities (such as presenting concerns to a doctor, diagnosing, deciding about treatment); we further show that how the design of talk is consequential for participants' understandings of one another's conduct, and hence for the progress and outcomes of communication in interaction.

3. Results

3.1. Bringing calls to the Macmillan helpline to a close

Research on ordinary social telephone calls (e.g. between family and friends) has demonstrated that participants co-ordinate carefully their gradual movement towards a closing. Participants need to manage closings collaboratively, to ensure that they are aligned in recognising that they have covered everything they wanted to and therefore that they have arrived at the same 'point' – the closing – together at the same moment [26-28]. Although the closings of calls to and from organisations and businesses need also to be co-ordinated, they are often, perhaps generally, managed collaboratively rather differently from ordinary social calls [17]. The kinds of practices available to bring ordinary calls to a close (for instance one saying to another that *I'd better let you get back to your little granddaughter, So I'll see you tomorrow then*) may be unavailable in many calls to/from institutions or organisations [29]. However, there is accumulating evidence in studies across a range of service encounters that the expressions of gratitude (most simply *thank you*) with which callers or service beneficiaries close down calls (in terminal exchanges) concurrently display calls' satisfaction or otherwise with the service provided during the call [17] [30-31]. Moreover these routine expressions of appreciation can be calibrated in such a way that weak expressions are used merely as a pro forma resource for exiting the call, and may thereby not truly express appreciation or satisfaction; whilst strong expressions of gratitude more clearly convey caller satisfaction [17] [31]. It is in the context of the ways in which callers use expressions of gratitude to bring service calls to a close, and in so doing express also their satisfaction with the service provided during the call, that we situate the 'satisfaction work' [32-33] in the cancer helpline. Call closings to the helpline are managed through co-ordinated, collaborative moves out of discussing the caller's concerns, towards closure. These moves towards closure generally begin with the caller expressing appreciation **(68%),** through forms such as "thank you for your help." They do so systematically in a sequential environment in which the participants (nurse and caller) have disengaged topically from the previous information and advice-giving sequence. For example, in the interaction immediately preceding the excerpt in table 1 the caller has asked the nurse for information about why her friend has been offered surgery followed by chemotherapy, rather than these treatments being given in the reverse order. In this excerpt the caller (who is the female friend of a woman with breast cancer) begins to disengage from the topic of her enquiry through a series of repeated agreements (lines 1-2, 7-10, 13-14)**.**

----TABLE ONE----

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The caller's repeats work to disengage them from the previous advice and information-giving sequence, enabling her to move the interaction forward toward closing (c.f. [34] on how repeated turn designs close sequences). Her "Okay" (line 16) is backward looking, acknowledging the previous information-giving sequence [35-36]). Her subsequent appreciation in line 16, "thank you for your help," projects the call closing. The nurse reciprocates this closing implicativeness with a concluding remark, "If there's anything else at a:ll do do give us a call ba::ck . . ." (lines 17-19), repeated on lines 27-29, after which the caller does a strongly upgraded form of appreciation, moving them directly to the call closing.

In that previous example the closing moves were initiated by the caller's repeated summary, as happens in the majority of cases **(68%)**. In **32%** of our cases, however, nurses initiate the closing moves usually by offering to send booklets or other information arising from the caller's concern. This is illustrated in the next example, when in lines 11-13 the nurse offers to send the caller (who is the daughter of a male lung cancer patient) a relevant booklet.

----TABLE TWO----

In lines 6-9 the caller refers to what she understands to be the outcome of the nurse's advice, about speaking with the her mother's GP, in response to which the nurse offers to send the caller a useful booklet. This is enthusiastically accepted by the caller (line 57), although just before she does so the nurse had begun what appears to be a clear move to close, with her "So:: (.) .hh so maybe tha-" [37], a move which, after the caller's turn, is redone in a slightly different format, "Okay the:n .hh And if there's anything else . . " (line 58). The topic-elicitor "Anything else" is designed to elicit further mentionables which, if declined, creates a "warrant" for closing because there is nothing further to discuss [28]. Having checked the caller's consent to record the call, and repeating whether the caller has anything else to ask (line 64-65) [34], the nurse further repeats the offer to call back (line 68). In this final terminal exchange, the caller upgrades her expression of appreciation for the service provided, the nurse's help (line 69).

