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Acts of Complaining as Realized by COVID-19 Survivors in Indonesia: A Gender Perspective

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Abstract

Background:

The increase in Covid-19 patients in Kediri City has had a significant influence on a variety of areas, including health services in the hospitals. This paper explicates an overview of how Covid-19 patients complain about health services in hospitals.

Methodology:

The present study employed qualitative design using sociopragmatics approach. Data was collected from 31 informants of different genders. The data analysis used Trosborg's theory.

Findings:

The results show that in Situation 1 (Medical Ward), both female and male patients have similarities in the use of speech act of complaining using annoyance by 37% of female and 36% of male patients, while in Situation 2 (Healthcare Services), there are differences in the use of the complaining strategy across gender. Women tend to use the ill consequences strategy (29%), while men used the annoyance strategy (34%). While the pattern of similarity in the speech act of complaining used across genders shows that the hint strategy (1%) was used by both genders as seen in Situation 2.

Conclusion:

To sum up, the difference in gender is not always a determining factor or benchmark in determining something including language use, it all depends on the individual's character in responding to something. Women can no longer be considered "super polite" compared to men, because in certain conditions women can be rougher than men, and vice versa.

Originality:

If the complaints of Covid-19 survivors about health services in hospitals are not revealed, then the public will never know the real conditions in the field. Without intending to diminish the importance of other determining factors and reduce the performance of healthcare workers as a result of their efforts in service, the less optimal service provided by healthcare workers to patients occurs because there is an imbalance between the needs of the survivors and the capacity of healthcare workers to meet those needs.

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1. INTRODUCTION

Dissatisfaction with the care received by patients and Covid-19 survivors in Kediri leads to complaints regarding health services. Many individuals expect that when they enter the hospital, they will receive adequate treatment and care so that they can recover fast and return to normal health. If the patient is dissatisfied with the treatment and cares received, this will lead to the speech acts of complaining.

The speech act of complaining can be expressed directly or indirectly as a result of disapproval, dissatisfaction, and irritation with something (Trosborg, 1995). Research related to speech acts of complaining has been carried out by many domestic and foreign researchers who focus on speech acts of complaining between natives and non-natives (immigrants). Previous researchers also focused on the speech acts of complaining between students (Alebadi et al., 2020; Da Silva, 2014; Farnia, 2010; Hussein & Al-Mofti, 2014; Laabidi & Bousfiha, 2020; Onalan & Cakir, 2018; Zhang, 2001). Even though gender issues can influence a speech act of complaining, previous studies are still looking at only a part of the problem or a part of it, and they have not linked speech acts of complaining and gender.

There have also been studies relating speech acts of complaining to gender, although it has focused on students and looked for differences in speech acts of complaining between female and male students in certain contexts (Al Rashidi, 2017; Chun, 2013; Noisiri, 2010; Thongtong & Srioutai, 2019). Research that is limited to specific circumstances, on the other hand, will be less equipped to respond to differences in speech acts of complaining between men and women. Previous studies related to the speech act of complaining have relied on the Discourse Completion Task (DCT) for data collection, which reduces the naturalness of the data. It is, therefore, necessary to conduct research related to expressive speech acts of complaining that consider various contexts of situations from a gender perspective, as well as data collection using a structured interview.

2. LITERATURE REVIEW

Gender is a term used to describe the social differences between men and women. Gender can also be interpreted as a concept of social relations that distinguishes the functions and roles between men and women (Coates, 2004). The differentiation of functions and roles between men and women is not determined by biological or natural differences, but is distinguished according to their respective positions, functions, and roles in existence and progress in numerous domains.

The concept of gender is an inherent trait of both men and women that is socially and culturally constructed. For instance, women are thought to be delicate, attractive, emotional, and motherly, whereas men are seen to be strong, rational, manly and mighty, aggressive; men are trained and driven to keep these features as a result of such social construction, and as a result, men get stronger (Chun, 2013; Fishman, 1983). The features are interchangeable properties. This means that men can be sensitive, delicate, and motherly at times, while women can be strong, rational, and powerful. Changes in the characteristics of these properties can occur from time to time and from place to place for example several characters indicating a shift in leadership style in job interview by Wijayanti et al. (2022) found that the female applicants also demonstrated traits that were originally associated with men's leadership styles, such as being fearless, self-assured, decisive, analytical, and critical thinker.

There are disparities in the way women and men use language, according to Holmes (1995), who stated that women have a tendency to be more interested in forming friendship bonds while using language, whilst males have a tendency to be more independent. According to Leaper & Robnett (2011), women occupy a subordinate position, so they communicate more politely and tentatively, while men who occupy a superior position, communicate offensively and tend to be aggressive.

