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Realizing Complaining Speech Acts of Covid-19 Survivors with a Gender and Education Perspective

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Abstract

This study aimed to describe the complaining speech act strategy used by Covid-19 survivors from the gender and education perspective. Data were collected using structured interviews with 36 hospitalized survivors of different genders. The results indicated that female patients with undergraduate education use the modified blame strategy, while those with non-undergraduate education use the annoyance strategy. Undergraduate women complain more politely than non-undergraduate women and use longer and more interrogative sentences to soften the interlocutor. Non-undergraduate women blame using direct sentences showing irritation. Furthermore, men with undergraduate education use the annoyance strategy, while non-undergraduates use the ill consequences strategy. Undergraduate and non-undergraduate men tend to use aggressive complaining strategies and ask for improvement from their speech partners. However, women with undergraduate education sometimes realize their complaints to their interlocutors more rudely in the form of judgment than non-undergraduate women and men, as well as undergraduate men.

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1. Introduction

Complaining speech acts (CSA) threaten the interlocutor (Olshtain & Weinbach, 1993; Tanck, 2002; Trosborg, 1995) because they are disturbing or unsatisfactory. They emphasize that speakers have ignored the hearer's faces and feelings. Olshtain and Weinbach (1993) stated that CSA emphasizes that speakers show their dissatisfaction or criticism as a natural reaction to past or current actions. Speakers must be careful in submitting complaints to maintain social relations. This requires using strategies to express complaints because strategies play an important role in the complaining speech act (Decock et al., 2018; Gallaher, 2014; Karim, 2017).

CSA used by someone of different gender creates varied forms and strategies because women express themselves more politely than men (Chun, 2013; De Leon & Parina, 2016; Kakolaki & Shahrokhi, 2016; Nguyen, 2017; Thongtong & Srioutai, 2019). Other social and background factors also influence a strategy to complain. Factors such as education and the speaker's social status influence strategy determination (Ilhem, 2012; Kreishan, 2018; Tabatabaei, 2015; Wijayanto et al., 2017).

The CSA phenomenon is commonly related to Covid-19 health services (Chairani, 2020; Nahuway & Korwa, 2020; Pratiwi & Utama, 2020). This is seen in the crisis in several hospitals (RS) in Indonesia and the spike in cases. Several hospitals are almost full, and the stock of personal protective equipment (PPE) is running out. The refusal of patients has resulted in people's conditions getting worse (Pratiwi & Utama, 2020; Ridlo, 2020; Rozali et al., 2021; Vibriyanti, 2020). In these conditions, people express displeasure and disagreement as CSA, affecting the choice of the complaining strategy used.

Linguistic studies on CSA strategies include (Al Rashidi, 2017; Da Silva, 2014; Deveci, 2003; Farnia, 2010; Hussein & Al-Mofti, 2014; Onalan & Cakir, 2018; Wijayanto et al., 2013; Yang, 2016). Some CSA studies focused on students as native and non-native speakers and compared their pragmatic abilities in selecting the complaining strategy. However, the studies did not examine social domains such as gender and education and could not determine the differences between the two. They did not map

the patterns of the two aspects that influence the use of the CSA strategy.

Moreover, there is a proverb saying that using a language is also considering its culture (Galante, 2022). Language is closely related to culture, which Pishghadam (2013) called *cultuling*. The link between language and culture is a significant aspect that should be considered when studying speech acts. Conveying a speech act is greatly influenced by social norms and values such as politeness and the degree of social status between the interlocutors (Pishghadam, 2020; Ricca, 2022). It implies that culture can be found in the language (In the context of this study, complaining speech acts might be delivered by the speakers by considering the culture where they belong.

Furthermore, studies have also examined the CSA strategies used by people of different genders (Chun, 2013; De Leon & Parina, 2016; Kakolaki & Shahrokhi, 2016; Nguyen, 2017; Noisiri, 2010; Thongtong & Srioutai, 2019). They focused on conveying differences in using CSA strategies for men and women. However, the studies did not link the strategies to social backgrounds, such as education, resulting in incomplete information.

CSA studies have also examined social distance and status (Benning & Noorsanti, 2018; Chun, 2013; Da Silva, 2014; De Leon & Parina, 2016; Fatmasari, 2015; Laabidi & Bousfiha, 2020; Nguyen, 2017; Wijayanto et al., 2013). These studies stated that certain CSA strategies are strongly influenced by social distance and status. However, under abnormal psychological and physical conditions such as Covid-19, people in excruciating pain ignore distance and social status from their speech partner. An example is the cases between Covid-19 patients and doctors.