In **68%** of the calls handled by nurses **(n=99),** patients initiate call closing with appreciations of the service(s) that has been provided during the call. In the remaining **32%** of our cases, nurses initiated bringing calls to a close. Whether callers or nurses initiated call closings, callers invariably use a least a token, pro forma expression of appreciation. **In most cases these tokens are enhanced in ways which show the caller is satisfied with the service provided during the call.** It is to these indications of caller satisfaction that we now turn.

3.2. Caller satisfaction

In the examples shown above we have highlighted the role played by callers' appreciations in the closing moves of calls to the cancer helpline. We now turn to the ways in which through these appreciations callers display their satisfaction with the service they have been given during the call. It will be recalled in the example shown in table 1 that the caller initiates closing the call with an appreciation, "Thank you very much:" (line 16); the caller handler responds to that by collaboratively moving towards the close. The caller's subsequent appreciation in line 30 consolidates and finalises the closing, the nurse responding with a reciprocal appreciative acknowledgement ("tha:::nks") and a farewell ("bye:"). The caller's initial appreciation was a relatively 'strong' or enthusiastic form; however her subsequent appreciation in line 30 is upgraded, even more enthusiastic, "excellent thanks very much". This pattern of upgraded appreciations by callers in closing the calls is evidently a means by which callers display their satisfaction with the call.

In some cases this upgrading can occur within the turn in which the closing is initiated, as in this example.

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----TABLE THREE----

The caller (a female cancer patient with Non-Hodgkin lymphoma) first uses a standard or generalised form of appreciation ". . . thank you", then adds a more enthusiastic and particularised appreciation, "↑ Oh it (.) has been nice to talk to you," which seems to personalise her appreciation of the call-handler's management of the call. Her raised pitch contributes to conveying the enthusiasm of her appreciation.

More usually, however, these upgraded forms of appreciation are managed *across* turns in the call closings, as in this example (table 4). The caller is a female patient with inoperable lung cancer.

----TABLE FOUR----

The caller's initial appreciation in line 3, "excellent," is already a relatively 'strong' form of assessment; however, she upgrades this[1] with what is again is a more personalised form of appreciation, expressing how she 'feels' as a result of the information that the call handler has given her during the call (reassuring her that she can go on holiday, about welfare, benefits), "I feel ↑ better ↑now" (line 55), her raised pitch again heightening the enthusiasm displayed. The caller's upgraded appreciation here leads directly to the termination of the call.

A final example illustrates how callers can upgrade their appreciations almost in a stepwise fashion across turns. The caller is the daughter of a male secondary lung cancer patient.

---- TABLE FIVE ----

Having initially used a rather generalised appreciation form "Lovely" (line 3), the caller significantly upgrades her appreciation of the nurse's assistance in line 5, "↑Thank you ever so much for all your he:lp," which she then follows with an appreciation conveying how much talking with the nurse has reassured her (i.e. conveying that the caller had been worrying about the matter of 'visiting her dad', line 1, and that the nurse has reassured her that she can visit).

In summary, callers display their satisfaction with the information, advice or reassurance they have been given during the call through a variety of upgraded forms of appreciation, with which they initiate and consolidate bringing calls to a close. One particular means of upgrading their appreciation is to 'personalise' the appreciation, by referring directly either to the assistance that the nurse has given (e.g. "↑Thank you ever so much for your he:lp") or to the caller's feelings or peace of mind ("putting my mind at rest"). In some cases additional features such as positive assessments and laughter (see e.g. the 'smiley voice' in the nurse's turn in line 8 of the example above) also work to show a positive stance and signal how they feel about their call experience. It is noteworthy that whenever callers initiate the call closing initially through pro forma generalised appreciations that are then upgraded in the ways shown above, the call is brought to a speedy termination. This is in contrast to what happens in other cases in which, as we will show in the next section, callers do not upgrade appreciation forms.

3.3. Caller dissatisfaction

In a minority of the calls triaged to a nurse, there was evidence in the closing of the calls that callers were less than satisfied with the service they have received during the call. We should

[1] Note that in her turn before the caller upgrades her appreciation, she also uses an endearment term in addressing the nurse, as "↑O::kay love" (line 24).

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emphasise right away that callers did not explicitly express dissatisfaction with the call, or in any way complain about the service; callers do not respond to the nurse's handling of the call in the way the caller in this example closes a call she has made to the local branch of her bank, when the bank clerk has informed her that she will be unable to transact the business she has called to enquire about.

