

Enquiry calls to GP surgeries in the UK: Expressions of incomplete service and dissatisfaction in closing sequences

Abstract

This paper examines patients' calls to three different GP services in the United Kingdom. Using conversation analysis, combined with coding of 447 calls, we studied the role of *thank you* in closing sequences, focussing on their timing and order in relation to service outcome. We show, first of all, how patients withhold *thank you* in orientation to an absent summary or specification of service: patients are more likely to initiate *thank you* if the receptionist volunteers such a summary. Secondly, we show there is variation in how appropriately participants project the termination of calls using *thank you*. And, finally, while *thank you* serves a primary role in managing the termination of calls, the timing, order and design of *thank you* can also display patient (dis)satisfaction. We discuss our findings in terms of service encounters more generally, including implications for larger-scale analysis.

Introduction

This is a study of patients phoning the reception desk of their General Practice (GP) to make an appointment. Similar to other types of service encounters, the caller, in this case the patient, has an opportunity to express whether or not they are satisfied with the service or outcome of the call as the encounter is brought to a close (Woods et al., 2015). In order to do so, the participants establish whether or not a transaction has taken place, and whether this satisfies the nature of the patient's enquiry. In this paper we focus on (i) how patients and GP receptionists convey whether they regard service as complete, and (ii) how patients express (dis)satisfaction with the service.

While properties of closings have been studied extensively in ordinary talk (e.g., Schegloff and Sacks, 1973; Button, 1987; Martinez, 2003; Sacks, 1992), there is less research focussing on closings in service encounters (see Raymond and Zimmerman, 2016; Aston, 1995). And while displays of appreciation, such as *thank you very much* and *lovely*, are shown to be used routinely in closing environments (Button, 1987; Antaki, 2002), there is little research on their role in displaying satisfaction with a service. One relevant study is Clark and French's (1981) study on the occasioning of *goodbye* in closing sequences in switchboard telephone conversations at an American university. This was an experimental study in which operators were to respond in particular ways to the caller-initiated *thank you*. They found that callers were most likely to respond *goodbye* following the operator's *you're welcome - goodbye*, and second most likely to respond *goodbye* following a single *goodbye*, compared to when the operator said *you're welcome* only. They also found that the likelihood of a

goodbye exchange was higher in more complex enquiries such as asking for directions than if the caller requests one or two telephone numbers; and the likelihood of *goodbye* increased in calls where the operator had made a mistake. Similarly, callers tended to use *thank you very much* more frequently in more complex calls, compared to *thank you* in simpler calls. Clark and French (1981) interpreted the increased use of *thank you very much* over *thank you* as based on the caller's judgment on whether they "feel personally acquainted" (p. 12). While we do not wish to speculate about participants' feelings as such, we are interested in how participants orient to the degree to which a service outcome has been accomplished, and how they may express satisfaction with this outcome.

As a case in point, Extract 1 shows a characteristic closing sequence observed in our dataset. In this call, the receptionist (R) has just offered a routine doctor's appointment to the caller (P), on behalf of her daughter. R elicits some details about the daughter, including her date of birth (lines 1-2).

(1) GP3-204, 1:35-1:44

- 1 R: And date of bi:rth.
- 2 P: .hh fourth of the fifth ninety one.
- 3 (0.5)
- 4 R: ↑Okay, Ten past six:. Tuesday the twenty eighth of
- 5 October.=
- 6 P: =That's lovely.=↑Thank you very much [for tha:t, [>Right<
- 7 R: [Thank y o u[:.
- 8 R: By[e:.]
- 9 P: [Bye by]e:ç

In lines 4-5, R summarises the outcome of the transaction, in this case an appointment booking, with time, weekday and date. R thereby displays an orientation to particular elements of the conversation as relevant to the closing (Goldberg, 2004), and to the *monofocal* nature of the conversation, concerning a caller's singular request or concern (Raymond and Zimmerman, 2007; see also Sacks and Schegloff, 1973 on *monotopical conversations*).

Previous research has shown how conversational participants often make reference to a future meeting as part of moving towards a closing (Button, 1987; Schegloff and Sacks, 1973). So is the case in Extract 1: by making the outcome explicit, R also moves towards a closing of the service encounter. Button (1987) also showed how participants orient to closings as a sequence of turns in which they mutually legitimise the conversation's termination. As the conversation heads towards a possible end, unaddressed issues may remain, and conversational closings allow for such remaining issues to be raised by another; otherwise, if nothing indicates further talk, participants bring the conversation to its termination. In Extract 1, no further issues are addressed: in line 6, P accepts both the outcome and the closing relevance, with two forms of appreciation, first a high-grade assessment "that's lovely" (Antaki, 2002), and then "thank you very much for that:t.". While the latter is a form of appreciation, the prepositional phrase *for that* refers deictically to the singular outcome of the call (for further reading on deixis in conversation, see e.g. Duranti and Goodwin, 1992). P's response works as a package of displayed appreciation, or satisfaction, and alignment with the further closing of the call. R reciprocates the closing acceptance in line 7: the reciprocal *thank you* is common in British English

service closings, as opposed to *thank you - you're welcome*, which is more common in American English (see Aston, 1995; Clark and French, 1981).