Patient: Doc, how is it? My stomach hurts more when I take this medicine! I do not want to take this medicine anymore!

The case example shows that a person in bad conditions violates the principles of politeness and ignores social status and distance. These patients use a direct complaint strategy. Therefore, this study aimed to link the CSA strategy based on gender and education without questioning status and social distance.

2. Theoretical Framework

2.1. Complaining Speech Acts

Complaining speech acts (CSA) are categorized as expressive functions, a classification of speech acts from Searle (1969). Searle only described general classifications such as commissive, declarative, directive, expressive, and representative. Leech (1983) developed CSA as the complaint as a face-threatening act. CSA represents the conflictive function, which includes threatening, accusing, cursing, and reprimanding. It is designed to offend and seriously threaten the speaker's and the hearer's social relations.

Longacre (1983) stated that CSA has a directive function to influence the behavior of others. It is retrospective, where the speaker morally judges the speech partner on something believed to be unpleasant for the speaker. In line with Leech and Longacre, Searle (1969) stated that CSA is a social rejection act that breaks the bond of affection. It has the potential to argue, challenge, or bluntly deny the complainant's social competence.

In *Complaint as Positive Strategies: What the Learner Needs to Know*, Boxer (1993) identified direct and indirect complaining CSA. In direct complaining, speakers express displeasure or annoyance, disagreement, dissatisfaction, and other negative feelings towards past and present actions as a reaction to actions considered to affect them. Olshtain & Weinbach (1993) also highlighted the pre-conditions that cause a complaining act. First, the speaker expects a favorable event to occur, such as agreement, return of debt, fulfillment of a promise, or an adverse event that should be prevented, such as damage or insult. However, all of the expectations do not happen or fail to prevent the offensive event. Second, speakers assume that the action has unfavorable consequences. Third, they hold the speech partner responsible for the action. Fourth, speakers select to express dissatisfaction and disappointment verbally. In indirect complaining, speakers convey their complaints to speech partners, which have nothing to do with the content submitted. Speakers could complain about themselves, something, or someone not present and submit their complaints to a third person.

Trosborg (1995) developed the CSA theory by categorizing several complaining strategies. In CSA, as an illocutionary act, speakers express disapproval and negative feelings to overcome the situation reflecting the feelings complained about and considering speech partners responsible. They convey their feelings in various ways or strategies, not just complaining directly or indirectly. In a book entitled *Interlanguage Pragmatics Request, Complaints, and Apologies*, Trosborg (1995) defined complaining as

an illocutionary act in which speakers or the complainers express disapproval or negative feelings. Towards the state of affairs described in the proposition (the complainable) and for which they hold the hearer (the complaine) responsible directly or indirectly. (p. 365)

Trosborg (1995) classified CSA into No explicit reproach, Expression of disapproval, Accusation, and Blame. Table 1 presents the four categories, which are divided into eight strategies, including Hints, Annoyance, Ill Consequences, Indirect, Direct, Modified Blame, Explicit Blame (behavior), and Explicit Blame (Person). These categories of CSA are realized into eight strategies, and each is briefly explained as follows.

1. No explicit reproach

This complaining strategy involves not mentioning what is being complained about. Speakers imply that speech partners know their mistakes and would take responsibility. However, speakers usually use No explicit reproaches before using a louder complaining strategy. This category has one strategy as follows:

a. Sign strategy (Hint)

Speakers use the sign of the thing being complained about and do not explain it in the speech. As a result, speech partners do not realize that the complaint is directed at them.

Example: Recently, my infusion has started to get stuck and is not running smoothly.

2. Expression of disapproval

Speakers express dislike, disappointment, or irritation regarding bad things. They could express a bad result or consequence of the

speech partner's actions. This category has two strategies, including:

a. Annoyance

Speakers express annoyance and irritation by pointing at an inappropriate thing or object without mentioning that speech partners should be responsible for their complaints.

Example: *You already know that I have a history of ulcer disease; I told you yesterday, right?*

b. Ill consequences

Speakers mention the ill consequences of their behavior.