----TABLE SIX----

The caller here uses the pro forma appreciation that we have seen in examples of callers displaying their satisfaction ("thank you very much" in line 18), but that is done in conjunction with an expression of dissatisfaction ("Okay never mind then"); moreover far from being followed by an upgraded appreciation, in responding to the call handler's closing implicative enquiring "Al↑↑right,"(line 20) the caller instead overtly expresses her dissatisfaction in line 23 "Not really" and closes abruptly, rather than collaboratively. Such explicit displays of dissatisfaction are not found in calls to the cancer helpline.

Nonetheless, callers can convey that they are less than happy with the outcome of the call and therefore the service they have been given, more implicitly. In this next example from a call by a female breast cancer patient, when the nurse initiates the call closing (see line 3), the caller responds with a form that is not even a pro forma appreciation "Alright then."

----TABLE SEVEN----

The caller then repeats her response avoiding even a pro forma appreciation (line 10), then moves more directly towards closing by upgrading her response to what is at least – but only – a pro forma appreciation *thanks for your help* (line 12), prefaced with "Right", all of which is a somewhat downgraded by being prosodically very flat, audibly unenthusiastic, a pro forma she repeats in a reduced form in line 15. Moreover, the caller has only 'upgraded' to these pro forma appreciations after some pursuit by the nurse (lines 5-8, 11, 13-14) [38].

Implicit indications of caller dissatisfaction are even clearer in this next example, also from a call by a female breast cancer patient, which begins with the nurse seeming to wind up the call by repeating her advice that the caller should consult her own doctor (lines 1-5).

----TABLE EIGHT----

The caller's initial response to the nurse's closing move is a simple acknowledgement, "Okay then." (line 6). It is clear from the nurse's apology in lines 7-9 that she is aware that she has been unable to answer the caller's enquiry in the way she (the caller) was hoping (the caller has experienced a pain in her leg which she thinks is a recurrence of cancer). From there the caller moves straight to closing the call, in her farewell in line 7. However the nurse appears to reopen the conversation by attempting to reassure the caller (lines 19-28) and renewing her advice to see her own doctor (line 29-30) – to all of which the caller responds only minimally with an acknowledgement in line 30, after which she hastily exits from the call (lines 34 and 36). All these properties of the caller's turns in this call closing – her 'reduced' pro forma appreciation in line 8 (note that the caller thanks the nurse *for talking to me*, not for any help given), direct moves to exit the call, the prosodically flat character of her turns, and most significantly the absence of any subsequent upgrading of her acknowledgements/ appreciation – all exhibit the caller's dissatisfaction with the service which the nurse has provided, and for which she apologises (displaying the nurse's awareness of the caller's dissatisfaction). Although it is generally difficult to disentangle whether callers are dissatisfied with the way the call has been handled from their dissatisfaction with the outcome of the call, it seems clear here in table 8 (and possibly also in the previous example, table 7) that the caller had been hoping to avoid the 'outcome' advised by the nurse (lines 1-5, 29-30).

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This final example is similar to the example above in table 8, insofar as the call-handler seems to be bringing the call to a close, to which the caller, a female bowel cancer patient, responds by moving hastily and unilaterally to close the call.

----TABLE NINE----

It is clear that in response to the nurse's closing implicative summary in lines 4 and 6 that the caller's ironic formulation of the upshot [35] of the nurse's advice, "I musn't do anything n:ow I got to sit here and look pretty have I:" (lines 3 and 5), is less than happy with the nurse's recommendations. When the nurse subsequently moves closer towards closing the call with her enquiring "O:ka::y" (line 13), the caller seems in a hurry to get off the line. She acknowledges the nurse's prior turn only minimally (line 14) and does the briefest pro forma appreciation, "thank you" (lines 14). Her repeat appreciation in line 16 is only that, a straight repeat without any form of upgrading. So the expression of dissatisfaction conveyed in her ironic response to the nurse's advice is confirmed in her minimal appreciations and haste to end the call.