This paper sets out to explore in detail the closing sequences of patients' telephone encounters with GP receptions, starting with the empirical question:

1. *How do participants (i.e., patients and receptionists), through the presence, production and timing of a pre-terminal 'thank you', orient to service completion?*

Extract 1 indicates that the one seeking service/help is the one to say *thank you* first, and thereby ratifying the closing initiated by the receptionist (Raymond and Zimmerman, 2016). Data presented in studies such as Feldman et al. (2011; 2015) also suggest that this is commonly the case. In this paper we identify and analyse patterns associated with clients initiating, or not initiating, *thank you* in closing sequences.

As tensions may emerge between what the caller has sought and what the caller has provided (Raymond and Zimmerman, 2016), closings of service encounters also provide an opportunity for clients to communicate dissatisfaction with the service outcome, whether or not they hold the service provider accountable for any shortcoming (Kevoe-Feldman et al., 2011). Recent developments in conversation analysis suggest that we may be able to identify features of (dis)satisfaction endogenously within conversations (Woods et al., 2015; Sikveland et al., 2016), which is relevant for our second empirical question:

2. *To what extent does the presence, production and timing of a pre-terminal 'thank you' display (dis)satisfaction with a service?*

With the second question we seek to disambiguate circumstances in which pre-terminal *thank you* might display appreciation, or satisfaction, in addition to (or instead of) closing the call. As already noted with reference to Extract 1, a *thank you* is not simply a display of appreciation when it occurs in conversation closings; perhaps this is not even its primary role. As a case in point, we can observe in Extract 2, "Stalled", that Donny says "Thanks a lot" (line 9), even though no help has been offered by Marcia following his report of his car being stalled. The excerpt starts with Marcia providing an account for not being able to offer Donny help in lines 1-3 (see Schegloff, 2007 for in-depth analysis).

(2) "Stalled"

1 Mar: Yeah:- en I know you wan- (.) en I wou: (.) en I
2 would, but- except I've gotta leave in aybout five
3 min(h)utes. [(h)eh)
4 Don: [Okay then I gotta call somebody else. right
5 away.
6 (.)
7 Don: Okay?=
8 Mar: =Okay [#Don#]
9 Don: [Thanks] a lot.=Bye-.
10 Mar: Bye:.

Donny's "thanks a lot" is treated as a means to further progress the closing, rather than displaying (lack of) appreciation. The basis for this argument is that, following his "thanks a lot", Donny continues with a move straight into

termination with “Bye” (line 9), and the call terminates following Marcia’s reciprocal “Bye:.” (line 10). Also, it is Donny who initiates the closing sequence in lines 4-5.

In this paper we focus primarily on the sequence and relative timing of *thank you* and its relevance for completing the call and/or displaying (dis)satisfaction. Phonetic and other design features will be the focus of future analysis. Our analysis combines conversation analysis with a coding scheme as two different but complementary angles to the research (Stivers, 2015).

Data and method

This paper is based on a study of telephone calls between patients and receptionists at three different General Practices in the UK. Consent was granted by the NHS for our evaluation of the data. In these telephone calls the patients typically phone the GP receptionists to make an appointment, and sometimes to inquire about medical test results and prescriptions. The total dataset comprises 2780 calls, however, for the purposes of this paper we focussed on a subset of 447 calls. The 447 calls were selected on the basis of being the first 150 calls within each of the three surgeries, in the order in which we had received them. The final subset of 447 calls excluded three calls which were calls from GPs or other GP staff. The subset of 447 calls was coded by the authors for numerous nominal categories, including whether the closing sequence contains *thank you*, by which speaker, and who says *thank you* first. We decided upon the order of *thank you* based on which participant initiated it, regardless of whether it occurred in overlap. We coded only *thank yous* that led to further closing of the call, whether or not they were reciprocated. Hence, our

coding scheme excluded *thank yous* followed by a move out of closing and a re-initiation of the closing with a new *thank you* sequence, resulting in our coding one closing sequence per call.

We also coded the data for whether or not the receptionist summarised or specified the outcome of the call (ahead of the patient requesting the summary), most commonly an appointment booking. In the coding scheme, we defined as the minimum definition of a summary (or 'restatement of arrangements') that the receptionist provides date and time of future appointments, as these details turned out to be the most important to the patient to specify (and not usually information about which doctor or which surgery). We coded calls where there was no such summary as 'no restatement of arrangements', excluding calls where a restatement was not relevant (there was no offer, or the offer and summary merge as one action).

