

https://dspace.org/

Inequality in action: entitlement and estimated time of arrival request in emergency calls

Rodgers, Catherine Linda

2015-02-13
http://hdl.handle.net/10539/16987

Downloaded from a DSpace repository. https://dspace.org/

Inequality in Action:
Entitlement and Estimated Time of Arrival Requests in Emergency Calls

STUDENT NAME: Catherine Linda Rogers

STUDENT NUMBER: 0416138E

SUPERVISOR: Dr. Kevin Whitehead

UNIVERSITY: University of the Witwatersrand

COURSE: Masters of Arts by Coursework and Research Report (Psychology)

SCHOOL: School of Community and Human Development

DEPARTMENT: Psychology

SUBMISSION DATE: 30 April 2014

This research report is submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in partial fulfilment of the degree of Masters of Arts in Research Psychology by Dissertation and Coursework.

Declaration Page

"I declare that this research project is my own work. It has not been submitted for any other degree or examination at this or any other university."

Signed:

Date: 30 April 2014

Word count: approximately 17 200 words

Acknowledgments

I would like to thank Prof. Kevin A. Whitehead, for his dedicated and thoughtful supervision as well as his fantastic lecturing during my masters. His perspective on qualitative methods opened new theoretical and practical opportunities that allowed me to venture into the previously unknown world of Conversation Analysis to discover an exciting and rewarding method for dissecting and presenting the social world. I would also like to thank him for his efforts, time, guidance and encouragement and particularly his understanding and logistical assistance when I was ill.

I would like to thank the Health Communication Research Unit (HCRU) at the University of the Witwatersrand; in particular, Prof. Claire Penn and Dr Jennifer Watermeyer of the HCRU and Dexter Timm of the Western Cape Emergency Medical Services who provided me with the data used in this study as well as valuable discussion, inputs and guidance.

Special thanks to my family, friends and pets for supporting and accepting my hermit-like lifestyle during the creation of this report.

Table of Contents

DECLARATION PAGE 2

ACKNOWLEDGMENTS 3

1.TITLE 5

2. ABSTRACT 6

3. INTRODUCTION 7

4. LITERATURE REVIEW 10

5. METHOD 28

6. ANALYSIS 37

7. DISCUSSION 63

9. REFERENCES 67

1. Title

Inequality in Action: Entitlement and Estimated Time of Arrival Requests in Emergency Calls.

2. Abstract

In this study an inductive approach is taken to analysing emergency calls from a government operated emergency medicine call centre in the Western Cape, South Africa. This ethnomethodologically informed study's analytic approach is that of conversation analysis and membership categorisation analysis. During analysis specific attention is paid to the ending sequence of calls and in particular asymmetries in displays of entitlement in the context of estimated time of arrival (ETA) requests in the emergency calls. I answer two research questions; i) how do callers display entitlement through ETA requests in emergency calls? and ii) how are social asymmetries displayed in ETA requests in emergency calls? Nine excerpts are analysed in detail to demonstrate systematic interactional machinery at play. Asymmetries in entitlement are found to be collaborative accomplishments of the participants in the calls and may serve as a mechanism for reproducing material inequalities in everyday interaction. For developing nations, where there is severe material inequality, inequality can be understood to be an institutional structure that not only affects the material existence of members of society but the everyday interactions society members engage in.

3. Introduction

As a developing nation, South Africa has extreme levels of economic inequality and unequal distribution of income (Nattrass and Seekings, 2001). Inequality in South Africa is linked to the country's colonial and apartheid past, yet despite regime change in 1994, material inequality has deepened, resulting in an increasing gap between rich and poor. So much so that South Africa is now the most persistently unequal economy on the planet (Bhorat, Van Der Westhuizen & Jacons, 2009). The systematic inequality of apartheid has resulted in inadequate, unreliable healthcare coverage for many South Africans (Hodkinson, Maritz and Wallis, 2010). Emergency medicine, in particular, is under pressure from an increase in patient numbers, the burden of disease and trauma and the limited resources available (Hodkinson, Maritz and Wallis, 2010). Emergency medical services in developing contexts, like South Africa, encounter particular difficulties and challenges in their endeavours to get emergency medical assistance to those in need (D. Timm, personal communication, 21 November 2013).

The data for this investigation come from a public emergency medicine call centre in the Western Cape. More than 15% of the population of the Western Cape Province of South Africa lives in informal settlements (Lehohla, 2004). An 'informal settlement' contains housing that has been created without official approval, it is 'characterised by inadequate infrastructure, poor access to basic services, unsuitable environments, uncontrolled and unhealthy population densities, inadequate dwellings, poor access to health and education facilities, and lack of effective administration by the municipality' (The Department of Human Settlements in the

Republic of South Africa, 2014). Emergency medical responses to calls from informal settlements can be problematic; some areas are too dangerous for emergency vehicles to go to owing to gang violence and others are difficult to access owing to infrastructural constraints (D. Timm, personal communication, 21 November 2013). Some infrastructural issues that have been observed in the emergency calls (ECs) include a limited number of ambulances, patients who do not have addresses, streets that do not have names and homes that do not have numbers. These are some of the concerns faced by the emergency service operators (D. Timm, personal communication, 21 November 2013). These difficulties that are encountered by the emergency services indicate that individuals' locations can influence their access to emergency medicine. While there are numerous factors affecting successful completion of an emergency response, I examine one aspect of the response process, the EC for help where callers (Cs) speak to call takers (CTs).

The emergency calls offer naturally occurring[1] audio-recorded data and examples of interactional practices in the EC institutional setting. An ETA request takes place when a C asks a CT when the ambulance will arrive or is expected to arrive. There are numerous variations of these requests; including a range of 'ETA-like' actions where C's display some level of entitlement to know about the ambulance arrival. As there is often no way of estimating the arrival of an ambulance owing to infrastructural

[1] The calls are described as 'naturally occurring' data because they took place and were recorded without the involvement of the researcher. The data were not created for the purposes of the study but existed independently of the research study (Sacks and Schegloff, 1973).

constraints, it is often not possible for CTs to provide an accurate ETA when it is requested (D. Timm, personal communication, 1 March 2013).

In my study I investigate the circumstances surrounding ETA requests to shed light on some of the difficulties associated with the provision of emergency services in a developing context, and particularly with some of the ways in which the challenges associated with such contexts may be both reflected and managed moment-by-moment in interaction between Cs and CTs. In particular, I explore displays of entitlement in the context of ETA requests in ECs. Furthermore, I show how asymmetries in displays of entitlement demonstrate orientations to differences in the material conditions of Cs. ETA requests in ECs thus show us how inequalities can become relevant and observable in situated interactional episodes.

In summary, with the understanding that inequality is examined as 'an ongoing interactional accomplishment' (Fenstermaker & West, 1995), I employ conversation analysis (CA) and Membership Categorisation Analysis (MCA) in the development of a demonstration of inequality in action through the exploration of interactional contingencies surrounding ETA requests along with various asymmetries in C and CT actions.

4. Literature Review

In this section, I will examine a body of CA research on interaction in ECs that has been produced over the past few decades. The findings of these studies offer insights into ECs; how CA is a useful tool for analysing calls, and how interaction has been found to play out in calls. From the broad explanation of interaction in ECs, I move to explore more specific research on inequality and interaction. In particular, research on 'doing inequality' in South African contexts is described, outlining my study's approach to understanding inequality. Various uses of the term 'entitlement' are explored across various contexts in order to explain the understanding of entitlement that I will employ. Furthermore, CA research on requests and their link to entitlement in interaction are explored to explain the interactional consequences of requesting in emergency calls.

4.1 Interaction in Emergency Calls

An important distinction is made by Whalen and Zimmerman (1987), regarding the relationship between talk and context. Traditionally, the setting of interaction was seen as separate and independent from the interaction and the participants' actions. However, there has been a shift in understanding as the relationship between setting and talk is now viewed to be a relationship of co-construction. When applied to the case of an emergency centre setting, this means that the institutional and sequential contexts co-construct each other. In this way, interactional machinery influences institutional machinery and vice versa (Whalen & Zimmerman, 1987). EC centres are characterised by calls for help and Baker, Emmison and Firth (2005) suggest that notions of 'help', 'assistance', and 'support' are all situationally

constructed and dependently realized within the talk-in-interaction. ETA requests and displays of entitlement are thus similarly understood for the purposes of my analysis as situationally constructed within interaction.

Whalen, Whalen and Zimmerman (1988) outline the general organisation of sequences that take place in an EC. According to Whalen *et al.* (1988), this recurring organisation can be understood to be an interactional achievement: 'The term achieved organisation emphasizes that the recurring shape of these calls is a situated, turn-by-turn accomplishment of participants focusing general interactional skills and specific knowledge on issues posed by the exigencies of the call' (p. 344). The calls in the sample generally follow the same structure or base sequence as outlined by Whalen *et al*. (1988). The structure begins with the opening sequence of an emergency call with a categorical self-identification by the CT ('Hello Emergency Services') and an acknowledgement by the C, which confirms that the C meant to phone this number. The opening sequence establishes the nature of the call as a call for help and aligns participants with their situated identities; CT as service provider and C as service seeker. The next stage of the call involves a request, where the C presents a problem or request for assistance from the CT. This request/complaint establishes the business of the call and provides initial evidence for the appropriateness of the identities established in the opening as the service seeker characterises the reasons for the call without having to be asked to do so, i.e., a service seeker calling a service provider. The interrogative series follows where the CT asks the C questions regarding the emergency. For this series to take place successfully the parties must align themselves with the necessary roles. The request-

initiator and request-recipient must align to interrogator and interrogatee in order to access the necessary information to make an emergency dispatch decision. The interrogator may become the grantor of the request or continue questioning. The call is usually concluded through granting of the request through an indication that an ambulance will be dispatched, although denial of the request is also possible. When the request is granted, the C (now grantee) usually acknowledges the response to request with a 'thank you' (Whalen *et al*., 1988).

Reactions to context within the call or the environment of the C and CT, can result in the emergence of variation in the base sequence of the organisation of a call, transforming interaction consequentially (Whalen *et al*., 1988). It is important to note that the ending sequence requires the roles of granter and grantee. An ETA request at this time becomes a deviation from the usual sequence, as the C becomes the interrogator and the CT the interrogatee. This change in roles at this point in time in the call can lead to interactional troubles. Furthermore, requests are expected earlier in the call just after the call opening, not at the end of a call where a simple 'thank you' is expected.