Gender has long been recognized as an important variable in language use. Since the 1970s, much has been written about gender differentiation and its impact on language. The situation that has occurred in society in the previous two years, namely the Covid-19 pandemic, has resulted in numerous complaints, particularly in the healthcare sector; these concerns finally lead to the speech act of complaining.

Complaining is an illocutionary act of the speaker expressing disapproval or negative feelings about a situation related to the speaker as a person who is responsible for the events experienced by the speaker (Trosborg, 1995). Trosborg (1995) grouped four categories of complaints, namely No explicit reproach, Expression of disapproval, Accusation, dan Blame. This category has eight complaining strategies, namely Hints, Annoyance, Ill consequences, Indirect, Direct, Modified blame, Explicit Blame (behavior), dan Explicit Blame (Person). The four categories of the speech act of complaining are realized into eight strategies. The following is a brief explanation of each complaining strategy;

a. The category of No explicit reproach is carried out by not mentioning the thing that is complained of.

The speaker implies that the hearer knows his mistake and will take responsibility. This category has one strategy, that is hint strategy, in which the speaker uses the sign of the thing being complained about.

b. The category of Expression of disapproval that speakers express dislike.

This category has two strategies, namely annoyance, in which speakers express annoyance and Ill consequences, in which the speaker mentions the impact of the behavior of the interlocutor that does not apply to him.

c. The category of accusations, this category looks for the person to blame.

In this category there are two strategies, i.e., indirect accusation, in which the speaker submits an indirect complaint and direct accusation, in which the speaker submits a direct complaint.

d. The category of Blaming, in which the speaker blames the speaker in his complaint.

Three complaining strategies can be used by speakers. They are modified blame, in which the speaker conveys a complaint by modifying his complaint, the category of explicit blame (behavior), in which speakers complain explicitly, and the category of explicit blame (person), in which the speaker blames the speech partner himself as a human being as a whole, not on the actions that have been done by him.

In everyday conversation, complaining is a real problem, oriented toward the speaker as a party who is not treated properly, and as an activity that conveys a negative attitude towards particular targets (Rhurakvit, 2012; Rinnert & Nagomi, 2006). Many patients are dissatisfied with hospital health care during the current pandemic (Pratiwi & Utama, 2020). As a result of this condition, patients vent their displeasure in the form of speech acts of complaining. Patients of different genders surely have distinct approaches or strategies for complaining; in this study, the strategies utilized by gender in complaining will be described.

3. METHODOLOGY

This research falls under qualitative descriptive research because it aims to describe in depth the complaints from a gender perspective. 31 participants in this study are patients and residents around the hospitals in Kediri, Indonesia. This study uses a sociopragmatic approach, this study looks at the incident (speech acts of complaining) from a gender perspective. This study adopts a sociopragmatic approach and examines speech act of complaining from a gender perspective. A structured interview was used to collect the data

from Covid-19 survivors. 31 different gender informants served as sources of data. The data analysis adopts the theory of (Trosborg, 1995). Figure 1 outlines the research process.

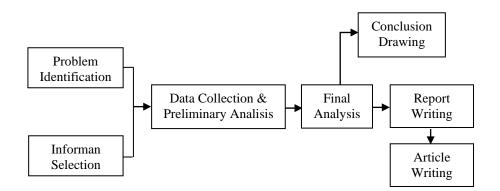


Figure 1. Research Procedure

This research uses sampling techniques, and the research sample in qualitative research is often used to answer research questions. Therefore, the sampling technique used in this research is purposive sampling. Purposive sampling is used to select and determine the data sources used in the research (Sutopo, 2006). Purposive sampling is also used to select informants who are considered to have the required information and are deemed credible as sources of data for this research. The aim is to obtain completeness and sufficiency of data and to achieve in-depth study. The sample is determined from the data sources that have been carefully and strictly selected based on various specific criteria developed by the researcher to achieve the research objectives. In this research, the selection of the informants was based on several criteria:

- a. Covid-19 patients receiving treatment in hospitals,
- b. having complaints about hospital services,
- c. native residents of Kediri city,
- d. of Javanese ethnicity,
- e. residing in Kediri city,
- f. willing to be informants, and
- g. having sufficient time to assist in the research process.

By using these criteria, data can be obtained and classified accurately, so that there will be no data considered inappropriate. Because all the data will show the TTM strategy used. The data should also show the location, participants, events, interactions, and behaviors being studied. Thus, the data becomes less general to avoid quantitative, positivist interpretations that are too specific (Santosa, 2021).

4. FINDINGS

The phenomenon of the use of language and gender-related terms has become something of interest among the public, leading many researchers to conduct studies that link language with gender. Social and cultural constructs of inherent traits in men and women, such as women being known for being more gentle (Baron & Kotthoff, 2002; Showalter, 1998), however, in certain conditions, such as psychological and physical abnormalities like illness, women tend to complain more using harsher strategies than men.