All transcripts were anonymised: We modified all first names and surnames of persons, patients' date of birth (a different date within a year before and after their actual date of birth), their telephone numbers, addresses and other identifying numbers. We also modified all place names, to a fictional but English-sounding name, and company names were either given pseudonyms, or marked 'name of company' in the transcripts.

Analysis

We observed the sequence below as a recurrent and straightforward closing in our data, which we henceforth refer to as the *canonical* closing sequence.

- [1] Closing indication: Closing indicator + Arrangement summary

- [2] Pre-termination sequence:
- [2a] Pre-terminal turn 1: P displays acceptance/appreciation followed by some form of *thank you*
- [2b] Pre-terminal turn 2: R reciprocates, either with *thank you* or an acknowledgment token
- [3] Termination sequence:
- [3a/b] The call terminates, through reciprocal “bye”.

We can apply this canonical sequence to Extract 1b:

(1b) GP3-204, 1:35-1:44

1 R: And date of bi:rth.
 2 P: .hh fourth of the fifth ninety one.
 3 (0.5)
 4 1-> R: †Okay, Ten past six:. Tuesday the twenty eighth of
 5 October.
 6 2a->P: =That's lovely.=†Thank you very much [for tha:t, [>Right<
 7 2b->R: [Thank y o u[:.
 8 3a->R: By[e:.]
 9 3b->P: [Bye by]e:ɔ

R indicates a closing with “†Okay:”, which we refer to as a *closing indicator* (see Goldberg, 2004). In this case the closing indicator is characterised by a raised amplitude, as well as relative high-onset pitch compared to the previous turn and other turn initiations by the same speaker in the recording. Such a closing indicator transitions the conversation into the next relevant action (see Beach, 1993); more specifically projecting a possible completion of the inquiry (Kevoe-Feldman et al., 2011).

The pre-terminal *thank you*, henceforth PTTY, was identified as a resource for accepting the call's progression from a closing indication (e.g., *okay*), towards termination. The characterisation of steps 2a-b as *pre-terminal* is evidenced in how both participants treat this sequence as the last thing that needs to happen in order to bring the call forwards to termination (see Button, 1987; Raymond and Zimmerman, 2016). R and P proceed with the termination sequence more or less simultaneously.

In the next section we focus on instances in which patients withhold a PTTY. Patients usually withhold a PTTY in order to seek a confirmation or specification of arrangements. We then show how *the receptionist* sometimes initiates the PTTY prematurely, as the patient displays they are not yet ready to close the call. Finally, we explore the relationship between sequential and design features of the PTTY sequence and patient displays of appreciation.

Withheld *thank you* in pursuit of arrangements

In our data, patients withheld a PTTY to pursue a confirmation or specification of arrangements. Patients pursue a restatement to confirm date and time of their appointment, or what their next relevant action is after the telephone encounter is over, for example when to call back for medical test results. This section demonstrates that patients, by withholding *thank you*, display that, in their view, service is incomplete.

In Extract 3, the patient (P) has called to make an appointment regarding a urinary tract infection. [*] indicates deviation from the canonical sequence described previously.

(3) GP2-60

1 R: Morning reception Melanie speaking,
2 (0.4)
3 P: Uhm: .hh (0.4) uh is there ↑any chance that I could get in
4 this ↓morning please.=because I've- I think I've got a
5 water infection.
6 (0.2)
7 R: You mean as an urgent one_
8 P: Yeah: plea:se_
9 (0.6)
10 P: Uh- lay- a lady doctor if it could be possible,='cause I'm
11 () °()° [°()°]
12 R: [Nine] fifty,
13 (0.3)
14 P: Nine fifty,
15 (0.4)
16 P: m::-
17 R: What name is it pl[ease.]
18 P: [Uhm] Beatrice Ba:rnes.
19 (1.3)
20 R: What address plea[:se.]
21 P: [Uhm] twenty five Green Park.
22 (.)
23 R: And your date of birth [please,]
24 P: [Uhm] Twenty fourth of January
25 nineteen sixty,
26 (0.3)
27 *-> R: ↑O(h)kay then,
28 (0.4)
29 *-> P: Right.=Nine fifty.
30 R: Nine fifty this morning.=D[octor] Romero.

