



Communication study

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.

Conclusion: 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.

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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. [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 Fig. 1.

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.

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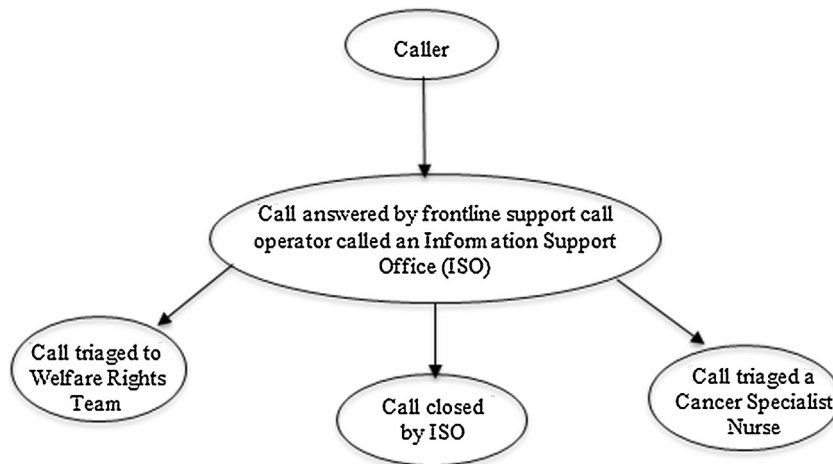


Fig. 1. Diagram to show the triage system on the helpline, from Leydon et al. [5].

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. [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.

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 A). 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.g. [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

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