An example of the analyses of interactional machinery is provided in the work by Whalen *et al.* (1988), who examined one specific EC to demonstrate when and how words can 'fail' in interaction. This fateful call made news headlines and sparked outrage in the surrounding community, when an argument between C and CT led to a patient dying before an ambulance was dispatched. The authors focus less on the professional misgivings in the call and use CA to illustrate how such an incident is a social event that can be examined not by looking at the participants' personalities,

characters or professional responsibilities but by analysing the interactional machinery that constructs the event (Whalen *et al.*, 1988). Similarly, in my study, interactional machinery is examined to understand naturally occurring events, without investigating theoretical constructs such as personality types. Whalen *et al*. (1988), suggest that investigations into the social organisation of ECs should begin with the understanding that an entire call revolves around the medium of talk, indicating the vital role of language in social activity and problems. In particular, they illustrate that looking at talk outside of its sequential arrangement can be very misleading when trying to understand an interaction. It is the moment-by-moment turn taking of participants that should be the focus of analysis to understand what takes place in conversation. The fundamental principle of the 'primacy of sequential context' is used in their analysis as it is the sequences rather than isolated sentences that should be the primary units of analysis. Owing to sequential analysis' interactional character, the authors' results emerged from observing the actions of the parties within the talk, and their successively unfolding responses to each other during the course of the call. (Whalen *et al*., 1988). Following Whalen *et al*. (1988) the primary units of analysis in my analysis will be the sequences of talk in interaction. Sentences will not be analysed in isolation but rather in their sequential unfolding.

The fateful call, mentioned above, analysed by Whalen *et al*. (1988) had interactional difficulties as there was a misalignment of activities and roles throughout the sequence. Misalignment of action and series led to misunderstanding and tragedy. This understanding of sequential arrangement of interaction is important for my

analysis of ending sequences in calls, as attention will be paid to the full sequence to understand systematically the moment-by-moment turn-taking the C and CT perform in co-constructing this part of the interaction.

Raymond and Zimmerman (2007) discuss the specific directionality that emergency calls take; the calls are designed to facilitate information coming in from a distant location to the call centre, where it is decided what action shall be taken (Raymond and Zimmerman, 2007). The authors describe these calls as 'monofocal' owing to the calls having one particular aim which, once achieved, means the call can end. This generally results in ordered and brief calls. These calls are kept brief owing to the roles taken on by C and CT. The main responsibility of the CT is to gather and code the necessary information required to dispatch emergency services, while the responsibility of the C is to present problems that require the response of emergency services. In particular, Cs have the right to ask for assistance with an emergency and CTs have the right to ask questions related to the emergency (Raymond & Zimmerman, 2007). Raymond and Zimmerman (2007) propose that when there is a deviation in roles, direction, rights and responsibilities, there are consequences for all aspects of the call, leading to difficulties in interaction, and at times, early cessation of the EC. ETA requests and similar displays of entitlement change the roles of the C and CT. The C now asks questions and the CT now answers questions. This exchange alters and lengthens the trajectory of the call.

Usual roles of participants in a call require that Cs are responsible for answering the questions posed by the CTs and the CTs have the responsibility to '- if appropriate - dispatch service in a timely fashion' (Raymond & Zimmerman, 2007, p. 36). Here,

particular attention is drawn to the reference to timely dispatching of services. This suggests that it is considered to be the responsibility of the CT to assure a timeous response to an emergency (Raymond & Zimmerman, 2007). Similarly, Tracy (1997) mentions expectations within ECs, in particular, that help should arrive in a timely fashion. It may then be expected that Cs are systemically oriented to being entitled to timeous fulfilment of a request for help. In relation to this study, when Cs ask for an ETA they are aligning themselves with the expectation that the CT is responsible for a timely dispatch of an ambulance, and reinforcing their right to ask for help. Individuals who do not ask for an ETA are not displaying the right to ask for a prompt response. Thus, if Cs expect that CTs are responsible for the timely dispatch of services and that they, the Cs, have the right to receive assistance, a CT that will not guarantee an ETA is vulnerable to being treated, by the C, as not taking appropriate responsibility.

Whalen *et al*. (1988) distinguish between two types of service calls. Type 1 services require only a request and contact information. An example of such a request is a call to a takeaway delivery service where the C is not expected to explain why they want to order a take away. However, a Type 2 Service requires that there is an established need for the service, in such a call the service provider asks questions to screen the needs of the C. An EC is a type 2 service. If an individual calls a Type 2 service expecting a Type 1 discussion then difficulties may arise and the general EC sequence may be altered (Whalen *et al*., 1988). It is also suggested that CTs see the interrogative series as assisting the gathering of information necessary for appropriate assistance; however, if Cs do not understand the need for the

interrogative series they may see the process as a delay in obtaining necessary medical assistance (Whalen *et al*., 1988). In both types of calls the C may expect timely service and thus could exercise the right to request an ETA, however, this may be more pronounced in a Type 1 call. If a C phones the emergency centre expecting a Type 1 interaction but the CT refuses to give an ETA, this may deviate from Type 1 expectation and possible difficulties may arise as a result.

The understanding of Type 1 and Type 2 calls by Whalen *et al*. (1988) is similar to Tracy's (1997) description of different call frames. Tracy proposes that interactional troubles can be traced back to differing expectations of call participants (1997). Drawing on Bateman (1972) and Goffman (1974), Tracy (1997) describes frames as set expectations related to a situation. Tracy found that Cs often bring a "customer service" frame to the interaction while CTs are operating from a "public service" frame. At first these frames seem similar, however, differences become evident when interactional troubles arise owing to the differing expectations they bring (Tracy, 1997). Tracy illustrates that although CTs view the questioning process as assisting the process of receiving emergency help, Cs can understand this interrogation series as insulting their understanding of the definition of an emergency, or as obstructing their access to assistance (Tracy, 2002). In this regard, a C that asks for an ETA may be expecting customer service while a C that does not ask may be expecting public service. Furthermore, some CTs may focus on performing a public service resulting in the expectation that they do not need to meet customers' needs such as supplying an ETA, while other CTs may operate from a customer service frame and attempt to answer the C's questions. In addition, a CT

who refuses to provide an ETA may be seen by the C as dismissing the genuine nature or seriousness of the emergency. As a result, the C may view the CTs refusal as an insult or obstruction. Call frames and displayed expectations are considered in my analyses of ETA requests.

The CA literature on ECs highlights the importance of examining interaction sequentially, understanding the base sequence of calls, expectations, call types and participant rights and responsibilities when analysing ECs. Furthermore, this literature aids in the understanding of ETA requests and the potential interactional troubles surrounding such requests. However, to enhance understanding of the asymmetries found in ETA requests in the data, the concept of "doing inequality" is explored in the next subsection.

4.2 Doing Inequality

West and Zimmerman (1987) propose a new way of thinking about gender inequality. Instead of thinking of gender as an additive category, they suggest approaching it as an interactional accomplishment. By exploring the way gender is accomplished, the mechanisms that exercise and produce power and inequality can be revealed. Fenstermaker and West (1995) take this further to consider how race and class, like gender, are mechanisms for producing social inequality: "…to reconceptualise 'difference' as an ongoing interactional accomplishment." (p.9). Gender, and inequalities more generally, are not simply individual attributes but rather situated accomplishments of societal members who are managing their actions in relation to normative concepts of appropriate attitudes and 'doings' for the specific category (Fenstermaker and West, 1995). Within interaction,

accountability for actions is not an issue of deviance or conformity but rather an assessment of actions as understood by normative concepts and the possible interactional results of such an evaluation. Activities are understood and accounted for according to circumstances: actions are intersubjective in so much as they are produced by one and also recognised by another (Fenstermaker and West, 1995). Furthermore, an action is accounted for by both its interactional as well as institutional character (West and Fenstermaker, 1995). They argue that though there are very different material realities imposed by differing relations to capital, the realities of class and thus inequalities relating to class are ultimately linked to accountability of individuals to class categories in social interaction (Fenstermaker and West, 1995).

The implications of the approach to class that Fenstermaker and West (1995) suggest are four fold. Firstly, as class is an ongoing accomplishment it cannot be understood apart from its immediate interactional context. Secondly, being categorised by class does not rely on any natural differences but rather is a result of produced differences. Thirdly, activities that accomplish class may have different meanings for different people engaged in the process. Lastly, gender, race and class are constitutive in the context of each other so that labelling an interaction does not capture its full complexity (Fenstermaker and West, 1995). I use this understanding of 'doing inequality' in my analyses of the emergency calls, thus exploring the (re)production of inequality within interactions between Cs and CTs. Furthermore, inequality is viewed as a complex, contextually bound, interactionally consequential accomplishment by C and CT.

Whitehead (2012) examines race in everyday interactions of South Africans. Employing an ethnomethodological, conversation analytic approach, he demonstrates how racial categories can either be treated as resources for action or as constraints on behaviour. Furthermore, speakers can be treated as responsible for any race-relevant conduct they produce and so, speakers are motivated to monitor and adapt their actions moment-by-moment regarding race-relevance. The data used in this analysis involved individuals engaging in everyday life activities and not specifically aimed at producing race. Racial category membership became relevant to how and what they were doing in everyday interaction, indicating the complex nature of race in the social life of South Africans (Whitehead, 2012).

In 2013, Whitehead investigated the mobilisation of common-sense knowledge at the intersection of race and class in everyday actions of South Africans. During the apartheid period race and class almost entirely overlapped. Whitehead (2013) presented evidence of continuities and discontinuities between the old apartheid and the new post-apartheid periods in relation to common-sense knowledge of race and class. His findings suggest that the category systems of race and class that were of principal importance during the apartheid period remain significant in interaction post-apartheid (Whitehead, 2013). However, the common-sense knowledge of these categories and the links between the categories seem to be more flexible in the post-apartheid era. Both race and class are shown to be both reflected and reproduced in everyday interaction. Whitehead (2013) demonstrates that common-sense links that are made between race and class in everyday interaction are largely taken-for-granted as they are used in interaction. Within interaction these links are

not openly questioned but are treated as self-evident. These findings are significant to my study, as findings regarding asymmetries in displays of entitlement can be understood within the post-apartheid climate where common-sense links between race and class have been found to be taken-for-granted within-interaction.

Dominguez-Whitehead and Whitehead (2014) conducted research on inequality and social interaction. They provide an in-depth examination of food-related talk among students at a university in South Africa. They demonstrate how inequality becomes observable in interaction through differences in talking about food. These differences are understood to be related to the participant's socioeconomic circumstances which allow for different action and talk possibilities. Their findings illustrate the connection between material position and interactional practices (Dominguez-Whitehead & Whitehead, 2014). The analytic approach used by Dominguez-Whitehead & Whitehead (2014) demonstrates how material inequality (class), is made relevant in interaction about food. As Whitehead (2012 & 2013) investigated race and class, and Dominguez-Whitehead and Whitehead (2014) investigate socioeconomic circumstances in everyday interaction of South Africans, I investigate class or socioeconomic status not as a sought out topic but as an emergent factor relevant to conducting activities in social life. Furthermore, I examine how inequality emerges as relevant to interactional practices within an emergency call setting. I demonstrate how difference or inequality is understood to be related to the participant's socioeconomic circumstances which allow for different actions-in-interactions. Similarly, my findings illustrate the connection between material position and talk-in-interaction.

In the subsection to follow, my understanding of entitlement as it is used in this study is unpacked to explain how displays of entitlement in EC can be considered in the broader context of entitlement programmes and understandings of human rights. Furthermore, previous relevant works on requests in interaction are explored to illuminate certain understandings of ETA requests.