Example: *I have been waiting for breakfast for over an hour until my stomach hurts from hunger.*

3. Accusations

This category finds the person to blame. There are two strategies:

a. Indirect Accusation

Speakers use an interrogative sentence about a situation close to the thing being complained about, indirectly accusing themselves of their detrimental behavior.

Example: *You see what time it is?*

b. Direct Accusation

This category accuses speakers of their detrimental behavior because they are guilty.

Example: *You are not careful! How drugs could be exchanged!*

4. Blaming

In this category, speakers blame partners for their complaints. The three strategies in this category include:

a. Modified blame

Speakers dislike the partner's actions by changing or providing an alternative action. They modify their complaint for the actions for which addressees are responsible, or they express a choice of alternative approaches not taken by the speaker.

Example: *Cannot you be more patient in serving us?*

b. Explicit blame (behavior)

Speakers state explicitly that the partner's actions are bad and unpleasant. They could also state that the actions accused of their responsibility.

Example: *You said to come soon, but in reality, it is too long!*

c. (person) Explicit blame (person)

Speakers state explicitly that they are irresponsible people. They blame human beings as a whole, not the actions performed.

Example: *Your bad service will cause people not to come to this hospital in the future.*

Table 1

CSA Categories and Strategies according to Trosborg (1995)

No	Category	Strategy
1	No Explicit reproach	1. Hint
2	Expression of disapproval	2. Annoyance 3. Ill consequences
3	Accusation	4. Indirect 5. Direct
4	Blame	6. Modified Blame 7. Explicit blame (behavior) 8. Explicit blame (person)

2.2. Language and Gender

The use of language and gender terms attracted Trudgill (1972) and Lakoff (1975), which

highlighted the differences in language used by gender based on vocabulary and grammar. The studies on gender in the community used

language as an instrument in social interaction and communication were developed by Noisiri (2010), Yousefvand (2010), Chun (2013), Kakolaki and Shahrokhi (2016), Al Rashidi (2017), and Thongtong and Srioutai (2019). Language functions as a unifying instrument and strengthens empathy, politeness, and courtesy, especially when communicating concerning gender (Prayitno, 2017). The communication and speaking style should position themselves as a good speaker for the resulting speech to be conveyed properly.

The gender concept is a socially and culturally constructed inherent trait of men and women. For instance, women are known to be gentle and beautiful (Astuti, 1998; Fasih, 1996). Gender is a socio-cultural interpretation of gender differences and emphasizes social, cultural, psychological, and other non-biological aspects. As an implication, gender studies stress more on masculinity or femininity in certain social and cultural settings. This implies that language analysis with a gender approach is formed, socialized, strengthened, and legitimized by the user's socio-cultural conditions (Prayitno, 2017). Gender is more attached to the relationship between men and women and is constructed socio-culturally. It emphasizes the characteristics and traits of a person influenced by socio-cultural aspects (Hammers & Blanc, 2000; Wardhaugh, 1976).

In Gender on Interaction: Perspective on Feminity and Masculinity in Ethnography, a Discourse (Baron & Kotthoff, 2002) stated that gender is the acquisition of communication and as a social category that interacts with other social parameters, such as age, status, prestige, cultural context, situations, ethnic frameworks, and interactions. Regarding language use, Wodak & Benke (1990) stated that women's language reflects conservativeness, awareness of prestige, increased mobility, discomfort, deference' respect,' 'nurturing' caring, emotional expression, connectedness, sensitivity, and solidarity. In contrast, men's language reflects violence, lack of expression, competitiveness, independence, competence, hierarchy, and control. Women use longer, tentative, and more polite language (Al Rashidi, 2017; Chun, 2013; Thongtong & Srioutai, 2019; Weatherall, 2002), provide more support and positive responses, and avoid conflict (Kakolaki & Shahrokhi, 2016; Noisiri, 2010).