31 P: [#°Right, °#]
 32 (0.2)
 33 P: Ri:ght.
 34 *-> R: ↑Tha[nk you,]
 35 P: [Tha- thank you, by[e:.
 36 R: [Bye.

R offers an appointment, “Nine fifty,” (line 12), in overlap with P’s indiscernible account for requesting to see a lady doctor (lines 10-11). P repeats the time in line 14, which indicates receipt but with no other explicit confirmation that she accepts the appointment time. While R treats the appointment offer as delivered and accepted (asking for P’s personal details next, lines 17-23), it is ambiguous at this stage whether P has accepted the offer. Compared to responses to offers elsewhere in the data (e.g., *that’s fine, okay*), P’s prolonged and cut-off “m::-” (line 16) is not clearly displaying acceptance, but instead the cut-off suggests more talk to come by P. Note that R has not yet addressed P’s request to see a *lady doctor*. P has marked her incrementally built request (line 10) as low in entitlement, “Uh- lay- a lady doctor if it could be possible” (Curl and Drew, 2008). P’s low entitlement form might account for why P does not subsequently pursue the matter. R provides the doctor’s name for the first time in line 30, but while P might at this point know who the doctor is (and thereby whether it is a lady doctor), it is not evident from the data whether R has met, or attempted to meet, this part of P’s request.

R’s closing indicator “↑O(h)kay then,” (line 27) is followed by 0.4 seconds silence, after which P produces “Right.,” followed by confirmation check of the appointment, “Nine fifty.” (line 29). The immediate move from “Right.” to

confirmation check shows P's orientation to this as a point for seeking further clarification, instead of further aligning with the closing. In other words, P displays an orientation to PTTY as otherwise being the next relevant action, and thereby recognises the closing-initiation but does not align with it and treats service as incomplete. Following R's confirmation (line 30) the closing sequence resumes with R initiating the PTTY (line 34); however, P produces a "tha- thank you" almost simultaneously (line 35). In this way R and P display mutual orientation to the completion of the service. At the same point, they confirm that no further topics are relevant.

We observe a similar withholding of PTTY in Extract 4, where another patient (P) phones to get results from an x-ray.

(4) GP1-5

1 R: .pthhhhh ↑I probably- #uh# so I'd probably give it to the
2 middle of this ↓wee:k ,
3 R: uh:m cos it's only been a w:ee:k: tomorrow,=has #i:t#,
4 (1.4)
5 P: Righ:t:ɿ
6 (0.2)
7 R: Uh:m: <and then we'll> start to chase it up if we've still
8 not heard anythi:n' .
9 (0.3)
10 P: (.hh) Okay.
11 *->R: .ptk All righ:tɿ
12 *->P: ↑Uh when shall I ↓ring.
13 P: [↑Tomo[rrow or,]
14 R: [.hh [↑So if you give] us a call tomorrow after↓noo:nɿ
15 (.)

16 P: Okay.
 17 (0.2)
 18 R: All righ:t_ɔ
 19 P: All right [then.]
 20 *->R: [THAn]k you.=
 21 P: =Tha[nks, =[bye.
 22 R: [Bye [:.]

The receptionist has informed the patient that her x-ray results are not yet ready. In lines 1-2, R suggests that P waits until the middle of the week, and the surgery will chase up the results if they have not heard anything then (lines 7-8). But instead of aligning with R's closing indicator "All righ:t_ɔ" (line 11), P seeks to specify when it would be best to get in touch, with "Uh when shall I ↓ring." (line 12). In other words, it is not yet clear to P how R's *middle of this week* should be interpreted: P displays that the time given is not specific enough, suggesting next day as a possible candidate (line 13). Following R's confirmation to call the next afternoon (line 14), P accepts (line 16), and R initiates a closing again in line 18.

Similar to Extract 3, and unlike the canonical Extract 1b, the *receptionist* is the first to produce a PTTY (line 20). In other words, the receptionist does not await patient's PTTY in order to proceed with the closing following the specification of arrangements. As in Extract 3, P aligns with the closing by promptly reciprocating the PTTY ("thanks", line 21), thereby collaborating in closing the call. This corresponds to our data overall, in the sense that patients nearly always reciprocate a receptionist's PTTY, with no delay. But further analysis revealed variations in how appropriately a receptionist may initiate the PTTY.

We present this analysis in the next section, using examples in which the receptionist initiates PTTY ahead of the patient, and the patient treats the PTTY as premature by moving out of the closing.

Premature *thank you*

Extract 5a shows a premature PTTY following an appointment booking. R's closing initiation becomes particularly problematic to the patient as no service has been offered.

(5a) GP3-14

1 R: >Good< mornin:g, surgery: Cath speaking,
2 (1.6)
3 P: Hello have you got an appointment for
4 Frida:y afternoon or teatime please.
5 (0.4)
6 R: ↑This Friday.
7 (1.1)
8 P: Yeah,
9 R: Uh I'm sorry we're fully booked on Friday.
10 (1.6)
11 P: Right.
12 (0.3)
13 R: (°() fully booked.°)
14 *->P: Okay,
15 (0.3)
16 R: Okay.
17 (0.4)
18 *->P: Yeah, #uh:-#=#o↑kay, [uhm,]
19 *->R: [than]k yo[u:]

20 P: [Is] it worth me
21 ringing Splaxton.

Following the appointment request (lines 3-4), R checks to which Friday P referred to before responding that they are “fully booked” (line 9), thereby rejecting the patient’s request. An alternative offer is a relevant next action, and its continued absence becomes increasingly problematic for the patient. First, at line 10, neither R nor P pursues an alternative. The long gap of 1.6 seconds is followed by P’s “Right.” (line 11), which acknowledges R’s rejection (cf. Gardner, 2007), but P does not move towards a closing here. Given that an alternative offer is relevant, by only acknowledging R’s rejection P displays an expectation that R might provide the alternative offer. There is a kind of ‘burden’ emerging here, on P to push for service (Stokoe et al., 2016). In line 13, R seems to reiterate the non-granting (“fully booked”), thereby not adding anything new to the progress of the call.