4.3 Entitlement and Requests

There are numerous definitions of entitlement. There are macro-level understandings of entitlement from political and economic points of view, including entitlement programmes (such as food parcels or social grants) (Babones, 2012) and the United Nations declaration of Human Rights (United Nations, 2014). Lerner (1987; as cited in Feather, 2013) offers a macro-level definition: the experience of entitlement is associated with social justice and issues of equity deserving, rights and fairness. Furthermore, the Oxford Dictionary of Sociology understands the term entitlement to be the same as social justice (Marshall, 1998). Meanwhile, within the field of Psychology, the term 'entitlement' is used in various and vastly different ways on a micro-level, with theories of entitlement disorder (Campbell *et al.*, 2004), psychological entitlement levels (Feather, 2003), and trait entitlement (Moore, 1991). Moore (1991) notes that most research on entitlement has been conducted in laboratory settings and defines entitlement as 'the amount of reward that a person perceives he or she deserve to receive in a certain situation' (p. 208). Feather (2003) offers the understanding of entitlement that it concerns socially recognisable rights of groups or individuals held in belief structures or an implicit understanding

regarding expectations or formally stated rules. Campbell *et al*. (2004), view entitlement as a psychological construct involved in narcissism.

There are numerous and at times conflicting understandings of human rights and entitlements in the international media and politics. The journalist, Babones (2012), writes that entitlements should not be used as political bargaining chips because they are universal human rights. In a UN press release, de Zayas (2012), states that Human rights are 'inalienable entitlement' to be exercised at all times by everyone, rather than luxuries to be enjoyed during prosperous and abundant times. Yet Vegter (2012), writing for the *Daily Maverick*, suggests distinguishing between freedoms (rights), and entitlements. Vegter (2012) suggests that freedoms are rights that prevent someone infringing on your liberty, while entitlements are economic in nature and impose a financial obligation on another. An example of a freedom in the South African Constitution is the freedom of expression. Aiyar (2010), Vegter (2012), and Cook (1990; cited in Andre and Velasquez, 1990) distinguish between non-material freedoms and material entitlements. Vegter (2012) suggests that a right to freedom is fundamentally different from a right to material things. This is found within the wording of the South African Constitution; a 'right to' freedom versus a 'right to have access to' material things like healthcare. 'The mere fact that one has a right to something does not mean the government, or anyone else, is obligated to provide it' (Vegter, 2012). Aiyar (2010) notes that entitlements are limited by budget restraints while rights are not. Entitlements are dependent on a society's resources and choices made about the resources. This understanding sees

healthcare as an entitlement dependent on a country's budget, while rights are universal and unaffected by finances.

Along with debates about whether health care is a human right or an entitlement and if there is a difference between such terms, there are also debates about how much health care people are entitled to: basic or comprehensive (Kereiakes & Willerson, 2004). The World Health Organisation (WHO) stipulates that their 'Constitution enshrines the highest attainable standard of heath as a fundamental human right of every human being' (WHO, 2013). In particular the right to health involves 'access to timely, acceptable, and affordable health care of appropriate quality' (WHO, 2013). The Department of Health in South Africa is currently in the process of developing a National Health Insurance system for the country (NHI) with the aim of ensuring that all South Africans have access to appropriate, efficient and quality health services, regardless of socioeconomic status (Department of Health, 2011). Currently the South African health care system is separated into private and public services, where the private sector services individuals who have insurance through medical schemes and the public sector services are funded by government. The highly resourced private sector serves a minority population, a privileged few have disproportionate access to health services while the private sector services the majority of the population and is under-resourced. The proposed NHI would involve a radical change in delivery structures, administration and management systems of the health care system, creating one health care system for all South Africans (Health Department, 2011). Thus, according to the WHO and the South African Government, the right to health care can be seen as an entitlement, i.e. something that all people

can claim a right to. Making an emergency call then can be understood as orienting to entitlement to receive services. Just as there are larger debates as to how much health care an individual can be entitled to, there are differential degrees of entitlement displayed in the course of an EC. ETA requests are one way in which entitlement can be displayed and rights exercised in interaction.

The understanding of entitlement that I adopt in this research thus does not involve entitlement as a trait or disorder nor does it understand it as a political or economic matter. Instead the study focuses on observable displays of entitlement in interaction and the interactional consequences of these displays. The asymmetries in displays of entitlement found between callers are investigated but no psychological measure of entitlement is used and no attempt is made to examine the displays to determine whether an individual has a disorder. Moreover, there is no speculation as to whether someone is wrongly or rightly entitled. I take studies of entitlement into the interactional field of study. This view of entitlement is exemplified in CA studies of request sequences. Calling an emergency service call centre constitutes a kind of request; a request for emergency service assistance. Making such a request is a display of entitlement to receive a service. However, receiving such a service can be constrained by available infrastructure.

For example, Larsen (2013) investigates claims of entitlement; overt requests for assistance at the beginning of emergency calls to a call centre in Denmark. Owing to the purpose of emergency call centres there is an inherent assumption that every emergency call is a functional request for help. Larsen (2013) found that when Cs encode a claim of entitlement into an overt request for assistance, then CTs respond

to this by adapting their questioning. When a C makes an overt request that makes a strong claim of entitlement, the CT treats the individual as entitled by participating in dispatch-relevant questioning and not asking for information regarding the incident. However, when a weak claim is made then a CT engages in incident-related questioning to ascertain the need for an ambulance (Larsen, 2013). Considering the work by Larsen on requests, ETA requests can be seen as overt requests for an estimate of how long it will take for an ambulance to arrive and the degree of entitlement displayed in the ETA request will have interactional consequences. An ETA request will adapt the relationships between C and CT as well as the institutional context of the call.

More broadly, Curl and Drew (2008) investigate request sequences in interaction. They describe requests as basic activities in human interaction; requests by their nature impose in some way on the recipient thereby displaying a sense of entitlement. CA studies of requests have investigated the sequence organisation of requests particularly how a 'preferred' response is that of granting the request and the 'dispreferred' response is a rejection (Curl & Drew, 2008). A dispreferred response is that which displays a problem in the realisation of the request (Schegloff, 2007). In accordance with CA principles, these forms of responses are not taken to be indicative of psychological motives or desires, rather they are examined in terms of different formats in which preferred versus dispreferred responses are systematically produced. Preferred and dispreferred responses are thus part of structural relationships in sequence. A dispreferred response may result in expansion of the sequence, by means of accounting for the dispreferred response, or

disagreement takes place (Schegloff, 2007). As with any other request, refusing to provide an ETA is a dispreferred response and thus an accountable action. I investigate the various ways ETA requests expand ending sequences and the CTs manage the accountability that comes with providing a dispreferred response.

The study by Curl and Drew (2008) focuses on two forms of requests in particular; requests with modal verbs such as 'Would/could you do X?' and requests where the modal is prefaced by 'I was wondering if…?' When a speaker chooses a particular form of request the selection reflects their orientations to their entitlement to make such a request as well as the contingencies that may be involved in the recipient granting such a request. Thus, a C's: '…choice of request form makes a claim as to what they believe themselves reasonably entitled to given the circumstances of the interaction...' (Curl and Drew, 2008, p. 149). In particular, a request beginning with 'Would you..?' is a request where the speaker considers the fulfilment of the request as noncontingent and unproblematic. While a request that starts 'I wonder if…?' suggests the speaker is orienting to the contingent nature of the request. Overall, Curl and Drew's (2008) study concluded that speakers select specific request forms that display their understanding of the contingencies associated with the recipient's capacity to award the request. How an individual asks for an ETA (or if they ask at all) is then indicative of their understanding of the CT's ability to provide them with one and their entitlement to receive one.

Drew and Walker (2010) investigate requests in emergency calls to police services. They point out that generally Cs only report an incident to the police but do not make an explicit request for assistance as it is implied by the call. The request is

embedded in the incident description. Drew and Walker (2010) expand on Curl and Drew's (2008) conclusions that request forms are chosen by speakers according to the expected ability of the listener to grant their request. When Cs do ask for assistance, there are instances where Cs use the modal verb such as 'Would/could you do *X*?' for a request for police assistance and they display their confidence in the seriousness and urgency of the incidence being reported. However, those using conditional forms of requests such as 'I was wondering if…' demonstrate less urgency and 'policeability' of their request. At times, the C's treatment of the seriousness of the request may be in contrast with the CT's assessment of the incident; this is seen in a C displaying entitlement and lower contingency than the CT treats as suitable for the situation (Drew and Walker, 2010). The forms that requests take and the wording of requests are thus significant for the understanding of the displays of urgency and seriousness the CT is conveying regarding the emergency. Furthermore, there can be a misalignment and difficulty when a C and CT see the urgency and seriousness of an emergency differently. In light of this, ETA requests can be points in the interaction where these differences become apparent.

5. Method

5.1 Research Questions

The literature outlined above did provide some guidance when approaching the suitable methodology for this study. Nonetheless, this research had an inductive orientation which is in line with conversation analytic practices where *a priori* speculation of idealizations and theory construction is avoided. Instead analysis is strongly data driven and focus is on emerging phenomena found within the interactions (Heritage, 1984).

Analysis was guided by two questions:

1. How do callers display entitlement through ETA requests in emergency calls?

2. How are social asymmetries displayed in ETA requests in emergency calls?

5.2 Data and Sampling

The government-operated EC centre in the Western Cape receives more than 1000 calls a day. The call centre provided the Health Communication Research Unit (HCRU) at the University of the Witwatersrand with a sample of these calls, which make up the data set for this study. The sample contains a wide variety of calls, selected by call centre employees for sharing with the HCRU. There are a total of 189 calls included in the data set used for my analysis. For the purposes of this study, only calls in English have been used. From the data set, 27 calls were transcribed and

analysed in detail. These calls were chosen because the ending sequence involved the phenomena of interest for this study; ETA requests, 'ETA-type' requests, contrasting lack of an ETA request or calls that demonstrate other important but related phenomena (such calls are described in the analysis below as 'special cases'). The nine calls used in this analysis were chosen because they are the clearest exemplars of the phenomena and clearly demonstrate the range of variation in the phenomena of interest across the data set.

In the Western Cape, there are two emergency numbers that can be called in an emergency situation. One phone number is for all emergencies (police, fire department and medical emergency department), and one phone number is dedicated to medical emergencies only. If a member of the public has a medical emergency they can call either number. If they call the dedicated medical emergency number then the call record is between C and CT. However, if the member of the public phones the general emergency number, then the CT at the general call centre will take down the C's information and then the CT will call the medical emergency call centre and relay the information. The call record is then between two CTs from two different call centres. All recorded calls in the sample are from the medical emergency line: either calls between member of the public and a CT or between a general helpline CT and the medical emergency helpline CT.

Furthermore, some calls are repeat calls; at times callers phone either one of the emergency centres after the initial call. Often these repeat calls are enquiries as to the 'whereabouts' of the ambulance for which they are still waiting which is what makes them particularly relevant for the purposes of my analysis.