There are differences in the language use categories between men and women speakers in line with Hickerson's opinion (Prayitno, 2017). The language use category based on men's and women's gender for certain languages indicates different words for the same reference caused by the user's gender. According to Lakoff (1975), women have special linguistic characteristics compared to men. The linguistic characteristics of the women in question are:

1. *Lexical hedges or fillers*, such as through the speech "you know, or you see." Women prefer using other expressions in discourse to maintain warmth in communication.
2. *Tag questions*, such as in the form of speech, "she is very nice, is not she?". Women often use tag questions to confirm statements due to their doubts.
3. *Rising intonation on declarative*, such as in the form of speech "it is really good." Women use ascending intonation in declarative expressions.
4. *'Empty' adjectives*, such as in the form of divine, charming, cute speech. In this case, women use empty adjectives "good at praising" with beautiful, tiny, and sweet expressions.
5. *Precise color terms*, such as in the form of speech magenta and aquamarine. Women select the right expressions to express color.
6. *Intensifiers such as just and so*, for example, in the form of the utterance "I like him so much." Women often use expressions of intensity.
7. *'Hypercorrect' grammar*, for example, in the form of speech, consistent use of standard verb form. Women have high accuracy or are too thorough.
8. *'Superpolite' forms*, for example, in the form of indirect requests and euphemisms. Women communicate using more indirect and polite forms.
9. *Avoidance of strong swear words*, for example, in the form of speech "fudge, my goodness." Women try to avoid swearing expressions or words.
10. *Emphatic stress*, for example, is in the form of the utterance, "it was a brilliant performance." This indicates that women are more empathetic, as shown by thoughtful expressions.

Men have a direct and assertive communication attitude, while women are indirect and more polite.

2.3. Language and Education Level

Language use is also influenced by social factors, such as education. People with higher education increasingly manage their language more elegantly (Masjedi & Paramasivam, 2018). Fishman in Chun (2013) stated that language is an individual symptom and a social phenomenon in sociolinguistics. Therefore, language and its use are determined by linguistic and several other nonlinguistic factors. These include social factors such as education, age, economic status, and gender. Language is also determined by situational factors, implying the person speaking, the hearers, time, location, and the problems being addressed.

Education level shows the difference in language. People with higher education have a language style different from those with secondary, low, or no education. These differences are seen in speech, vocabulary selection, pronunciation, morphology, syntax, or how people arrange words to become a sentence (Chaer, 2012). Another difference is seen in the newspaper language style, where a newspaper aimed at the upper class or the educated uses a different language style from those aimed at the workers and the less educated.

3. Methodology

3.1. Participants

This study aims to scrutinize the complaining speech acts as realized by Covid-19 patients in Indonesia. A total of 36 Covid-19 survivors participated in this study as informants. They were purposively selected based on several criteria: (1) Covid-19 patients who were hospitalized, (2) having a complaint toward the hospital service, (3) turning 26 to 65 years old in terms of age, (4) holding a bachelor degree as the education background, (5) the citizen of Kediri Indonesia and a Javanese, and (6) willing to be an informant for this study.

3.2. Instruments

To obtain the required data, two kinds of instruments were used in this study. First,

observation was conducted as preliminary research to ensure the availability of the data. In this study, observation was done by looking at the real situation of Covid-19 patients in the hospital, as well as conducting a document analysis. The documents included the demographic data of the hospital and the patients. Ethical consent was obtained from the hospital managers. Second, a structured interview was administered to elicit the required data about how the patients conveyed complaining speech acts. Before conducting the interview, the researchers developed a protocol in the form of questions that consisted of eleven items, seeking the participants' answers on how they make a complaint. The question items are presented in Appendix A.

3.3. Procedure

3.3.1. Data Collection

Data were properly obtained and classified using these criteria to show the CSA strategy. The data also indicated the places, participants, events, interactions, and behaviors being studied. Therefore, they are less generalized to avoid quantitative and positivistic interpretations (Santosa, 2021).

3.3.2. Data Analysis

Data were analyzed using descriptive and interpretive techniques. Descriptive analysis was conducted on the distribution of CSA based on categories and strategies Trosborg (1995) associated with gender and education. The interpretive method was used to analyze the content of the CSA by entering it into the component table. This simplified the analysis and helped calculate the number of CSA strategies used by each informant. The componential table shows the pattern of using the CSA strategy. For instance, it shows the strategies used by women undergraduates and non-undergraduates, as well as the man gender.

4. Results

The results of the data analysis are displayed in Table 2 for easy understanding. A discussion was also conducted on previous studies.