In line 14, P produces an “Okay,” which, like P’s preceding “Right.” does not clearly indicate closing, as there is no high-pitch onset and raised amplitude (see *Analysis*). This “Okay,” is followed by another gap (line 15). R responds with an “okay.” (line 16), which, although also not formatted as a *canonical* closing-indicator (see *Analysis*), does not indicate any further action from the receptionist and thereby implies closing relevance. Apparently, P recognises the imminent closing and seeks to prevent its unfolding. This is particularly clear in line 18, where P initiates an alternative inquiry in an audibly ‘stumbling’ manner. P’s “#uh:-# o↑kay, uhm,” is produced in a phonetically disjunctive manner, with sudden pressure on the vocal folds (“#uh#”) followed by a marked raise in pitch

“o↑kay”). The following “uhm,” also shows that P projects more talk: It seems that P pursues an alternative request here, but she is not yet clear about what to ask for. In overlap with P’s turn-initiation, and adding to its urgency, R produces a PTTY (line 19). In overlap, P pursues the possibility that another clinic, Splaxton, might have available appointments (lines 20-21).

In the continuation of this call (Extract 5b), although no offer is provided, P eventually abandons her project by initiating a PTTY and the call closes.

(5b) GP3-14

22 (0.4)

23 R: #U# I can see Fri:day, er::, appointments

24 here.

25 (1.0)

26 R: U:h:,

27 P: Hm:[:]

28 R: [W]e’re >fully booked< this Fri:day at

29 Splaxton I can see,=wi- we don’t open

30 >Fri:[day afternoons< at Splaxton

31 P: [As well.]

32 R: °It’s just Friday mornings.°

33 (0.6)

34 P: Oh right, [o]kay.

35 R: [°yeah.°]

36 R: >Sorry we’re [fully booked<] there.

37 *->P: [Thank you.]

38 (0.3)

39 *->R: Okay.

40 (0.4)

41 P: Thanks.

42 R: Thank yo[u.]
43 P: [By]:[e.]
44 R: [B]ye, bye.

R confirms that also the other practice is fully booked on the Friday, as they close in the afternoons (lines 28-30). P again leaves a slot open for an alternative offer following line 32; however, R reconfirms the non-granting (“sorry we’re fully booked there”, line 36). P seemingly awaits ‘something else’ for just this long, but no longer, as she produces a PTTY in line 37, in overlap with P’s reiteration of the rejection. In this way P uses a PTTY to manage the closing relevance of the call but this time initiating a PTTY is essentially the patient’s way of ‘giving up’ their project. R’s “Okay.”, like R’s “Okay,” in line 16, does not take the form of a canonical closing indicator. The possibility emerges then, that closing-initiations following a negative outcome inquiry (in this case, no offer provided) are not marked as a closing-indicator. It might therefore be ambiguous whether or not R’s “Okay.” (line 39) is a response to P’s “Thank you.”, thereby treating it as a PTTY, or whether she re-initiates the closing sequence. There is some evidence that P’s “Thank you” in line 37 is not treated, or heard, as a PTTY (P’s “Thank you.” was produced in overlap with R’s previous TCU), as P initiates a second PTTY (line 41). In this way, both R’s PTTY (line 19) and P’s PTTY (line 37) are treated as premature by her co-participant. R’s PTTY is met by P’s further push for service, and P’s PTTY is met by a (possible) re-initiation of the closing, which allows P to raise further concerns.

Extract 6 is another example in which R initiates a PTTY prematurely. P has called to renew her prescription.

(6) GP1-117

1 R: [°What can I get for you°]
2 P: [It's for- (.) Nat]rilix:..
3 (1.4)
4 R: °Let's have a look°
5 (0.2)
6 P: Well it's Indapamide.=Sorry,
7 (0.5)
8 *->R: Okay,
9 (0.8)
10 *->R: #That's# fine,=Okay thank you,=
11 P: =Yeah(w-) (.) ↑would you mind putti- i- would that go into
12 the chemist,
13 R: Yeah it goes to ((NAME OF CHEMIST)).
14 (0.2)
15 P: Lovely. [↑↑Thank you.
16 R: [Thank you.
17 R: Bye.
18 (.)
19 P: Bye.