In summary, there are a number of different types of calls recorded at the call centre:

1. First call between CT and C
2. First call between CT and CT
3. Repeat call between CT and CT
4. Repeat call between C and CT

It is important to note that the CT's performance scores are influenced by the speed of the calls; they try to shorten the calls to approximately two minutes so as to free the line for the next call. As a result, the CTs have a vested interest in keeping calls short and avoiding difficult questions such as ETAs that could lengthen the call significantly.

5.3 Procedure and Analytic Approach

Overall Approach.

The analytic perspective taken in this study is ethnomethodologically informed while the analytic approach is that of CA and MCA. The ethnomethodological approach, pioneered by Garfinkel, describes 'a range of phenomena associated with the use of mundane knowledge and reasoning procedures by ordinary members of society' (Heritage, 1984, p. 4). This perspective is interested in the body of common-sense knowledge as well as the range of processes by which everyday people make sense of, navigate and act upon their immediate circumstances (Heritage, 1984; Whitehead, 2011). Common-sense knowledge was defined by Garfinkel as the

knowledge based on socially sanctioned inferences and actions that everyday people use in their daily activities and assume others use in the same way (Garfinkel, 1967). According to Garfinkel, institutional structures such as race or socioeconomic status are maintained through actions (Heritage 1984). The aspects of social life which appear impartial and factual are instead understood to be managed accomplishments of local processes. Ethnomethodological enquiry analyses situated action in order to ascertain how these so-called objective aspects of society are accomplished (Fenstermaker and West, 1995). Applying this approach to the current study focuses attention on the way entitlement is displayed and class accomplished through the actions of requesting or not requesting an ETA. Inequality is done in the moment, in the interaction between C and CT. The interaction constructs and replicates the social structure of socioeconomic status.

Conversation Analysis.

In this study, CA was applied to the calls individually and in comparison to one another. CA investigates what underlies ordinary social actions (Heritage, 1984). The objective is to define the practices and resources with which to produce actions and make sense of the actions of others. Sacks turned away from analysing speculations of what is happening inside subjects' minds and instead focused on analysing observable activities (Silverman, 2004). Sacks' pioneering work involves a focus on the 'taken-for granted' aspects of social life (Silverman, 2004).

CA involves the analysis of interaction to show stable organisational patterns of action towards which participants are oriented (Heritage, 1984). CA involves three fundamental assumptions: i) there is a structural organisation to interaction, ii)

contributions to interaction are contextually bound, iii) owing to the first two properties of interaction, no detail can be dismissed, *a priori*, as disorganised, unintentional or immaterial (Heritage, 1984). Exploring these three assumptions further; all aspects of social interaction exhibit stable, identifiable, organised patterns and, as a result, ordinary interaction can be analysed in order to ascertain the stable organisational patterns of actions that speakers are oriented to. Secondly, all actions conducted by speakers are doubly contextual in that they are context-shaping and context-renewing. A speech act can only be understood within the context within which it is uttered. The contextual nature of interaction is an essential procedure which hearers require to interpret conversational utterances and to design future action. Every new action forms the context for the following action. Thirdly, analysis is 'data-driven' and bound by empirical evidence and specific details found in the data (Heritage, 1984). CA is a technique for finding order within any interaction.

With regards to this study, CA is used to analyse interaction during the ending sequence of calls as well as within and around the ETA request, to uncover organisational patterns of action towards which the C and CT are oriented. In addition, the study examines the order and meaning behind displays of entitlement during the ending of the call and, in particular, around the ETA request. The specific CA techniques that are employed in the analysis are data driven.

The specific CA techniques used in this analysis are outlined here to aid in the understanding of the analytic section that follows. CA focuses on action sequences (Heritage, 1984). The primary units of analysis are the sequences and turns-within-

sequences. A fundamental structure of conversation is an adjacency pair. An adjacency pair structure is a framework for action that is of a normative nature which is accountably realized. An adjacency pair has five characteristics; i) a sequence containing two actions, which are, ii) adjacent, iii) produced by two different individuals, iv) ordered so that there is a first part followed by a second part, v) the first part requires a specific (or range of specific) second part(s) (Heritage, 1984). An example of an adjacency pair is a question-answer sequence. Heritage (1984) explains that a speaker can either accept or reject a previous speaker's statement. A 'preferred' response is a straightforward action performed without delay, while a 'dispreferred' action is delayed, qualified or accounted for (Heritage, 1984). An adjacency pair can be expanded into an expansion sequence (Schegloff, 2007). In addition to CA, MCA is employed in the analysis.

Membership Categorisation Analysis.

Schegloff (2007), discusses the work of Sacks, in particular how Sacks produced the concept of membership categorisation in the course of his early work in the 1960s and 1970s. According to Sacks, categories needed to be re-thought: "In some way, we must free ourselves, from the 'common-sense perspective' employed in our use of 'undescribed categories'"(cited in Silverman, 2004, p.351). For Sacks, categories should be understood as structures in social life and not treated as resources. Instead they should be treated as subjects of sociological enquiry (cited in Silverman, 2004). Therefore, in analysis the category is examined rather than taken as understood. In social interaction, categories act as organising bodies of common-

sense cultural knowledge. This knowledge provides information of how a category member behaves and who the member is (Whitehead, 2011).

As Stokoe (2012) points out, there is some debate as to whether MCA is its own methodology, or whether it is part of CA. Stokoe's guidelines for conducting MCA involve the use of CA. In her approach, CA aids in understanding the categories emergence within a sequence and context (Stokoe, 2012). MCA and CA both offer the researcher a way of approaching categories; categories are not applied to data but are found within it. In this way MCA 'can give us what a macro-level analysis of discourses does not: a warrantable method for making claims about 'the world' and its categorical arrangements' (Stokoe, 2012, p. 299).

The work of Stokoe (2012) has been used to guide the analysis of the data. In the previous absence of clear guidelines on how to do MC, Stokoe (2012) provides guidelines. She describes five guiding principles followed by 10 key concepts of membership categorisation (Stokoe, 2012). Stokoe's MC aims to demonstrate how ascribed categories (e.g., 'I'm a Doctor') and category-implicative descriptions (e.g., 'She's from Cape Town') function as integral structures that allow members to perform certain actions (Whitehead, 2011). Categories contain implied meanings that are concerned with common-sense knowledge. This common-sense knowledge is essential to undisrupted progress of activities in interaction. 'Studying the recurrent ways through which categories are deployed in interaction permits the empirical investigation of, and sheds light on, the social organisation of cultural knowledge' (Whitehead, 2011, p. 76). The use of categories within interactions between C and CT is explored within the context of ETA requests in order to make

explicit the social organisation of cultural knowledge regarding socioeconomic status and entitlement to health services.

In line with the conversation analytic approach which will be used for analysis, demographic details of the Cs and CTs have not been provided, and these individuals' demographic categories will not be routinely identified in analysis. Without engaging with the larger debate (as found in Schegloff [1997], Wetherell [1998] and others) regarding this approach, it is noted that the principle of 'holding off from using all sorts of identities which one might want to use…until and unless such an identity is visibly consequential in what happens' (Antaki & Widdicombe, 1998, p. 5) will be applied. Therefore, any analytic claims I use regarding the significance of categories will be based on participants' orientations to their relevance as found in the data, rather than *a priori* assumptions of the relevance of categories on my part as the analyst (Schegloff, 1997).

Transcriptions.

The 27 calls were transcribed using the Jeffersonian conventions (Jefferson, 2004). Jefferson's system is a highly detailed and descriptive method of transcription that is well suited to, if not essential for, CA. She emphasises the importance of intricate and even the seemingly mundane details of talk as being essential in transcriptions to aid in analyses. The transcriptions were produced to aid in CA and extracts from the transcriptions are used to illustrate analytic claims.

5.4 Ethical Considerations

This research uses data from the HCRU. This Unit has received ethical clearance for projects using the ECs. The data are password protected and access is only given to those in the Heath Communications Research Unit who have signed a confidentiality agreement. The data are reported on anonymously with the use of pseudonyms and by anonymising any identifying information.

6. Analysis

6.1 Call Endings

Upon listening to the calls it became evident that there are various ways in which calls end with particular reference to the presence or the absence of ETA requests. Six types of call endings were identified in the sample. While observing the various call endings, asymmetries in C displays of entitlement were also identified. The different call ending types and the displays of entitlement associated with each are outlined below, starting with Excerpt One.

Excerpt One:

1	CT:	Okay then.
2		(.)
3	CT:	We'll send a=ambulance for our mum ↑ne?
4	C:	Oh kay. Thank you::
5	CT:	Okay then
6	C:	Kay((sound of a phoneline being disconnected))

In Excerpt One, the call ends simply and efficiently. The CT states that an ambulance will be dispatched in line 3 thus granting the C's implicit request for service. The 'thank you's' finalise the closing of the call and acceptance of the request response. Excerpt One is an example of the response and ending stages of a base sequence as described in the literature. It illustrates a preferred response of granting the request that is implicit to all calls for assistance. The CT's granting of the request in line 3 constitutes a move towards ending the call, since the 'business' for which the call was initiated has now been completed. All that remains is that the C acknowledges the granting of the request and ending of the call with a 'thank you'. This form of a

call ending sets the scene for the other call ending types that follow, where deviations in this basic ending sequence are understood in relation to it.

In the following excerpt the ending is less simple and efficient than the ending in Excerpt One, as the normative structure in Excerpt One is not adhered to. The CT does not explicitly indicate that he is granting the C's request. The CT says 'thank you' in an attempt to end the call. The C responds with a specific ETA request, indicating that she wants to know how long it will take for an ambulance to arrive. She is presupposing that her request has been granted and wants to know when the ambulance will arrive. Instead of a 'thank you' or 'goodbye', she asks for an ETA resulting in a deviation in the basic sequence and delaying the call ending.