A feature of these examples is that the call-handlers apparently orient to the indications that callers are not (yet) satisfied with the information or advice they have been given. This is evident in the call-handler's apology in lines 7 and 9 of the example in table 9. Moreover the call-handler's awareness that the caller is not yet convinced that the information or advice has been sufficient is manifest in their re-opening topics – giving information or advice – and perhaps pursuing a more explicit acknowledgement and appreciation of the information or advice provided. This happens in lines 24-40 in table 9, and lines 19-30 in table 8, and to a lesser extent in lines 5-8 in table 7. In short, in response to indications that the call might be going to end without the caller having expressed their satisfaction with the service provided, the call-handler re-opens the talk by repeating and/or supplementing the information or advice she has previously provided. However, it is evident that in these examples the calls close without the callers having expressed their appreciation or gratitude to the call handler; in this way, callers implicitly display their lack of satisfaction with the service provided in the call.

4. Discussion and conclusions

4.1. Discussion

When callers call the cancer helpline, they are seeking information, advice, guidance and reassurance about a considerable range of matters, including information about financial and welfare matters, about symptoms they are experiencing, about a diagnosis they have been given, about prognosis, about how best to support a family member or friend who has cancer and much else besides. These are often complex matters, and some may be matters about which nurses are unable to assess or provide information that the caller does not have already. For instance, nurses find it difficult to answer specific questions about diagnosis, because they cannot see or otherwise examine the patient; moreover they are sometimes asked to make a prognosis, which of course they are unable to do. Whilst nurse call-handlers do what they can to respond to callers' enquiries, they may not always be able to meet callers' expectations. In these circumstances, whether or not callers are satisfied with the service they have received during a call is a matter of real moment for the helpline organisation and staff, as well as for callers, of course. We have suggested an alternative means of exploring caller satisfaction, to those that rely on self-report or survey-based measurements of satisfaction, methods that are exogenous to the actual interactions being 'measured'. The approach adopted here is to focus on endogenous indications of caller satisfaction, as displayed through the ways in which they express appreciation, or otherwise, during the closing stages of calls. Callers' displays of appreciation or gratitude cannot of course be taken as definitive proof of caller satisfaction – just as self-reports of satisfaction generated through surveys are not proof of satisfaction/dissatisfaction. But indications of satisfaction or otherwise produced during the calls themselves, through displays of appreciation (or withholding appreciation), do help to

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feed back to call-handlers the extent to which they have satisfied callers' expectations. Although this is beyond the scope of this report, future research might attempt to 'measure' callers' closing expressions of gratitude along a satisfaction scale, according to their design as unmarked pro forma 'thank you' to upgraded, stronger and multiple forms of appreciation (as suggested in [17] and implicit in measurement scales devised for other interactional moves [39]

4.2. Conclusion

Endogenous indicators of caller satisfaction are displayed in the closing moments of the helpline calls. The different expressions have consequences for the how the call ends, with dissatisfied callers posing difficulties for the participants in reaching termination.

4.3. Practice implications

This study offered an alternative approach to assessing caller satisfaction. It offers for the future a basis for contributing to improving the effectiveness of call-handling, and to callers' satisfaction with the cancer helpline service, by identifying what features of calls are associated with indications that callers are less than satisfied. This will involve identifying evidence of difficulties, misalignments, turbulence or miscommunication during calls that might be associated with those calls which end without callers have displayed their appreciation with the service during the call itself. Understanding endogenous measures of satisfaction further on this helpline, and medical helplines more generally, may be useful for organisations when training call-handlers.

I confirm all patient/personal identifiers have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story.

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Appendix – Transcription Conventions

The following table represents transcription symbols used for CA analyses. The symbols capture aspects of the way the talk was delivered (for a more comprehensive list see [**40**]).

(.)	Micro-pause – less than a tenth of a second
(0.2), (2.6)	Examples of timed pauses
↑word	Onset of noticeable pitch rise
↓word	Onset of noticeable pitch fall
A: wor[d B: [word	Square brackets aligned across adjacent lines denote the start of overlapping speech
.	Falling vocal pitch
?	Rising vocal pitch
.hhh	In-breath
hhh	Out-breath
wo(h)rd	Within-speech aspirations
wor-	A sharp cut-off
wo:rd	Colons show that the speaker has stretched the preceding sound
(words)	A guess at what might have been said if unclear
()	Unclear talk
A: word= B: =word	The equals sign shows that there is no discernible pause between two speakers' turns
word	Vocal emphasis
WORD	Talk pronounced loudly in comparison with surrounding talk
°word°	Talk between ''degree signs'' is quieter than surrounding talk
>word word<	Talk between inward arrows is delivered faster than surrounding talk
<word word>	Talk between outward arrows is delivered slower than surrounding talk
((sniff))	Transcriber's effort at representing something difficult, or impossible, to write phonetically