In line 10 R confirms that the order of Indapamide is complete (“That’s fine,”), followed by a Closing Indicator + PTTY. Latching R’s PTTY, P produces “Yeah (w-)” projecting more talk through the held bilabial closure (“(w-)”). P revises the request format (“would you mind putti-”) to a confirmation request (“would that go into the chemist”), perhaps dealing with expectations about what patients

ought to know about prescription orders. R confirms that the medicine goes to the chemist and the closing proceeds with a PTTY sequence.

Premature closings, such as those in Extracts 5a and 6, where the patients move out of closing following the receptionists' PTTY, were observed in 4% of the calls overall (16/447). Our analysis shows that patients may still move out of the closing following a PTTY, but, in cases where they do so, display a struggle to formulate the next move. This demonstrates the strong interactional force engaged by initiating a PTTY; in other words, an action which is difficult to resist reciprocating. Example 5a shows that the patient might also pre-empt the upcoming PTTY, in order to resist its strong implications for terminating the conversation.

Previously we observed that in cases where R initiates the PTTY P usually reciprocates promptly, thereby collaborating in closing the call. But some seemingly less problematic examples also suggest that, when faced with a receptionist-initiated PTTY, patients may observably withdraw their attempts to move out of the closings. We present one such example below (Extract 7).

(7) GP2-79

1 P: And it's really infecte:d?
2 R: Cut on: (hh) back, (0.9) of: (.) leg.=↑In[fecte:d.
3 P: [And-
4 P: And he seems to be in a lot of pain with it.
5 (.)
6 R: Right. ↑Okay I've put him down then.
7 (.)
8 P: Right-
9 (0.2)

10 *->R: ↑Okay: .=

11 *->P: =Is there any chance you can give us a time=or:.

12 (0.2)

13 R: I can't give you an exact time,=I mean this morning they

14 do start visits ea:rly so .hh ↑I'd [say] any time from

15 P: [(oh)]

16 R: ten till half past two today.

17 (0.2)

18 P: All right then. [I'll sit with him.

19 R: [Okay.

20 *->R: Than[k you.]

21 *->P: [(Uh-)] thank you,

22 R: Bye[:.]

23 P: [Bye] then.

P calls on behalf of a patient with a swollen and injured leg. P is given an appointment for a home visit which is not specified by time: “Right. ↑Okay I’ve put him down then.” (line 6). Following R’s closing indicator “↑Okay:.” (line 10), P pursues a further specification of time in line 11, with a low-entitled request format (Curl and Drew, 2008): “Is there any chance you can give us a time=or:.”. P apparently lives or works as a carer in the home from where she is calling, and raises the issue of time specification. Note that P does not make the specification request at the first opportunity (line 8). However, as we saw previously in Extract 5a, P indicates that something is unfinished with the cut-off “Right-”, seemingly expecting R to give further indication of time. It is only when R indicates closing (line 10) that P takes the opportunity to raise the concern. It turns out that R cannot specify an exact time, but she provides a probable time

frame of four and a half hours (lines 14/16). P's response (line 18) displays acceptance and possible closing relevance ("All right then."), while also indirectly pointing out why not knowing the time might be a problem. "[I'll sit with him." displays P's commitment to doing her part of caring for the patient, while also making it relevant for R to know this. The statement informs the receptionist that someone will be there to receive the home visit, but also shows there is something at stake for P in order to do this. P seems to project more talk in line 21, "uh-", but in overlap with R's PTTY (line 20); P reciprocates the PTTY, followed by a termination sequence. In other words, if P did indeed project a move out of the closing with "uh", she quickly abandons this move as R produces a PTTY: a PTTY sequence trumps moving out of the sequence.

Timing and order of *thank you*: Quantitative findings

The analysis presented so far shows that calls in which receptionists initiate PTTY are associated with an incomplete service. This section provides further support for this finding, and in particular that patients seek a summary towards the end of calls.

The patient initiates the PTTY in 77% of the calls, whereas the receptionist initiates the PTTY in 21% of the calls. However, overall, the patient is more likely to initiate the PTTY *when the receptionist has summarised or confirmed arrangements and next actions* (85%; n=204), compared to when the receptionist has *not* summarised or confirmed arrangements/next actions (70%; n=243); see Figure 1. This is a statistically significant difference ($\chi^2=7.85$, df=1, p-value=0.005).

Since arrangement confirmations and summaries are more relevant in calls where patients phone to make an appointment than in other types of calls, we conducted a similar analysis on a subset of appointment-type calls only.

Summaries of arrangements in this more homogenous set of calls made an even larger difference for who initiates PTTY: the patient is more likely to do so when the receptionist summarises the appointment (85%; n=154) than when the receptionist does not initially summarise the appointment (65%; n=52) ($\chi^2=8.26$, $df=1$, $p\text{-value}=0.004$).