Excerpt Two:

1	CT:	Six eight, f:ive:: s:ix?
2	C:	J:a:
3	CT:	°O°kay thank=you
4	C:	Okay how long will it be↑:?
5	CT:	I really don't know ma'am.
6		(1.0)
7	C:	Oh↓
8	CT:	°Ja°=I really don't know.
9		>I'm not the dispatcher of that board.=

10		=The dispatcher is right next to me.<
11		.Hh Um::: ((loud radio noise))
12		About two metres away from me.
13		So .hhbut sh:e will dispatch you,
14		she will dispatch you.
15	C:	Oh:kay alright.
16	CT:	>Thank=you=bye.<
17	C:	An:d whom I speaking to?
18	C:	>Thomas=Kumalo<

By asking how long an ambulance will take the C displays entitlement to know when an ambulance will arrive and entitlement to have her implicit request answered. The question also functions to delay the ending of the call, resulting in a less efficient ending than in Excerpt One. The question creates a delay by initiating a new question-answer sequence in a place that was otherwise prepared for the call to move to closing (as seen in Excerpt One). The CT does not provide an ETA in line 5 and instead gives an inability account (Heritage, 1984). That is, he does not provide the answer that the question has made relevant (i.e. an exact ETA response), but accounts for this failure to answer on the grounds of an inability to provide an ETA. The C's response to the CT's claim of inability to provide her expected service is the word 'Oh'. 'Oh' is a 'change of state token', which marks the CT's answer as news to the C (Heritage, 1984). So the C here is displaying the expectation that the CT would have been able to give an ETA by treating the CT's claimed inability to do so as news. The change of state token also serves as a display of disappointment on the C's part. The 'oh' response is also one of disappointment as displayed by a pause followed by a dip in the volume of her voice at the end of the word 'oh'. Her display of

disappointment indicates she had expected to receive an answer to her question and had expected the CT to be able to provide her with the response she requested. In other words, she displays entitlement to ask a question and receive an answer. The C thus shows an expectation of a customer-service response (Tracy, 1997) that answers her question precisely. The CT orients himself to the customer-service expectations of the C, as he attempts to explain why providing an ETA is not possible. The account has a 'no fault' quality, it is not 'face threatening', rather it accounts for an inability and not a lack of willingness (Heritage 1984) to provide an ETA. By further accounting for the inability to provide an ETA, the CT acknowledges and legitimizes the C's disappointment in the service delivery and works to avoid further conflict. As noted by Heritage (1984), accounts are conflict-avoidance measures that attempt to maintain social solidarity. Thus, the CT treats the failure to provide an ETA upon request as an accountable matter (as a dispreferred response) which produces a sense of alignment with the C's displayed expectation of receiving a response to the ETA request. There is a collaborative production between the C and CT of the C's entitlement to an indication of an ETA.

The account results in avoidance of further conflict as in line 15 the C says 'Oh:kay alright'. 'Okay' and 'alright' are responses to actions that serve to display acceptance of the action and to bring the sequence to a close. This 'okay' is somewhat drawn out, indicating reluctant acceptance, the 'alright' repeats and thus reconfirms the acceptance of his explanation. This delay suggests there was a possibility of disagreement or an incipient disagreement (where there is evidence that disagreement may have been on its way, but it ended up never being produced), and

a possibility of further display of entitlement to insist on an ETA despite the CT's explanation.

The CT again attempts to end the call in line 16, yet the C again displays entitlement to ask a question; specifically who the CT is. Only after the C has received this information is the CT's attempt to end the call successful. Her request for the CT's name further delays the ending of the call. Such a question has accountability implications because knowing who the CT is gives the C information that can be used to hold the CT accountable if the ambulance fails to arrive within an acceptable time. So knowing the CT's name would allow the C to call back (as Excerpts Eight and Nine to follow show that Cs do call back on occasion). On calling back, she could complain that a particular CT took her details down at a specific time and, perhaps, hold the CT accountable for the information he told her that an ambulance will be dispatched yet no ambulance has arrived. In this sense she is not just displaying entitlement to ask for his name but entitlement to gather information that could aid her in holding the CT accountable in the future.

Comparing the first two kinds of call endings, an asymmetry in displays of entitlement can be observed. In Excerpt One the C does not display entitlement to ask the CT questions: the C displays entitlement to call an emergency call centre and to receive an ambulance but does not display entitlement to ask for an ETA or for the CT's name like the C in Excerpt Two does.

As previously mentioned in the literature review, Raymond and Zimmerman (2007) have outlined that when Cs place a call they become service seekers; reporting emergency needs and answering questions. When CTs answer a call they become

service providers; receiving reports and asking questions about the emergency at hand (Raymond & Zimmerman, 2007). The roles of CT as interrogator and C as respondent are maintained in Excerpt One. In Excerpt Two, roles and responsibilities are reversed and the CT role changes from interrogator to respondent and the C from respondent to interrogator. This change in roles indicates the C's orientation to entitlement to ask questions as well as the C's orientation to entitlement to receive a specific service that includes an ETA. The question arises as to 'What is revealed or produced as a result of these asymmetries in displays of entitlement?' and I address this question in the remainder of the analysis.

In Excerpt Three a variation in an ending sequence demonstrates interactional machinery that reverses C and CT roles and exhibits the C's orientation towards entitlement to a specific service.

Excerpt Three:

1	CT:	Oh:kay:.
2		Okay thank you ma'am we're going to send an
3		ambulance out hey: you must jus[t ( )
4	C:	[Okay thank you
5		my dear. To thirty two Saint Marks Street
6		in Reitewag?
7	CT:	Yes we've °got it.°=

8	C:	=Okay, um they(.)they won't be too lo:ng hey:?
9	CT:	No they're on their way now.
10	C:	Okay [thank you: my dear::
11	CT:	[°Okay bye°.
12	C:	Bye↑

In this excerpt, the CT attempts to end the call in lines 2 and 3 by saying the ambulance will be dispatched and later in line 7 by reassuring the C that she has the necessary information. These attempts are delayed with post-expansion questions. The response in line 8 serves as a request for assurance that the ambulance will arrive in a timely manner. The request is implicitly suggestive of an ETA request in that the C displays entitlement to ask for an indication of the length of time the ambulance will take to arrive. By stating the ETA request in this implicit fashion, she indicates to the CT what she wants the CT's response to be: the ambulance won't take too long. She presupposes the answer that the ETA will be acceptably soon. Thus, she displays entitlement to ask for a suggestive ETA and to receive a timeous service as well.

Asymmetries are evident in the degree of entitlement displayed and the method of displaying entitlement to know when an ambulance will arrive between Excerpt Two and Excerpt Three. The C in Excerpt Three is displaying greater entitlement than the C in Excerpt Two as she not only displays expectation of receiving an ETA but presupposes that it 'won't take too long'. She is demonstrating an expectation of customer service with regards to receiving answers to questions but also timely service.

Another call ending type is shown in Excerpt Four. In Excerpt One the CT answers the implicit request for an ambulance by saying an ambulance will be dispatched. While in Excerpt Four, the CT answers the implicit request by saying the ambulance will be sent out as soon as possible thereby giving an indication of time in addition to indicating that the request will be granted. The CT moves to end the call by answering the implicit request and acknowledging the C's right to prompt service. The C allows the call to end by not pursuing further discussion.

Excerpt Four:

1	CT:	Okay ma'am.
2		We're going to send out an ambulance as soon
3		As we can hey?
4		(1.0)
5	C:	°Thank you ma'am°
6	CT:	Al: ri:ght then ba↑bye:
7	C:	((talking to someone at her location))

By providing an indication of time in the course of granting the request for service with the use of the term 'as soon as possible', the CT displays an orientation to the urgency of the need for an ambulance. The C accepts this response with a 'thank you'. This call thus follows the normative format of the basic ending sequence shown in Excerpt One, with the exception that in Excerpt Four, the CT adds the pre-emptive term 'as soon as possible' to the basic ending sequence. This term works to pre-empt a possible future request for an ETA by the C by displaying the CT's orientation to the C's right to a speedy service. The C displays entitlement to call in and to receive an

ambulance as soon as possible but after hearing that the CT has said the ambulance will arrive as soon as possible, does not overtly display entitlement to ask directly for an ETA. This provides further evidence that the CT's use of the phrase 'as soon as possible' is designed to pre-empt such a request. The C and CT collaboratively construct a call ending where the production of an ETA request is not realised. Though the use of the term 'as soon as possible' may lengthen the call ever so slightly, it appears designed to avoid an ETA request that would lengthen the call substantially.

In Excerpt Five, as in Excerpt Four above, the CT attempts to end the call by saying that the ambulance will be sent out as soon as possible. The CT's words 'as soon as possible' may be designed to avoid an ETA request. However, on this occasion the pre-emptive function of 'as soon as possible' is not successful in avoiding an ETA request. In Excerpt Five the C is phoning in on behalf of another person. She displays entitlement to ask the CT questions at various points in the call and to know what 'as soon as possible' means. The C thus displays heightened entitlement because despite the CT acknowledging her entitlement to a speedy service, she asks for a more specific ETA and thus to know exactly when the ambulance will arrive.

Excerpt Five:

1	CT:	Oh hh kay hh.
2		(.)
3	CT:	Okay ma'am I'm going to send an ambulance out to
4		you as soon as possible hey.

6 C: Okay how soon is soon as possible?
7 CT: U:m (.) ma'am I cannot tell you but as soon as an
8 ambulance is available they'll definitely send one
9 through.
10 C: Is it in an hour?
11 Two ↑hours?
12 (1.0)
13 CT: I cannot tell you but we hope so ma'am.
14 C: B( )
15 CT: I'll try and do my best for y:ou.
16 C: Okay 'cause she's la↑ying there in a lot of pain,
17 she nee:ds to get to the hosp↑ital.
18 CT: No problem.
19 C: Alright. Thank you.
20 CT: Okay thank [you so much ( )
21 [((dial tone))

The C accepts the response to her implicit request for ambulance with an 'Okay' but expands the closing sequence by asking for an explanation of what 'as soon as possible' means. This post-expansion does not follow the expected normative structure seen in Excerpt Four; though the CT has moved to end the call the C is not aligning with this move to close the call, and instead expands the call in pursuit of an exact ETA. Entitlement is displayed through the mechanism of expanding the ending of the call.

The CT responds to the explicit request for an exact ETA with a slow 'u:m' in line 7. This response indicates the problematic nature of the ETA request and acts as forewarning that there will be a dispreferred response as an ETA request cannot be

provided. The CT provides an inability account and reassurance that an ambulance will be sent. The C's pursuit of an indication of time in lines 10 and 11 indicates further heightened entitlement to a specific response. She pursues the preferred response even after receiving a dispreferred response, thereby displaying entitlement to make a request and to pursue it despite being told it cannot be provided. This second request for an ETA receives another dispreferred response; a delayed but concise inability account followed by reassurance from the CT; 'but we hope so ma'am'. Although only partially audible in line 14 it is suggestive that the C could again be pursuing the ETA request. But the CT in line 15 promptly attempts to reassure the C that every effort is being made that can be made. The 'okay' in line 16 indicates that the C has accepted the assurance from the CT. However, she reinforces the urgency of the emergency situation by accounting for why an urgent response is needed; 'cause she's laying there in a lot of pain, she needs to get to hospital'. Therefore, the C is continuing to assert a need and entitlement to prompt service even though she has accepted that she cannot receive an exact ETA. It is noteworthy that this C is calling the ambulance services on behalf of someone else and an emergency situation that she admittedly knows little about. Even though she is not personally 'in a lot of pain' and in need of the service, she displays heightened entitlement during the call. This is suggestive that an individual's level of personal discomfort may not be the reason behind displays of entitlement to prompt service.

The CT responds by saying 'no problem'. The 'no problem' response is not a normative response to an account of urgency. Instead it is a response expected to follow a 'thank you'. The CT is thus orienting to ending the call despite the C's

expansion attempts. The 'no problem' acts as concise reassurance that she, the CT, will do her best without providing an expanding explanation as previously.

The C ends the post-expansion by accepting what the CT has said: 'Alright'. She also says 'thank you' showing appreciation for the granting of the request for an ambulance and the assurance that it will be sent as soon as possible, even though the ETA request was not granted. The C terminates the call before the CT finishes thanking the C (line 21). This sudden ending of the call and cutting off of the CT suggests that the C has begrudgingly accepted the lack of an ETA response, providing evidence for a display of further entitlement.