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Table 1 [MCREL30[2] 14:34-14:53] - Caller Initiated Closing

```
1   C:      That's that yeah: actually that's probably yeah that is
2           i[s what the]y said originally. They've said if we can=
3   N:       [°Yea:::h,°]
4   C:       =shrink =it do:wn then we'll probably go for the
5           ↑lumpectomy.
6   N:      Ye[a::::h
7   C:        [As opposed to the mastectomy so th[at that's why=
8   N:                                           [which of cou::rse
9           for-]
10  C:      = they took that li:ne.
11  N:      Yea::h for lots of women it's much more preferable. .hhh
12          (0.2)
13  C:      Yeah. (0.4) Yea:h I think that's probably why they took
14          that line actual[ly.
15  N:                      [Mm:: hm[::]
16  C:                              [Ok]ay:. Thank you very much:.
17  N:      .hh You're welcome. If there's anyt[hin' el]se at a:ll
18  C:                                         [>°Okay°]
19  N:      do do give us a call ba::ck.[°Are y-° ↑Are you]
20  C:                                  [I will do thanks.]
21  N:      happy for me to= just to keep a >sort of< brief ↑no::te
22          of what we've talked a[bou:t ]
23  C:                            [↑Ye::s] of cou:rse:: (.) yeah.
24          (.)
25  N:      That just h[elps ]if you do phone ba:ck and it's all (.)=
26  C:                 [Yeah.]
27  N:      =°k[ept° ]confide:ntial bu- but take care and if there's=
28  C:         [Okay.]
29  N:      =anything else at all: just give us a call back.
30  C:      Excellent (.) Thanks very much:.
31  N:      Tha:::nks ↑bye:.
            ((Call ends))
```

[2] All calls have been ascribed a unique identifying code to anonymise participants. "MC" refers to the "Macmillan Helpline Corpus"; "REL" to the type of caller, here a relative (the other code is PAT for patient); and "30" refers to the number ascribed to the call in the corpus (a way to navigate easily).

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Table 2 [MCREL28, 7:21-9:26] - Call-Handler Initiated Closing

```
1   C:    Yea:h. I think it's as you say and said in the first
2         place we're slightly out of the loop,
3   N:    Mm::[::,]
4   C:        [but] we are (.) kind of £invo:lv(h)e(h)d£
5   N:    Yea::h.
6   C:    A:::nd (.) maybe you know (.) I'll have a (0.2) word
7         with his (.) G.P. about (.) d[iffer-] (0.3)=
8   N:                                    [Mm::. ]
9   C:    =op[tions and things .hh  ]
10  N:       [>I mean what-< what I-]
11  N:    Yea::h. What I could do if it would be helpful we produce a
12        booklet which is called Ca:ring for Someone with Advanced
13        Cance:r, .hh
14  C:    Mm hm,
15  N:    That has got information in it about all the (.) different
16        service:s

          ((35 lines omitted re the caller accepting the offer but then
           informing the nurse the family already have a lot of the
           written material. The nurse then offers another booklet about
           Breathlessness which the caller says will be more useful for
           the patient))

52  N:    Mm::. And it is very practical i- it's got very practical
53        kind of (.) #y:::# you know a[dvice-] information in it.
54  C:                                 [Yeah  ]
55  C:    Yea:h.=
56  N:    =So:: (.) .hh so maybe [tha-]
57  C:                           [↑No ] that would be very good.
58  N:    Okay the:n. .hh And if there is anything else that we can
59        do then obviously do:n't (.) hesitate to get back to u::s, .hh
60  C:    Ri:[ght lovely.
61  N:       [U:::m] (.) and are you happy if I make a little note that
62        I've spoken to you today,=
63  C:    =Yeah that's not a probl[em.
64  N:                            [.tch Okay then. Anything else at the
65        mome:nt? [Or:: is-]
66  C:             [U::m no]I don't think so [(thanks ??)]
67  N:                                       [Okay.      ]
68  N:    Well if you think of anything just get back to us.
69  C:    Yeah I will do. £Thanks£ very much indee:d (.) for your help.
70  N:    £Oka::::y£ thank you.
71  C:    Bu bye=
72  N:    =Bu bye.
            ((Call ends))
```