Table 2
Table of Components of CSA Strategies Used by Gender

Gender	Education	CSA Category and Strategy		Total	Percentage
Women	Undergraduate	NER	Hint	4	2%
			Expression of disapproval	Annoyance	29
		Accusation	Ill consequences	23	11%
			Indirect	5	2%
			Direct	9	4%
		Blame	Modified Blame	32	15%
			Explicit blame (behavior)	15	7%
			Explicit blame (person)	7	4%
			Total speech		219
	Non-Undergraduate	NER	Hint	2	1%
			Expression of disapproval	Annoyance	26
		Accusation	Ill consequences	21	10%
			Indirect	4	2%
			Direct	11	5%
		Blame	Modified Blame	11	5%
			Explicit blame (behavior)	17	8%
			Explicit blame (person)	4	2%
			Total speech		219
Men	Undergraduate	NER	Hint	2	1%
			Expression of disapproval	Annoyance	28
		Accusation	Ill consequences	24	14%
			Indirect	1	1%
			Direct	17	10%
		Blame	Modified Blame	6	3%
			Explicit blame (behavior)	16	9%
			Explicit blame (person)	6	3%
			Total speech		176
	Non-Undergraduate	NER	Hint	1	1%
			Expression of disapproval	Annoyance	19
		Accusation	Ill consequences	19	11%
			Indirect	1	1%
			Direct	7	4%
		Blame	Modified Blame	5	3%
			Explicit blame (behavior)	19	11%
			Explicit blame (person)	4	2%
			Total speech		176

Table 2 shows that women and men have different preferences. Women with undergraduate education have the highest preference for using the modified blame strategy at 15%, while non-undergraduates prefer using the annoyance strategy at 12%.

Men undergraduates have the highest preference for using the annoyance strategy at 16%, while non-undergraduates have the highest preference for using annoyance and ill consequences at 11%.

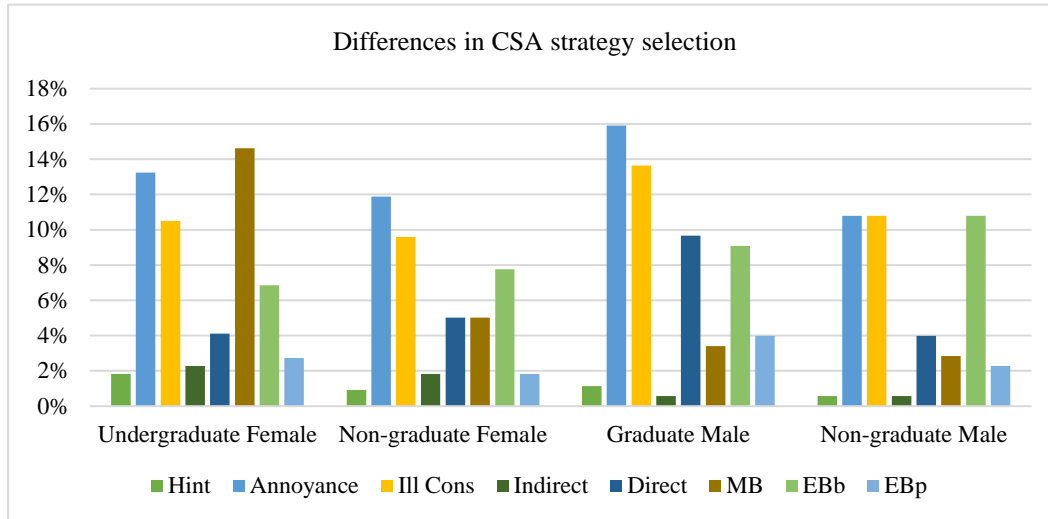


Figure 1
Preferences for Using CSA Strategies between Genders

Figure 1 depicts the preferences for using CSA strategies between genders. As shown in Figure 1, shows the use of the CSA strategy in Covid-19 health services in Kediri city. It shows that 2% of undergraduate women use hint strategies, followed by 1% of non-undergraduates and 1% of undergraduate and non-undergraduate men. Furthermore, 13% of women undergraduates use the annoyance strategy, followed by 12% of non-undergraduates, 16% of men undergraduates, and 11% of men non-undergraduates. Women undergraduates using the Consequence II strategy are 11%, followed by 10% non-undergraduates, 14% men undergraduates, and 11% men non-undergraduates. Undergraduate and non-undergraduate women using the indirect strategy were 2%. Men undergraduate and non-undergraduates using the indirect strategy are 1%. Furthermore, 4% and 5% of undergraduate and non-undergraduate women use the direct strategy. Men undergraduates used the direct strategy 10%, followed by 4% non-undergraduates. The modified blame strategy was used by 15% of undergraduate and 5% of non-undergraduate women. The strategy was used by 3% of undergraduate and non-

undergraduate men. Moreover, explicit blame behavior strategies are used by 7% of undergraduates and 8% of non-undergraduate. This strategy is used by 9% of undergraduate and 11% of non-undergraduate men. The explicit blame person strategy was used by 3% of undergraduate and 2% of non-undergraduate women. The same strategy was used by 4% of undergraduate and 2% of non-undergraduate men.