This C thus repeatedly displays heightened entitlement to insist on receiving the exact information she requests; she orients to being not only entitled to ask for an ETA but to argue and explain why she requires one and to abruptly end the call having not received what she asked for. Asymmetry in displays of entitlement can thus be found between the Cs in Excerpt Four and Excerpt Five. In Excerpt Four, the CT's acknowledgement of the C's entitlement to speedy service is accepted by the C, however, in Excerpt Five, the C clearly displays heightened entitlement to specific information and to insist upon receiving it.

In the following excerpt, the CT says that the ambulance has already been dispatched in response to the implicit request for an ambulance.

Excerpt Six:

1 C: Yes he can't breathe well.
2 His chest >is is is< closed.
3 (0.5)
4 CT: O:kay.
5 We (.) the ambulance is on the road for you ne?=
6 =It's coming there now, ne?
7 (0.7)
8 C: Okay thank you [ah lady.
9 CT: [Thank you, bye.
10 C: Enjoy your night further and may God bless you.
11 CT: ↑Oh thank you, thank you, thank you very much
12 hey.
13 C: Thank you.
14 CT: Bye.
15 C: °Babye lady°.
16 CT: Bye.

The difference between the CT's move to end the call in Excerpt One and Excerpt Six is that in Excerpt Six the CT states the ambulance is already en route rather than will be en route in the future. The immediate dispatch of the ambulance suggests that the CT has determined that the emergency is life-threatening and the necessary ambulance is available to be dispatched. The C accepts the response but expands on the response with a blessing that displays gratitude of a higher degree than in any of the other excerpts examined. The CT responds to the blessing with repetitive 'thank you's. This display of profuse gratitude suggests that the C was not expecting such prompt service and is attributing the timely response to the actions of the CT who she blesses in response to the unexpectedly good news. The CT's repetitive 'thank you's are a deviation from the usual ending of one 'thank you', suggesting that receiving a blessing is unusual and unexpected.

The C's profuse displays of gratitude, despite the life-threatening nature of the emergency, are suggestive that the C was not expecting or taking for granted the immediate emergency response. This C shows a markedly lower degree of entitlement to prompt service than some other Cs in the above excerpts, even though those cases involved C's with comparatively less serious emergencies.

In summary, there are six identified call endings:

1) No time referral or request

2) Direct ETA request from C

3) Indirect ETA request from C

4) 'As soon as possible' response from CT

5) ASAP from CT and ETA from C

6) Indication of already-dispatched ambulance from CT

The different call endings described above also indicated some asymmetries in displays of entitlement of Cs. Some additional calls in the sample contain displays of entitlement that are worthy of exploration. These calls provide special cases which offer additional evidence to further the analysis of the asymmetries discussed above.

6.2 Special Cases

The first of the special cases is Excerpt Seven, where a doctor in private practice has phoned in on behalf of his patient who needs an ambulance. The call starts with the C identifying himself as a doctor. The CT addresses the C as a 'doctor' repeatedly

throughout the call. As a result, both parties in the interaction acknowledge the C's title of doctor. This suggests an ongoing orientation to the C as an authority figure regarding medical situations and medical knowledge.

This call involves a long interrogation series. As Whalen et al. (1988) suggest, CTs can see the interrogation series as assisting the gathering of information necessary for appropriate assistance; however, if Cs do not understand the need for the interrogation they may see the process as a delay in obtaining necessary medical assistance (Whalen et al., 1988). The doctor may view the questions as delays in receiving the necessary medical assistance. As a medical doctor the interrogation sequence may come across as questioning his abilities as a doctor, where his professional assessment that an ambulance is required ought to be sufficient. The excerpt below takes place after the interrogation sequence and nearing the ending sequence of the call.

Excerpt Seven:

1	CT:	And they::'re in: (.) Gugulethu?
2		(0.7)
3	C:	No:: my dear, this is in Khayelitsha not
4		Gugulethu. ((Irritation and condescending tone))
5		(7.0)
6		((childs cries get louder and more frequent))
7	CT:	The reference number one oh three two four
8		(1.0)
9	C:	One oh two::? (.)
10		(.)

11 CT: °two°

12 C: ↑Sorry?

13 CT: One oh three two four

14 C: One oh three two four?

15 CT: Yes doctor.

16 C: And so: what are you sending me?

17 (0.7)

18 CT: What do you nee::d?

19 (0.5)

20 C: Cos I need to know >how quickly you can get here,

21 [other<

22 CT: [I cannot give you a ETA=

23 C: =otherwise I'm going to stick her on an ambulance

24 ah bec: onto a taxi.(.)

25 CT: No: (.) because I can't give a E a ETA.

Throughout the call, the C displays irritation, often adopting a condescending tone. Furthermore, there are numerous interruptions by C and CT during the interaction. These early and interruptive refusals to accept one another's accounts can easily be understood as hostile or rude (Heritage, 1984). The C expresses entitlement through observable rudeness; as the C encounters interactional difficulties, the displays of irritation serve to indicate that the C is orienting to not receiving the service to which he is entitled. The CT's interruptions, in turn, serve to indicate that she is following protocol and the C is not entitled to the ETA he requests.

This call ending involves the CT trying to end the call by providing a reference number in line 7. The C and CT experience role reversal when the C asks questions of the CT and the CT begins to answer the questions of the C. The C does not end the call with the normative 'thank you' and 'good bye' but rather displays entitlement to

ask the CT a question that serves to expand the closing sequence: ‘And so what are you sending me?’ in line 16. This question displays an orientation towards the C’s professional category of doctor as he asks what kind of emergency response equipment he will be receiving. The delay in the response by the CT suggests that there is something problematic, perhaps unexpected, about the doctor’s question. The CT thus asks the C a clarifying question in turn; ‘What do you need?’ The CT’s question offers the C an opportunity to elaborate on the question by giving an account of why he is asking the question but instead of providing such an elaboration he produces an ETA request. The words ‘I need to know’ suggest a demand for information that is essential. This demand for information displays heightened entitlement to receive information and speedy service. The CT interjects with a response that she cannot provide an ETA. The C immediately responds that he will send the child in a taxi if an ambulance cannot be made available quickly. He thus demonstrates entitlement to a quick service. He displays an understanding that the service he seeks needs to be fast by suggesting that a taxi could replace the services of an ambulance if the ambulance is not fast enough. He, unlike some other callers, displays that he is unwilling to wait for the services of the ambulance and thus orients himself to a high level of entitlement to receive a service that is immediate. The doctor accounts for his demand, in his professional capacity, by stating that he does not want the child to die before an ambulance arrives. As a doctor he is providing his professional opinion on the seriousness of the emergency situation and thus the need for corresponding speed from the emergency services. His professional status and opinion are bound up with his display of entitlement to services.

Consistent with Craven and Potter's (2010) analysis of requests, the request by the doctor to speak to a manager is a directive: 'let me speak to a manager please'. The doctor displays high entitlement and controls the contingent responses by stating the request in this non-negotiable manner. The CT responds to this direct request as demanded by the doctor and puts the C through to a manager. As an extension of the demand for a specific service, the C demands that the CT let him speak to the manager of the call centre. Thus the C displays more and more entitlement to receive the service he demands in the time frame he demands. He does not accept any alternative provided by the CT and demonstrates this by demanding to complain to the manager about the CT. By complaining, the C demonstrates that he is entitled to the services he demands and it is the CT that is problematic and not his demand. According to Heineman and Traverso (2009) a complaint involves express feelings of dissatisfaction about some state of affairs, for which responsibility can be ascribed to something or someone. The action of complaining takes a personal experience of a problem and transforms it into an interactional difficulty. The C treats the CT as being at fault (and responsible for the fault) by virtue of making the complaint to the manager. He demonstrates that it is the CT who is at fault and has failed in her duties as a CT by not providing him, the C, with the information and services he is entitled to. This is the strongest display of entitlement found in the excerpts displayed so far and is in stark contrast to the following excerpt.

Excerpt Five and Excerpt Seven both involve Cs who display entitlement to ask questions of the CT and to insist on ETAs; both account for their needs for an ETA. However, the C in Excerpt Five does not complain to the manager. One feature of

the CTs' responses in Excerpt Five and Excerpt Two compared to Excerpt Seven is the attempt to reassure the C that the ambulance will be sent out even if an ETA is not possible. This feature was lacking in the responses from the CT in Excerpt Seven who repeats her inability account without reassurance of a dispatch. She does attempt to offer a solution to the lack of an ETA response by saying she can speak to the dispatcher but she gets interrupted before she can fully explain her alternative option. A CT's reassurance that an ambulance will be sent even if an ETA cannot be provided can be a method of dealing with Cs who insist on an ETA (Excerpt Five) and prevent or delay a possible complaint (Excerpt Two). By reassuring the Cs that they will receive a service, the CTs realign themselves within a customer-service frame that the Cs have indicated they are entitled to receive. The levels of entitlement displayed by the Cs in Excerpt Six and Seven are markedly different. The C in Excerpt Seven displays entitlement to a prompt service while the C in Excerpt Six seems not to expect a prompt service at all. Interestingly, both Cs treat the CT as being responsible for the speed of dispatch of the ambulance.

The second of these 'special cases', found in Excerpt Eight, is a repeat call between a C and CT. The C is calling back for the second time, to enquire as to the whereabouts of the ambulance she called for five hours before. C has been put through to a second CT. This call can be considered in relation to Excerpt Seven, as both involve complaints.

Excerpt Eight:

1	CT:	H[ello
2	C:	[Hello
3	CT:	Hi↑, It's Sarah from ambulance services.
4	C:	((In a desperate tone))
5		>Yes Sarah, I've been telling him it's been five
6		hours now since I called ( ) for an
7		ambulance and I'm still waiting. I'm in pain,
8		really paining<
9	CT:	°.hhYes ma'am° I have checked now, it shows that
10		it's still pending on our system hey.
11		There's still no vehicle available.
12		What I'll do is I'm going to go speak to my
13		dispatcher to inform them that the condition is
14		actually worsening. hhUm but at the moment there
15		is no vehicle available, as soon as we have one
16		we'll send one out there ↑oh kay?
17		(0.7)
18	C:	°Okay (ma'am)°
19	CT:	Okay Ma'am, thank you very much ↑hey?
20	C:	°My pleasure°
21	CT:	Okay bye bye.
22	C:	hhBye↓.

If only lines 18 to 22 were shown in this excerpt, the call ending would appear to be following the normative framework and basic ending sequence found in Excerpt One and Four: upon receiving a response to her implicit request for an ambulance, the C

accepts the response ending the call with ‘Okay’s, ‘thank you’s and ‘goodbye’s. Yet, viewing the call in its entirety shows a more complex interactional situation.