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Table 3 [MCPAT35, 15:40 – 16:53]

1	N:	so .hhh u:::m so just occasionally they might do a
2		to whom it may concern letter but otherwise (.) I:
3		(.) ca:n't see there'd be any problem at all.
4	C:	Oh well thank you. ↑Oh it (.) has been nice to talk to you

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Table 4 [MCPAT5]

```
1   C:    ↑Oh:::. Thank you for that.
2   N:    O[↓kay.
3   C:     [They didn't say that. Oh:: ri:ght excellent. O[kay then.
4   N:                                                    [But they
5         they'll tell you when to stop it. They should give you a
6         regular timing.
7         (0.3)
8   C:    Ri::ght. Ri:ght. Right. .hh Because I'm going on holiday[3]
9         I… was just tellin'… all my family … tomorrow,
10  N:    Ri::ght.
11  C:    .hh And on the ((date)) of September I've got to go and
12        see a doctor at ((name)) hospital and that's when I
13        get to talk about things. This that an the- you know
14        .hhh So (.) again, she's passed me over this Doctor
15        ((name)) because she wanted me to go to ((location name))
16        but with this blummin' Lupus .hhh t[hey're u::]m=
17  N:                                       [.tck yeah.]
18  C:    =sen[din' me to] ((location name).
19  N:        [.tck ˚yea˚]
20        (0.6)
21  C:    .tck .hh So that's about it really. ↑Oh ↑righ:t okay
22        .hhh[h
23  N:        [↑Would you like me to sen:d out (.)u:::m some of our
24        information about >like there's one< a↑voiding infection
25        when you're on chemotherapy=

          ((23 lines omitted re the call-handler sending the caller
            two booklets; one about avoiding infection on
            chemotherapy which was offered at line 25 and one about
            financial assistance which the caller asked for in the
            closing section))

49  C:    ↑O::kay love.
50  N:    Or a change in any benefits you know=
51  C:    =Yes, yeah. [Okay we]ll thank you very much for your
52  N:                [And er-]
53  C:    =↑help:
54  N:    No bother [no bother at all
55  C:              [I feel ↑better ↑now]
56  N:    Ah that's grea[t.
57  C:                  [↑Thank you.
58  N:    Okay take [care   ]
59  C:              [Alright] then by::e.
60  N:    Bye now.
          ((Call ends))
```

[3] The telephone line breaks up on lines 8-13 which is represented in the transcript with "…" for missing talk.

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Table 5 [MCREL5, 02:42 – 03:08]

```
1  N:     So going to visit your da:d and carrying out the
2         normal infection contro:l procedures,
3  C:     Lovely.
4  N:     He shouldn't be at any extra risk at all. =
5  C:     =↑Thank you ever so much for all your he:lp.
6  N:     O:[kay]
7  C       [Tha]nk you for putting my mind at rest h heh.
8  N:     £Your welcome£
9  C:     Thank you.
10 N:     Okay b[ye.
11 C:           [By:e.
          ((Call ends))
```

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Table 6 [Holt: SO88:2:1]

```
1   Des:     ↓No there's- there's nothing uh w-we c'n do we c'd
2            only cash u-your check for you:,
3            (0.3)
4   Les:     .h Yes.
5            (.)
6   Des:     with a check ↓card.
7             (1.0)
8   Des:     [We-
9   Les:     [What d'you mean if I send my check card along.
10   Des:     ↓No it would need (.) you to do it yourse:lf,
11           (.)
12  Des:     I can't (.) I can't cash a Midl'n check he:re,
13  Les:     No.
14  Des:     anybody other than the drawer of the uh check.
15           (1.7)
16  Les:     Oh I see: so (.) i[f:
17  Des:                       [Then there's a poun:d fee obviously
18  Les:     Oh: right. Okay never mind then, hth[ank] you very much
19  Des:                                         [Ah:]
20  Des:     Al↑↑right
21  Les:     .h Yeah, .h
22  Des:     Th[ank you
23  Les:       [Not really[bye bye
24  Des:                  [Yes we:ll buh bye
             ((Call ends))
```