The speech act of complaining was pioneered by Trosborg (1995) in his book entitled *Interlanguage Pragmatics Requests, Complaints, and Apologies*. The speech act of complaining is the concept of using language as an action due to dissatisfaction with something. The research findings and explanations are presented with the following description.

4.1. Situation 1 (Complaint about the Room)

The patient complains about the room where he is being treated. The rooms include the emergency room and the medical ward. The patient complained to the nurse (medical staff). The results show that both genders tend to use the expression of disapproval with annoyance and ill consequences strategies. The detail of this situation is presented in table 1. Table 1 Speech act of complaining in Situation 1 (Medical Ward)

Category	Strategy	Male	Female
No Explicit	Hints	2%	0%
Reproach			
Expression of	Annoyance	37%	36%
Disapproval			
	Ill	26%	32%
	Consequences		
Accusations	Indirect	1%	0%
	Direct	7%	8%
Blame	Modified Blame	8%	6%
	Explicit Blame	16%	17%
	(Behavior)		
	Explicit Blame	3%	2%
	(Person)		
	Total	100%	100%

In Situation 1 (Medical Ward), Table 1 demonstrates the differences in complaints about health services between men and women. Covid-19 survivors felt uncomfortable in the room they occupied. In expressing their displeasure, women use all forms of complaining strategies of hint (2%), annoyance (37%), ill consequences (26%), indirect (1%), direct

(7%), modified blame (8%), explicit blame (behavior) (16%), and explicit blame (person) (3%). Meanwhile, men do not use two complaining strategies of hint and indirect. They used annoyance (36%), ill consequences (32%), direct (8%), modified blame (6 %), explicit blame (behavior) (17%), and explicit blame (person) (2%).

In Situation 1, women used the hint strategy (2%) and indirect strategy (1%) while men did not use it. The annoyance strategy was used by women (37%) and men (36%). Ill consequences strategy was used by women (26%) and men (32%). Women (7%) and men (8%) used direct strategy. A modified blame strategy was used by women (8%) and men (6%). Women used the explicit blame (behavior) strategy 16% while it was used also by men (17%). The explicit blame (person) strategy was also used by both women (3%) and men (2%).

In situation 1, women complain more about the medical room and occupy a higher position in using annoyance strategy than men. However, men occupy the highest level of the ill consequences strategy (32%) compared to women (26%). Because women want to avoid social conflict, men prefer to eschew hint and indirect strategies, while women continue to utilize them. Women, on the other hand, women use the explicit blame (person) strategy with harsh attacks and even judgments (3%) more than men (2%).

The results support and at the same time refute the theories from Holmes (1995), Mills (2005), and Coates (2004) that argue that women are more polite than men. Women can be more courteous than males at times, but they can also criticize and judge someone.

4.2. Situation 2 (complaint on the healthcare services).

Situation 2 refers to COVID-19 survivors who complained about the poor services provided by health workers, such as replacing infusion and being slow, unfriendly, and unresponsive. Table 2 is the summary of Situation 2.

Table 2 Speech act of complaining in Situation 1 (Healthcare Services)

Strategy	Male	Female
Hints	1%	1%
Annoyance	27%	39%
-		
Ill	34%	32%
Consequences		
Indirect	1%	0%
Direct	5%	3%
Modified Blame	9%	5%
Explicit Blame	18%	17%
	Hints Annoyance Ill Consequences Indirect Direct Modified Blame	Hints 1% Annoyance 27% Ill 34% Consequences Indirect 1% Direct 5% Modified Blame 9%

Category	Strategy	Male	Female
	(Behavior)		
	Explicit Blame	5%	3%
	(Person)		
	Total	100%	100%

Table 2 depicts the disparity in complaints about health services between men and women in Situation 2 (Healthcare Services). COVID-19 survivors are dissatisfied with the assistance they receive. In expressing their dissatisfaction, women use all strategies, which are hint (1%), annoyance (27%), ill consequences (34%), indirect (1%), direct (5%), modified blame (9%), explicit blame (behavior) (18%), and explicit blame (person) (5%). While men did not use indirect strategy, they used other strategies such as hint (1%), annoyance (39%), ill consequences (32%), direct (3%), modified blame (5%), explicit blame (behavior) (17%), and explicit blame (person) (3%).

In Situation 2, both women and men show the lowest use of the strategy of hint (1%). Women use the annoyance strategy (27%) while men are higher (39%). Women use the ill consequence strategy (34%) more than that of men (32%). Women used the indirect strategy (1%) while men did not use it. The direct strategy was used by women (5%) and men (3%). Modified blame strategy was used by women (9%) and men (5%); it is lower for men. Explicit blame (behavior) strategy was used by women (18%) while men (17%). Lastly, the explicit blame (person) strategy was used by women (5%) and men (3%).