The C begins the call frantically explaining her situation: she says ‘Hello’ before the CT has finished saying ‘Hello’ (lines 1 and 2) and she speaks very quickly in a shrill voice (lines 4 to 8). The C is complaining to the CT about her situation. The CT responds to the complaint with an account as to why no ambulance has arrived. Whalen et al (1988) note that when Cs ask for assurance that assistance is on its way to them, this can involve displays of urgency that may be interpreted as hysteria, impatience or hostility by the CT. In this call the urgency of the C is displayed by an interruption of the CT’s opening utterance as well as a fast and high pitched voice. However, since emotional displays by Cs may be seen as interfering with CT’s work, the CTs may not understand the requests as demonstrating urgency but rather as problematic. The display of emotion may not fulfil the task it was designed to: only making the CT more task-focused and less understanding of her urgency. This may also be a case of the C seeing her emergency as more urgent and serious than the CT, as mentioned by Drew and Walker (2010), and so the C displays higher entitlement and lower contingency than the CT understands to be suitable for the situation.

By making the original call the C has oriented towards entitlement to receive an ambulance. She reinforces this level of entitlement by calling back to complain that the ambulance she has requested (and ostensibly been granted) has not yet arrived. However, despite her five hour wait, she does not display heightened entitlement to ask directly for an ETA thus not demonstrating entitlement to prompt service but

rather displaying entitlement to simply receive an ambulance. Though she complains briefly to the CT at the start of the call about her worsening situation, she does not complain about the emergency services, CTs or ask to speak to a manager. Her displayed level of entitlement does not escalate but rather she backs down and accepts the account that the CT provides, moving quickly toward closing the call thereafter.

Examining the last few lines closely, the CT responds to the disappointed 'okay' with 'Thank you very much hey?' the questioning nature of this statement acknowledges the C's disappointment and is possibly thanking the C for her patience while questioning her patience with the situation. The CT's orientation towards the C having a right to receive faster service and to be impatient about not receiving it, is suggestive that the CT is not expecting the C to display such limited entitlement to a service. By questioning the C's acceptance of the situation, the CT creates an opportunity for the C to speak again. Yet the C responds to the 'thank you' section of the statement and not the questioning tone, with the words 'My pleasure' stated in a quiet yet willing tone.

In line 18 the C accepts the CT's inability account and reassurance that she will receive a service from the CT with a softly spoken 'Okay'. The last few lines of the call demonstrate that the C does not display entitlement to enquire further as Excerpt Five, or complain further or ask to speak to a manager as in Excerpt Seven. Instead she accepts the explanation of the CT, even if softly indicating some disappointment. As seen in previous excerpts, reassurance can prevent further complaints. However, in those excerpts the C's demonstrate entitlement to ask for an ETA as well as

repeated need for reassurance. This C accepts the first account as well as the first sign of reassurance. The C displays limited entitlement to a service throughout the call.

At the beginning of the Call (Excerpt Eight), the C has spoken passionately, demonstrating her upset and pain with a loud, fast, panicked voice. Yet her voice changes drastically in line 18 where her voice slows and becomes soft, as she accepts the CT's explanation. In contrast, the doctor (Excerpt Seven), speaks with more and more authority and irritation as the CT tries to provide an explanation for a lack of an ETA. Dramatically contrasting asymmetries are found between these two excerpts, where the two Cs display very different levels of entitlement to a service.

It is noteworthy that the C in this case is still waiting for the ambulance and has not arranged personal transport as many other Cs do after waiting for some time. In contrast with Excerpt Seven, she does not see the five hour wait as a failure in the duty of the call centre that warrants her using another method to receive the necessary service. She thus does not display a similar understanding of the right to prompt service as the doctor does in Excerpt Seven. In Excerpt Seven, the C's heightened entitlement to demand prompt service is bound up with his displayed title of doctor and thus authority on the seriousness of the emergency. Comparatively, the C in Excerpt Eight does not display this type of category-based authority to make pronouncements on the seriousness and thus urgency of the emergency response required.

In Excerpt Seven, there is a role reversal where the C becomes the authority on medical knowledge instead of the CT. However, in Excerpt Eight the CT's implicit title

of Emergency CT does provide the CT with authority to make dispatch decisions about medical emergencies and thus assumes the role of medical authority figure in the situation. The C is the only individual in the interaction with direct knowledge of the emergency situation and, by providing this information to the CT, she has passed her authority onto the CT who now has all authority over the situation. The C only explains her situation but not with any medical authority.

Excerpt Nine:

1	CT2:	Mmhmm
2	CT1:	Still pending
3		(.)
4	CT2:	Okay thank you ( ).
5	CT1:	Eja
6		(1.0)
7	CT2:	Na cos I told her she only phoned just ah=
8	CT1:	=mmm=
9	CT2:	=bout 30 minutes ago and she says >she's
10		been standing there for TOO LONG<.
11	CT1:	Ai yi yi yi yi she just phoned now at
12		quarter past two.
13	CT2:	Mmm
14	CT1:	She must wai:::t ma::n especially that side
15		they don't have vehicles in Khayelitsha.
16	CT2:	°Okay:°

From lines 7 to 16, the CTs display their views on the C and the service such a C is entitled to. The CTs display disapproval for the woman's request for an ETA in lines 11 to 15. In lines 9 and 10 the second CT imitates the C by repeating the C's phrase that she has been waiting for too long. This imitation is performed in a mocking fashion. The exclamation 'ai yi yi yi yi' by the CT in line 11, suggests surprise and disapproval of the woman's request. In lines 14 and 15, the CT's disapproval is explained by the CT who notes that since the woman lives in Khayelitsha where 'they don't have vehicles', waiting for 30 minutes is expected and therefore an inadequate basis for complaining. The phrase 'especially that side', with emphasis on the last two words, highlights that the type of location a C is calling from, is relevant for these participants. The C is expected to wait and not to complain if she is from 'that side'. As found by Drew and Walker (2010), the CT has a different understanding of the urgency and seriousness and thus the C's entitlement to service than the C does. The C, by phoning in twice, demonstrates urgency and seriousness that the CTs do not agree with. In this call the location is an explanatory resource that the CTs use to justify their views regarding the C's permitted level of entitlement.

The CTs orient to the area in which the C is located as an area with few emergency resources, a lower socioeconomic area. Knowing which area the C is from is thus used as a resource for estimating the C's allowed level of entitlement. These CTs demonstrate a specific understanding of an individual's rights to a service according to their location, which is treated as a proxy for socioeconomic status: an individual in Khayelitsha has diminished rights to prompt emergency service.

In contrast, we can again consider Excerpt Seven where a doctor displays his title like a badge entitling him to prompt service and to complain, and Excerpt Eight in which a woman with no displayed title is not given the option to complain and accepts a lack of service with appreciation. In Excerpt Two a woman displays a right to know when an ambulance will arrive, while the CTs in Excerpt Nine treat the C's request for an ETA as ridiculous owing to her location. These calls starkly highlight asymmetries in displays of entitlement. Excerpt Nine offers evidence that CTs may use location and other markers of socioeconomic status as the basis for warranting the provision of services within a certain period of time. Every C is required to provide the CTs with their location and the Cs may also reveal additional markers of their socioeconomic status to CTs. These markers are used both as displays of entitlement and as a basis for making judgments about the legitimacy of the C's claims to and the CT's expectations of entitlement. The use of these markers is a systematic but contingent possibility in such calls to the call centre.

It is significant that the link between entitlement and socioeconomic status made by the callers is taken-for-granted and not interrogated. This self-evident link between entitlement and class is treated as unproblematic within the interaction between CTs. This is in line with the analysis conducted by Whitehead (2013) as discussed previously. Though race has not explicitly emerged within the data presented here, Whitehead's (2013) findings regarding the continuity in common-sense knowledge of the overlapping nature of race and class suggests that since class is employed as a resource within emergency call interactions, race may also influence displays of entitlement within these interactions.

7. Discussion

Asymmetries in entitlement i) are collaborative productions of the participants' "doing inequality" in the calls and ii) may serve as a mechanism for reproducing material inequalities in everyday interaction. Considering the emergent patterns across the nine excerpts, and the use of categories in them, defining the Membership Categorisation Device (MCD) at play in the data can provide further insight into the analysis. The MCD "Caller" describes those who phone into the Call centre to ask for an ambulance. All such Cs display entitlement to call for medical assistance. The diagram below demonstrates the MCD and the category-bound attributes participants have oriented themselves to as described above. "The Caller" may contain two categories within it; that of a person with low socioeconomic status and that of a person with high socioeconomic status. There are category-bound activities where the individual with a low socioeconomic status is expected to display limited displays of entitlement while the person with a high socioeconomic status is expected to display higher levels of entitlement during the call.

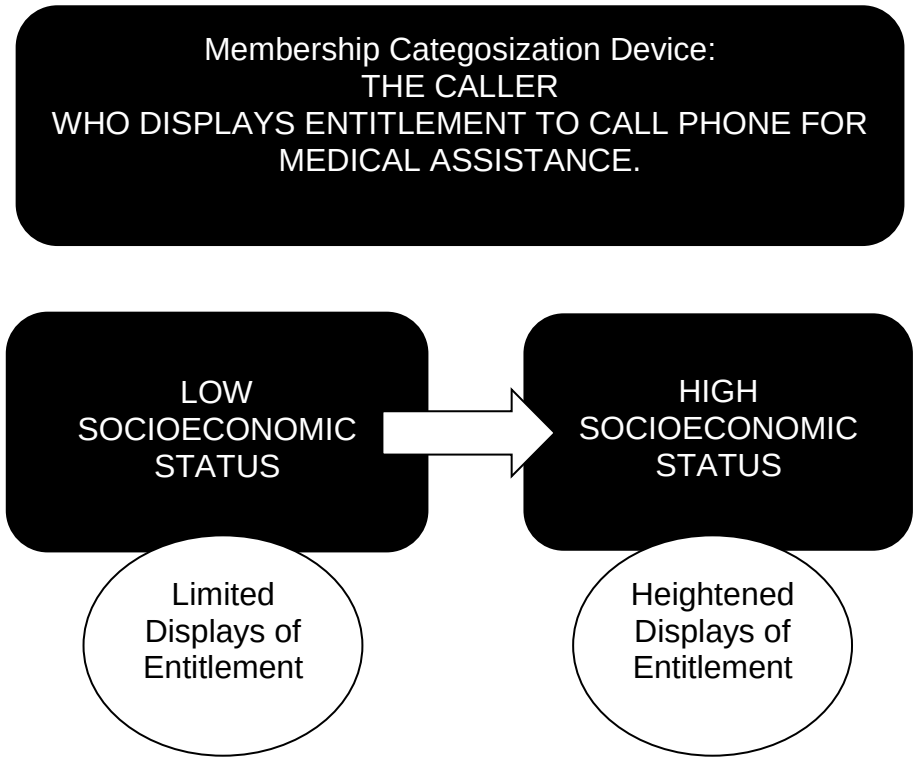


Diagram 1: The Caller Membership Categorisation Device

It is important to note that this analysis has limitations. In particular, as described in the literature review, it is considered to be the responsibility of the CT to assure a timeous response to an emergency (Raymond & Zimmerman, 2007). In relation to my analysis, when Cs ask for an ETA they are overtly aligning themselves with the expectation that the CT is responsible for a timely dispatch of an ambulance, and reinforcing their right to ask for help. Individuals who do not ask for an ETA are not displaying the right to ask for the information on how long it will take for an ambulance to arrive. This may suggest that the Cs are i) not oriented to being entitled to such information or ii) taking for granted that an ambulance service will be prompt and timeous and so an exact ETA is not necessary. The first option suggests a diminished entitlement to ask for information, while the second suggests a taken-for-granted entitlement to receive prompt service. Either way, however,

there is asymmetry of entitlement *displayed* by questions and a lack thereof. The analysis provided above does not definitively clarify if option i) or option ii) accounts for an individual's lack of a display of entitlement. However, the results demonstrate that socioeconomic status can be a resource used in interaction to make a judgment on an individual's right to display entitlement. This analysis lends itself to the idea that option i) is certainly a clear and systematic possibility, especially considering the phenomenon of repeat calls where Cs call back when the ambulance has not arrived timeously. One C calls back after 30 minutes (Excerpt Nine) while another calls back after five hours (Excerpt Eight) demonstrating an example of asymmetry in callers expectations of what can be considered a timely response. This suggests that Cs have differing ideas of what timely service is and thus they are not taking it for granted that the service will be timely. Thus, repeat calls provide further evidence for i) the entitlement argument.

