The study

Overview: The findings reported here are part of a broader analysis and evaluation of the Admiral Nursing Direct (AND) dementia helpline. The study is based on a sample of recorded calls to the helpline. It provides both an overview of the service and a more in-depth analysis of some key features of the calls and call-taking practices.

Method: Six call-takers on the AND helpline recorded a sample of their calls (N=3324), with informed consent from callers. All calls were fully transcribed and anonymised prior to coding key variables for analysis. Analysis entailed a mix of content, thematic and – particularly – conversation analysis.

Selected findings: Three aspects of call-handling, in particular, were identified as central to the AND helpline service:

- Giving advice
- Balancing the needs of the person with dementia and the caller (typically a carer)
- Providing emotional support.

The focus here is on how call-takers provided emotional support through displaying understanding and empathy.

Displaying understanding and empathy

Claiming vs displaying: Conversation analysts (e.g. Sacks, 1995) make a distinction between claiming understanding and displaying it. This maps onto contemporary understandings of effective clinical empathy as consisting not only of the ability to understand someone’s situation but also the ability to communicate that understanding (Coulehan et al, 2001). AND call-takers frequently showed understanding, thereby effectively displaying empathy, in the following ways (among others):

- Naming the caller’s feeling
- Displaying understanding
- Normalising the caller’s situation

Giving a name to how someone is feeling, or likely to be feeling can be a powerful way of displaying empathetic understanding (Pudlinski, 2005). Call-takers said, for example:

"You just feel so guilty"
"You can really pull your hair out some days"
"I can hear not just the frustration but the tiredness"
"You just feel as though you’re fighting the whole time"
"On quite an emotional rollercoaster"
"Feeling so desperate and fraught with this situation"

Normalising the caller’s situation

Call-takers also made reference to what they ‘often’ or ‘frequently’ encounter – thereby normalising the caller’s situation as one that is typical, common or not unusual. They said things like:

“That’s often the case"
"Sad, we hear that every day"
"You’re not the first person today to say …"
"It’s very common for people with memory problems to become depressed"
"It’s a very, very common issue for people with infections, especially urinary infections"
"What you’re saying is what I’m hearing quite frequently about people who don’t want to go out from their homes”

Offering an assessment of the caller’s situation

Call-takers also showed empathy through offering an assessment of the caller’s circumstances or situation, such as:

"That’s so hard on you"
"That is hard, very hard"
"That’s quite tough"
"That’s really sad for you"

Expressing sympathy or regret

They also typically displayed empathy by reacting to callers’ accounts of difficulties with expressions of sympathy and/or regret:

“I’m sorry”
“I’m sorry you’ve got to go through so much trouble”
“I’m sorry you’re having such a hard time”
“That’s a shame”

Performing or ‘enacting’ a response – using ‘reaction tokens’

A particularly powerful way of showing that you understand someone’s situation is to enact an emotional response to it – through producing what conversation analysts call a ‘reaction token’ (Wilkinson and Kitzinger, 2006). This comes across as an involuntary, visceral response to something awful, or surprising, or horrific.

So instead of expressing sympathy by saying that they are sorry, call-takers sometimes performed sympathy by producing reaction tokens like “aaah” or “awww”. Likewise they enacted surprise or dismay or horror through reaction tokens such as “Gosh!”; “Goodness me”; “Oh (my) goodness”; “Oh God”; “Oh Lord”;
“Oh my word” “Oh dear” “Oh no” and even through uttering gasps and groans.

Concluding comments

The seven ways of displaying empathy and understanding illustrated above are only a subset of the wide variety of practices that AND call-takers used to provide emotional support to callers. Across the literature on telephone helplines, there is typically an emphasis on call-taker neutrality, together with an analysis of how difficult this is to achieve, and how often it breaks down (e.g. Emmison and Danby, 2007; Hepburn et al, 2012).

The AND dementia helpline is relatively unusual in that call-takers do not strive for neutrality: rather, one of its ‘hallmarks’ is the degree of understanding and empathy that is displayed by the call-takers, as part of the process of providing emotional support for callers. This may well underpin the high-degree of caller satisfaction with the service provided (Wilkinson, 2016).

References
Coulehan, J. L., Platt, F. W., Eganor, B. et al. (2003) ‘Let me see if I have this right…’ Words that build empathy. Annals of Internal Medicine, 139(5): 221-227.

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