In Situation 2 regarding the healthcare services, the highest percentage is women using the ill consequences strategy (34%), while men used the annoyance strategy (39%) in Situation 1 (Medical Ward). When opposed to Situation 1 involving the medical ward, Situation 2 involving healthcare services has a propensity to be more complained about the room. In Situation 2, women were more careful in complaining about health services than men.

The findings of this study corroborate with the theory of Holmes (1995), Mills (2003), and Coates (2015) who argue that women are more polite than men. Table 2 shows that women tend to make more efforts to avoid social conflicts. Table 2 also supports the theory of Wodak and Benke (1990) that women reflect conservative, prestige awareness, increased mobility, discomfort, deference, nature, emotional expression, relatedness, sensitivity, and solidarity. In contrast, men tend to reflect violence, lack of expression, competitiveness, independence, competence, hierarchy, and control. Figure 2 is a summary of the use of the complaining strategy between genders.

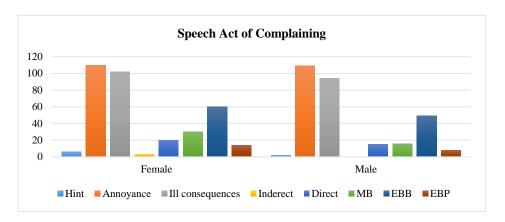


Figure 2. Strategies of Speech Act of Complaining between Genders

5. DISCUSSION

The complaining strategies used by Covid-19 survivors based on gender show that women tend to use annoyance and ill consequences strategies. Generally, annoyance strategies have a higher distribution than ill consequences strategies, as is the case with men. These strategies still fall into the low complaining category compared to other strategies. This seems to be related to Javanese culture that still exists in Covid-19 survivors, namely, "tepa salira" and "empan papan" in the Mataraman Wetan cultural community. This can bring quite positive implications for social relationships. Complaining by merely expressing dissatisfaction (cause and effect) is still within reasonable limits, as the complaints made by survivors from different social backgrounds have not led to hate speech and curses.

Research pertaining to the speech act of complaining which is associated with gender (Al Rashidi, 2017; Chun, 2013; Noisiri, 2010; Thongtong & Srioutai, 2019), women tend to be softer and use longer (indirect) and more polite language when they are complaining. While men typically use direct, disrespectful, and rude language when they complain. While a study conducted by Kakolaki and Shahrokhi (2016), indicated that there are differences between men and women in realizing the speech act of complaining, men frequently use direct complaints in contrast to women, who most frequently use indirect complaints. They came to the conclusion that gender had an impact on the strategy of complaint and politeness used.

Contrary to the findings of this study, women often complain by blaming others directly, but they modify their speech so that the listener does not feel burdened by their complaint. However, under some circumstances, women are unable to control their speech,

and they speak in the rudest possible ways to the addressee. While men's speech tended to be more egalitarian, there was no discernible change for them.

The findings of this research also conflict with those of Coates (1995), who contend that women are more likely than men to express uncertainty, indecision, and a lack of trust, for example. According to the study's findings, women were more assertive and confident when they complained, and as a result, they gave speakers who were being particularly rude 5% more often than men with a 4% rating.

This appears to be influenced by the advent of the digitalization era, which has spread to all sectors and where women are now free to express their opinions through social media. Considering the culture that should belong to the people of Kediri, which is the Mataraman Wetan, women are supposed to be more polite than men. Nevertheless, this culture starts to gradually change alongside the modern, technologically advanced times.

Another significant issue is the sociopragmatic role in Covid-19 health services. It has been discovered that these factors play a very minor role, and for Covid-19 survivors who are not in a good shape, psychological factors may have an even greater impact. This is corroborated by the view of Alonso et al. (2011) and Umayah et al. (2017) depending on the situation, a person may express themselves differently than usual.

6. CONCLUSIONS

Gender differences in language usage are prevalent, and numerous researchers have looked into them. The use of the complaining strategy in two situations of medical ward and healthcare services shows different expressions but similarities between the two. This difference can be seen in the two genders choosing different complaining strategies in different situations. For instance, women tend to express their annoyance by choosing the annoyance strategy and blaming the nurse using the explicit blame (behavior) strategy, while men choose the annoyance strategy without being followed by an explicit blame (behavior) strategy, but by ill consequences strategy. Both genders similarly used the hint strategy (1%) in Situation 2 (healthcare services). In Situation 1, women are more likely to attack and exhibit emotions, whereas men are more likely to be conservative. In Situation 2, Women like to communicate warmly, whilst men utilize a more confrontational complaining strategy.

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