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Table 7 [MCPAT9, 5:10-5:41]

```
1   N:    Er::m,
2         (0.5)
3   N:    Oka:y? .hh[h Start with] your G.P. first=
4   C:              [Alright then]
5   N:    =because you know it may just be related to the side
6         effects of treatment but I think you should get that
7         checked out in case you've got one of these nasty
8         infections that's around.
9         (0.2)
10  C:    A↓right then.
11  N:    Okay Sarah?
12  C:    Right tha[nks for your help]
13  N:             [Okay you take    ] care I hope you feel a bit
14        better oka[y?
15  C:              [Ye- thank you.=
16  N:    =Oka:y bubye.
17        (.)
18  C:    Bye.
          ((Call ends))
```

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Table 8 [MCPAT13, 8:41 - 9:43]

```
1   N:     ↑E:::::m, (0.3) you know and it's the only way
2          you're going to find out is is is by maybe going
3          alon::g going alo:ng to the the the docto:r.=I think y
4          (you're a) I think you know tha::t. And its n- .hh you
5          kn[ow I
6   C:       [Okay then.
7   N:     .tck O:ka::y, [((name))   I'm     sorry    ] I can't help=
8   C:                   [Thank you for talking to me,]
9   N:     you any other way .HHH
10   C:    That's oka:y.
11  N:     .tch ↓O::ka::y [al-
12  C:                    [Bu'bye:.
13  N:     Oka:y ((name)). ((name)) are you happy for me to keep a
14         wee note of our conversation?
15  C:     Yea::h, that's o[kay.
16  N:                     [Okay. And you know we're here. You know
17         we'[re here.]
18  C:        [Ye::ah. ]
19  N:     .hhh U:::m >but you know but i:t's< it was an early
20         cancer that you ha::d, (.) and you've had y- your
21         you had have ju- just remember tha:t it's: been an early
22         ↑cancer an- an you've ha:::d your you're your t:- you had
23         it taken awa::y and you've had your(?) .HH (.) what they
24         call: you know wh- look in (tu::nes)going about bout- you
25         know your Tamoxifen,
26  C:     ~Yeah~,
27  N:     A back up t- to go round bu- but at the same ti:me .hh you
28         know if you've had this pain for as lo::ng as you've ha:d
29         it, .hh y- you would be best going along to the doctor and
30         just to get it checked out.
31         (0.3)
32  C:     Okay then.
33  N:     .tck Oka:::y °((name))°?
34 C:      Bu'bye,
35  N:     Oka:y, you take care bu'by[e.
36  C:                               [Bye.
            ((Call ends))
```

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Table 9 [MCPAT4, 15:23 – 16:42]

```
1   N:    So that may be:: (.) that may be the reason for it
2         so:: I think maybe you've you you know if-
3         [.hh y- y-
4   C:    [I musn't do anything n[:ow ]I've got to sit here and=
5   N:                            [No:.]
6   C:    =look pretty have I:
7   N:    .hh Do yer- you can do do do y- y- your dustin. Do your
8         dustin. Your you- no::t anythin' high u:p. J[ust] do=
9   C:                                                [No.]
10  N:    =your dustin'. >because< .hhh get somebody else to do your
11        floo:r a- and do ye hooverin' for ye.=
12  C:    =Yea[h.
13  N:        [.hhh hhhO:ka::y
14  C:    Okay then thank you:.
15  N:    Oka::y you're welcome.
16  C:    Thank you (b)
17  N:    Okay ((name)).H[H ((name) before you go: are you happy=
18  C:                   [Okay then.
19  N:    =for me just to keep a very brief summary of our
20        conversation?=
21  C:    =Ye:::s you can do.
22  N:    Okay. Okay. .hh you take things easy.
23  C:    Okay then.
24  N:    Oka::y you're still recoverin' fr- from your operation.
25  C:    Yea:h. But you don't think I've done any- any permanent
26        damage (of it[/or anythin').]
27  N:                  [I- I- I do:n't] think so but what I would
28        sa::y is tha #I::# I can't s-=as I say it sounds as
29        though you're maybe doin' too much and maybe strai:ned
30        yourself .hhh
31  C:    Yep.
32  N:    But it's your it's your gee pee who would be able to say
33        for definite because he would be able to exa:mine you. .hh
34  C:    O[kay.
35  N:     [You know I ca::n't j'you know I've [I:
36  C:                                        [No I know definitely
37        b[ut you sort of u:m.] (g[ot six months)
38  N:     [Yea::h.   Yeah.   ]   [(So/Yer) just need t- see if it
39        ca:lms dow:n (.) and if it doesn't you can see your gee
40        pee.
41        (.)
42  C:    Okay then.
43  N:    O:ka:::y?
44  C:    Yeah. Thank you:.
45  N:    Oka::y ((name)) you take care:.
46  C:    Okay then.
47  N:    Oka:[:::y   ] by:e
48  C:        [Bu bye.]
          ((Call ends))
```