In summary, my analysis demonstrates that the different types of call endings are linked to different levels of displayed C entitlement. Within the ending sequence of emergency calls, ETA sequences provide interactional space where entitlement to receive a service is or is not displayed. Furthermore, asymmetry in displays of entitlement to ask, not to ask and how to ask for an ETA for an ambulance are produced. The emergency calls are thus sites where social asymmetries are displayed in interaction between a C and CT and, as indicated by the special cases, socioeconomic inequalities (and possibly race) are acted out in displays of entitlement to ask, how to ask or not to ask for an ETA. Social inequalities are

displayed and negotiated in these exchanges and thereby become consequential in everyday interactions.

Overall, I aimed to answer two research questions:

1. How do Callers display entitlement through ETA requests in emergency calls?

2. How are social asymmetries displayed in ETA requests in emergency calls?

In the process of answering these two questions, the (re)production of inequality within interaction in the emergency calls became apparent. According to Garfinkel (1967; as cited in Heritage, 1984), institutional structures are maintained through actions. In this case, the institutional structure of socioeconomic inequality can at times be maintained and produced in emergency calls through displays of entitlement. The socioeconomically unequal society of South Africa is not simply an infrastructural and material endeavour but is also played out in everyday social interactional settings. Considering the work by Fenstermaker and West (1995), this analysis offers a demonstration of their view that socioeconomic status is not simply an individual attribute but rather a situated accomplishment of societal members who are managing their actions in relation to normative concepts of appropriate attitudes and 'doings' for the specific categories of people.

9. References

Aiyar, S. A. (2010, August 29). Let's not confuse entitlements with rights. *The Times of India.* Retrieved from http://blogs.timesofindia.indiatimes.com/Swaminomics/entry/let-s-not-confuse-entitlements.

Andre, C. & Velasquez, M. (1990). *System Overload: Pondering the Ethics of America's Health Care System.* San Francisco: Markhula Center for Applied Ethics at Santa Clara University. Retrieved from http://www.scu.edu/ethics/publications/iie/v3n3/system.html

Antaki, C. & Widdicombe, S. (1998). Identity as an achievement and as a tool. In C. Antaki & S. Widdicombe (Eds.), *Identities in talk*, (pp. 1–14). London: Sage.

Babones, S. (2012, December 5). *Entitlements are Fundamental Human Rights, not political poker chips to be bargained away*. Truthout. Retrieved from http://truthout.org/news/item13130-entitlements-are-fundamental-human-rights-not-political-poker-chips-to-be-bargained-away

Baker, C.D., Emmison, M. & Firth, A. (2005). *Calling for Help: Language and Social Interaction in Telephone Helplines.* Amsterdam: John Benjamins.

Bhorat, H., Van Der Westhuizen, C., & Jacons, T. (2009). *Income and Non-Income Inequality in Post-Apartheid South Africa: What are the Drivers and Possible Policy Interventions?* Trade & Industrial Policy Strategies. Retrieved from http://www.tips.org.za

Campbell, W. K., Bonacci, A .M., Shelton, J. , Exline, J. J. and Bushman, B. J. (2004). Psychological Entitlement: Interpersonal Consequences and Validation of a Self-Report Measure. *Journal of Personality Assessment*, 83, 29 – 45.

Curl, T. & Drew, P. (2008). Contingency and action: a comparison of two forms of requesting. *Research on Language and Social Interaction*, 41, 1 - 25.

Craven, A. & Potter, J. (2010). Directives: Entitlement and contingency in action. *Discourse Studies*, 12, 419-442.

Department of Health (South Africa). (2011). Green Paper: National Health Insurance in South Africa. Retrieved from www.hst.org.za/publications/green-paper-national-ealth=insurance-south-africa

de Zayas, A. (2012). *Sixty-seventh general assembly hears from 12 UN experts – equitable world order, right to food, transnational corporations, human rights in Democratic People's Republic of Korea among issues*. UN Department of Public information: New York. Retrieved from http://www.un.org/News/Press/docs/2012/gashc4049.doc.htm.

Drew, P. & Walker, T. (2010). Going too far: Complaining, escalating and disaffiliation. *Journal of Pragmatics,* 41, 2400 – 2414.

Dominguez-Whitehead, Y. & Whitehead, K. A. (2014). Food Talk: a window into inequality among university students. *Text & Talk*, 34, 49 - 68.

Feather, N. T. (2003). Distinguishing between deservingness and entitlement: earned outcomes versus lawful outcomes. *European Journal of Social Psychology*, 33, 367 –385.

Fenstermaker, S. & West, C. (1995). Doing Difference. *Gender Society*, 9, 8 – 37.

Garfinkel, H. (1967). *Studies in Ethnomethodology*. Engelwood Cliffs, NJ: Prentice-Hall.

Heineman, T. & Traverso, V. (2009). Editorial: Complaining in interaction. *Journal of Pragmatics*, 41, 2381 – 2384.

Heritage, J. (1984). *Garfinkel and ethnomethodology*. Oxford: Blackwell.

Hodkinson, P., Maritz, D., & Wallis, L. (2010). Identification of performance indicators for Emergency Centres in South Africa: results of a Delphi Study. *International Journal of Emergency Medicine*, 3, 341 - 349.

Jefferson, G. (2004). Glossary of transcript symbols with an introduction. In G. H. Lerner (Ed.), *Conversation Analysis: studies from the first generation.* Amsterdam: John Benjamins.

Kereiakes, D. J. & Willerson, J. T. 2004. US Health Care: Entitlement or Privelege? *Circulation*, 109, 1460 - 1462.

Larsen, T. (2013). Dispatching Emergency Assistance: Callers' Claims of Entitlement and Call Takers' Decisions. *Research on Language and Social Interaction*, 46, 205 - 230.

Lehohla, P. (2004). Provincial Profile 2004: Western Cape. *Statistics South Africa*. Retrieved from http://www.statsa.gov.za

Marshall, G. (Ed.) (1998). *A Dictionary of Sociology.* Oxford: Oxford University Press.

Moore, D. (1991). Entitlement and Justice Evaluations: Who Should Get More, and Why? *Social Psychology Quarterly*, 54, 208 - 223.

The Department of Human Settlements in the Republic of South Africa. (2014). *National Upgrading Support Programme: Part 1: Understanding your Informal Settlements*. Retrieved from http://www.upgradingsupport.org/content/page/part-1-understanding-your-informal-settlements

Nattrass , N. & Seekings, J. (2001). Democracy and Distribution in Highly Unequal Economies: The Case of South Africa. *The Journal of Modern African Studies*, 39, 471 - 498.

Raymond, G. & Zimmerman, D. H. (2007). Rights and Responsibilities in Calls for Help: The Case of the Mountain Glade Fire. *Research on Language and Social Interaction*, 40, 33 - 61.

Sacks, H. and Schegloff, E.A. (1973). Opening up closings. *Semiotica*, 8, 289 - 327.

Schegloff, E. A. (1997). Whose text, whose context? *Discourse and Society,* 8, 165 – 187.

Schegloff, E. A. (2007). *Sequence Organization in Interaction: A Primer in Conversation Analysis I.* Cambridge University Press: Cambridge.

Silverman, D. (2004). Who cares about “experience”? Missing issues in qualitative research. In D. Silverman (Ed.), *Qualitative research: Theory, method and practice*, London: Sage.

Stokoe, E. (2012). Moving forward with membership categorization analysis: Methods for systematic analysis. *Discourse Studies*, 14, 277 - 303.

Tracy. K. (1997). Interactional Trouble in Emergency Service Requests: a Problem of Frames*. Research on Language and Social Interaction*, 30, 315 - 343.

Tracy, S. (2002). When Questioning turns to Face Threat: an interactional sensitivity in 911 call-taking. *Western Journal of Communication*, 66, 129 - 157.

United Nations (2014). History: The Universal Declaration of Human Rights. Retrieved from www.un.org/en/documents/udhr/history.shtml

Vegter, I. (2012). Rights are not Entilements. Daily Maverick South Africa. http://www.dailymaverick.co.za/opinionista/2012-04-10-rights-are-not-entitlements/#.UwdkH4WhFTw

Wetherell, M. (1998). Positioning and interpretative repertoires: Conversation analysis and post-structuralism in dialogue. *Discourse & Society*, 9, 387 - 412.

West, C. & Zimmerman, D. H. (1987). Doing Gender. *Gender & Society*, 1, 125 - 151.

Whalen, M. & Zimmerman, D. (1987). Sequential and Institutional Contexts in Calls for Help. *Social Psychology Quarterly*, 50, 172 - 185.

Whalen, M., & Zimmerman, D. (1998). Observations on the display and management of emotion in naturally occurring activities: the case of “hysteria” in calls to 9-1-1. *Social Psychology Quarterly, 61*, 141 - 159.

Whalen, M., Whalen, M.R., & Zimmerman, D.H. (1988). When Words Fail: A Single Case Analysis. *Social Problems*, 35, 335 – 362.

Whitehead, K.A. (2011). An Ethnomethodological, Conversation Analytic Approach to Investigating Race in South Africa. *South African Review of Sociology*, 42:3, 1-22.

Whitehead, K.A. (2012). Racial Categories as resources and constraints in everyday interactions: Implications for racialism in post-apartheid South Africa. *South Africa, Ethnci and Racial Studies*, 35, 1248 – 1265.

Whitehead, K. A. (2013). Race-Class Intersections as Interactional Resources in Post-Apartheid South Africa. In C.M. Pascale (Ed.), *Social Inequality and the Politics of Representation: A Global Landscape* (pp. 49 – 63). Newbury Park, CA: Sage.

WHO. (2013). The Right to Health. Fact Sheet Number 323. Retrieved from www.who.intmediacentre/factsheets/fs323/en/