Our quantitative analysis shows that, in cases where there is *no move out of closing*, patients are still more likely to initiate a PTTY if there is a summary than if there is no summary. This suggests that patients await a summary, *even if they do not request it in its absence*. In the final analysis section we demonstrate some ways in which the order, and *design*, of a patient's PTTY, can also express patient (dis)satisfaction.

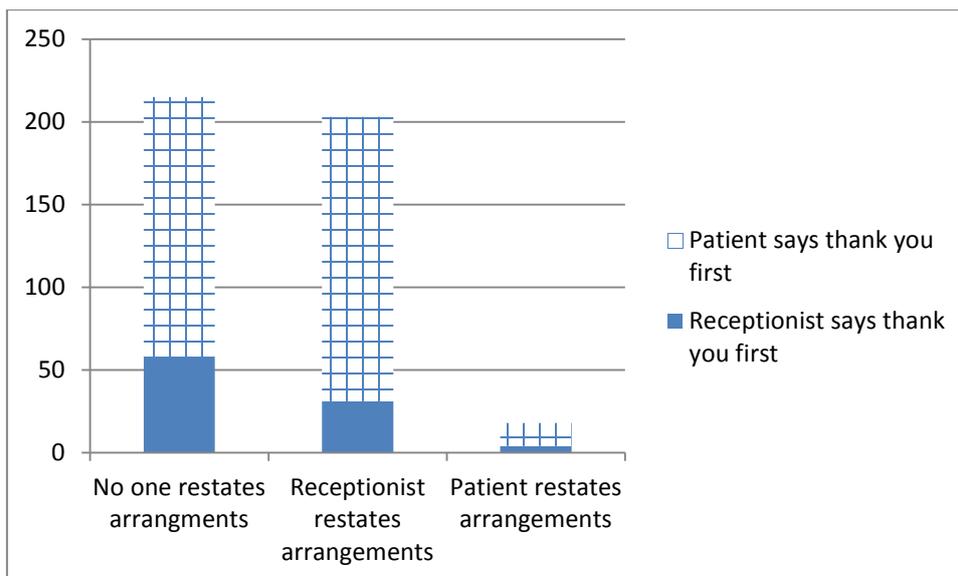


Figure 1. Proportion of who says *thank you* first, overall in the dataset (patient = checkered squares, receptionist = full colour). The bars represent calls where there is no arrangement summary volunteered by the receptionist (left bar), calls where receptionist volunteers arrangement summary (middle bar), and calls where the patient volunteers arrangement summary (right bar).

***Thank you* and patient dissatisfaction**

Nearly all calls in the dataset end in a PTTY sequence. Patients produce *thank you* or other form of gratitude/appreciation (*brilliant, lovely*) in approximately 99% of the call closing environments (N=444/447). The clearest examples of patient dissatisfaction within the dataset are found where patients *do* produce a PTTY (although a larger scale analysis is likely to reveal dissatisfaction in calls where there is no patient PTTY as well). We present two such examples, where P reciprocates the PTTY but in an atypically curt manner, primarily to close the call.

In Extract 8, P's dissatisfaction is apparent throughout the call. P calls regarding the removal of some sutures; he has called with the same enquiry before but no one has returned his call. R has revealed that she does not know anything about his query, and then seeks to find an answer on the database. No answer is forthcoming, and P suggests that he might register with another practice. P also requests to speak to someone (implying a nurse or a doctor), and threatens to remove the sutures himself.

(8) GP1-150

1 R: ↑But if you could give us a call back later this
2 afternoo:nɛ for an upda:teɪ I will let the n- I will try

quiet manner. In a call where P has already displayed dissatisfaction, we can see that the patient designs his contributions to the closing sequence as not particularly appreciative, in this case through the phonetic features of being quiet and short. Also note that, as a further expression of dissatisfaction in this case, P does not reciprocate the termination (i.e., no “bye”).

In Extract 9, P has phoned to make an appointment, but the next available ‘routine’ appointment is not for a couple of weeks.

(9) GP3-292

1 R: <No we: (.) don't appear to have <any other> routines for
2 a couple of weeks.=The only thing: <I can suggest> is you
3 phone on the day: after eight o'clock and book- and book
4 in.

5 (0.8)

6 R: Uh:[:]

7 P: [After] eight o'clock.

8 R: Yeah: ,=I mean if it- if it's something that can wait. the
9 next routine i:s: (1.6) twenty eighth of October with
10 doctor Walla. On Tuesday.=Tuesday evening.

11 (0.7)

12 P: (six thirty)

13 (.)

14 P: Right. Okay.

15 (0.2)

16 P: I'[ll: uh]:

17 R: [()]

18 R: Do you want to [book that.]

19 P: [(I'll) start] ringing in next week then.

20 R: Okay then.=No problem.

21 (0.7)

22 P: ↑All righ[t,]

23 *->R: [All] right.=Thank you.=Bye bye.