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Figure

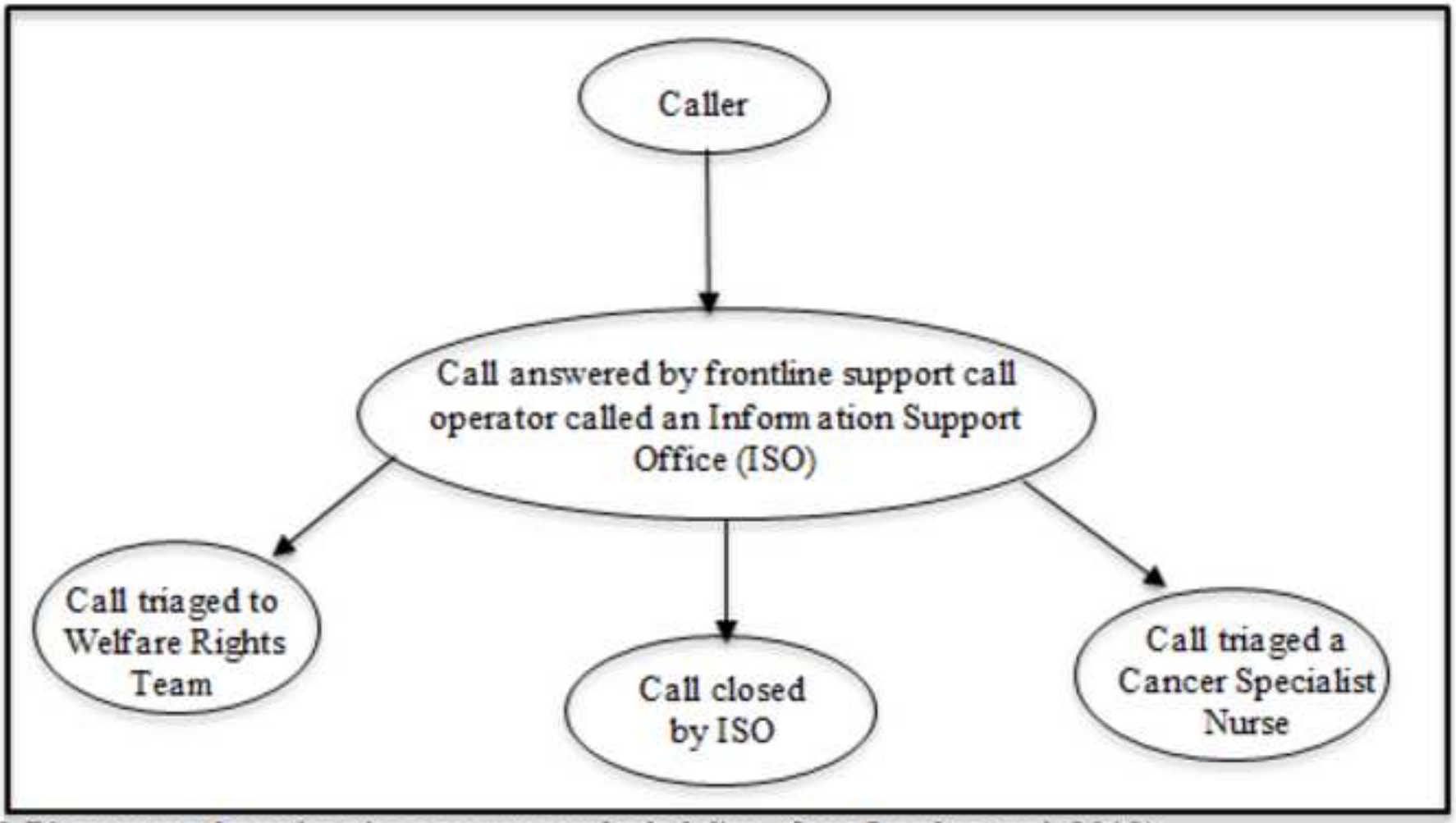

Fig 1 Diagram to show the triage system on the helpline, from Leydon et al. 2013)