24 (.)

25 P: Thanks then. [Bye bye.

26 R: [°Bye°

P does not provide an acceptance of R's suggestion that P phones back in the morning (note the gap in line 5), and also does not book the next available routine appointment (note the gap in line 11). P projects an explicit response in line 16, "I'll: uh:" but hesitates and abandons the turn. R makes the offer of booking more explicit in line 18; in overlap P proposes to "start ringing in next week then.". The inference marker *then*, shows that his conclusion is based on lack of a better offer. And "I'll start" suggests that he is not particularly hopeful he will get what he will be asking for. R produces a possible closing indicator with "Okay then.=No problem." (line 20), which P reciprocates in line 22. R is the first to produce the PTTY (line 23), and also producing the terminal "bye bye", before R gets to reciprocate the PTTY. However, P does reciprocate following an atypical gap (line 24). This gap, and the format "thanks then", suggests that P is not as appreciative as he might have been. Interestingly, R might also see this happening, and therefore 'jumping' to the termination sequence allowing P not to respond to the PTTY.

Discussion

The previous sections presented a variety of evidence demonstrating how a pre-terminal *thank you* (PTTY) works as a dedicated device to (withhold)

terminating service, thereby treating it as (in)complete. By withholding a PTTY, patients make relevant some kind of summary or specification of arrangements, pursuing a clarification of what the next relevant action will be once the call is over. We also showed how withholding a PTTY is one of the resources available for patients to display dissatisfaction. In this section we discuss our findings more widely, particularly in terms of endogenous expressions of participants' expectations in service encounters.

The dedicated role of the PTTY to terminate service is evident both in the frequency with which it is found, and in terms of sequential relevance. First, regarding their frequency of occurrence, we found some form of pre-terminal appreciation sequence in more than 99% of the calls. Second, regarding their sequential relevance, nowhere in our data is *thank you* treated as a move out of closing, where further sequence expansion is projected (for example to re-assess the 'thankable'; see Button, 1987). Unlike some other contexts then, *thank you* is never treated as additional to the closing deserving of attention independent of closing the call.

The dedicated role of the PTTY is also indicative of how powerful a resource it is. In our data, participants display a clear orientation to the PTTY as 'business closed'; in other words, they draw a line with it, terminating the pending service transaction. We also saw that receptionists sometimes project a PTTY prematurely: in these cases patients may struggle to move out of the closing. The dedicated, decisive, role of the PTTY is also evident from the fact that nowhere in our data do patients move out of a closing following *their own* PTTY.

Our findings show that participants have expectations regarding their respective roles in service encounters, expectations which are manifested for example in the way patients respond to a non-granted request. Following a non-granting, patients do not typically propose an alternative right away, but first await the receptionist to develop their request in a grantable direction (Lee, 2011).

Similarly, patients will allow the receptionist to summarise arrangements made, before pursuing a summary themselves. In this way, while displaying an orientation to outcome, participants also make relevant their respective service provider/receiver roles (Kevoe-Feldman, 2015). But an absent summary can also have observable negative consequences for patients and the call's progress towards closing (Sikveland et al., 2016). In contrast, cases where the receptionist volunteered arrangements showed a smoother termination of the call, immediately followed by a patient-initiated PTTY sequence and the call's termination. Findings such as these have further implications for professionals to improve service delivery (Antaki, 2011).

Being at the receiving end of the service, the patient is usually the first to initiate a PTTY; however, in our data the receptionist initiates the PTTY in about one fifth of the calls. In the latter group of cases patients align with the closing by reciprocating the PTTY. On the one hand, this finding supports the general notion of mutual co-ordination and legitimisation of closing observed across datasets (Button, 1987; Schegloff, 1973). On the other hand, some cases show that patients might reciprocate the PTTY even when they indeed have further concerns. From a service perspective then, by initiating a PTTY the receptionist runs the risk of doing so prematurely. The order effect is particularly clear in examples where patients display dissatisfaction: they may do so via a *thank you*

marked as delayed and in other ways ‘reluctant’, through a muffled/quiet production for example.

Finally, this study has implications for future research. First, the possibility that the order and design of *thank you* may work as a proxy for satisfaction is encouraging. While, as our analysis shows, a pre-terminal *thank you* primarily works to close a conversation, they may also display dissatisfaction, through timing, order and design. In this way, conversation analytic research can identify features that a post-hoc questionnaire would not specify (Sikveland et al. 2016, Woods et al., 2015). Future research into endogenous features of satisfaction might benefit from exploiting a combination of sequence, phonetics and big data approaches to identify such features. Also, the current study focusses on *dissatisfaction* but not cues particular to *satisfaction*. A combination of format (*thank you very much* vs. *thanks*) and phonetic features might very well prove informative in this regard.

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