The use of the CSA strategy for Covid-19 survivors in health services in Kediri city has different strategies based on gender and education, as shown in Table 1. However, there are same-gender with different educational backgrounds and different gender with the same educational background. Based on similarities of the same gender and different education, 25% of undergraduate and non-undergraduate women use the indirect strategy. Male undergraduates and non-undergraduates use a 1% hint strategy and a 1% indirect strategy. Regarding gender and educational backgrounds, 4% of female undergraduates and male non-graduates use the direct strategy. For different gender and the same educational

background, 2% of non-undergraduate women and men use the explicit blame person strategy, while 1% of non-undergraduate women and men use the hinting strategy.

Women with undergraduate education used the strategy more subtly than those with non-undergraduate education. For instance, undergraduate women prefer the modified blame strategy of complaining to blame. They modify their speech not to appear to attack the interlocutor. Non-undergraduate women use the annoyance strategy of complaining by

conveying direct speech. In this case, there is a sense of irritation; without modifying the speech, this strategy could trigger friction between the two.

Undergraduate men also select the annoyance strategy, while non-graduates use two strategies with an equal percentage of annoyance and ill consequences. The two strategies are used to vent annoyance and unpleasant consequences to the speech partner. Table 3 presents speech patterns using the CSA strategy for Covid-19 survivors related to gender and education:

Table 3
Speech Patterns of CSA Delivered by the Survivors

Background		Complaining Speech Action Strategy
Gender	Education	No explicit reproach Hint
Women	Graduate	These few days, the vegetables are different from usual.
	Non-undergraduate	Looks like the room is getting hotter
Men	Graduate	My throat itches
	Non-undergraduate	The room is stuffy and lacks air.

Table 3 demonstrates that the complainers avoid conflict by selecting another way to hint at the complaining strategy, implying that they know about the violation and indirectly hold the interlocutor accountable. However, because the complainers do not directly state that something

is inappropriate, the interlocutor may not know it. This is a weak complaining strategy but may be used to prepare for a stronger strategy. Moreover, the expression of the disapproval category with the annoyance strategy is presented in Table 4.

Table 4
Expression of Disapproval Category with Annoyance Strategy and Ill Consequences

Background		Complaining Speech Action Strategy	
Gender	Education	Expression of disapproval	
		Annoyance	Ill consequences
Women	Graduate	When does it expire, and when will it be replaced?	It is useless to call a nurse, I need it now, but it will come next year.
	Non-undergraduate	How come it took so long to come until I am tired of waiting	The bathroom is dirty and smells bad
Men	Graduate	In the emergency room, I cannot sleep. It is hot	I cannot sleep in the emergency room, moving to a hot and stifling room.
	Non-undergraduate	Ah, until dizzy; why wait so long?	Ma'am, when will I be moved to the room? Why haven't I been moved first?

Table 4 shows that the complainers express annoyance, dislike, disapproval, and others about certain circumstances they perceive as bad. They imply that they hold the interlocutor responsible by explicitly stating a sad statement. However, the complainers avoid

calling the interlocutor the guilty person. The utterance also reveals the bad consequences of a violation for which the interlocutor is implicitly responsible. Table 5 portrays the category of accusations with indirect and direct strategies.

Table 5
The Category of Accusations with Indirect and Direct Strategies

Background		Complaining Speech Action Strategy	
Gender	Education	Accusation	
		Indirect	Direct
Women	Graduate	Look at this blood coming out; don't you have pity?	The patient needs evidence, and if there is no evidence, it means it is not Covid but deliberate Covid.
	Non-undergraduate	Did you forget to clean the bathroom yesterday?	The service should be friendly, and do not be rude.
Men	Graduate	Even though you always check the infusion, why is it still jammed?	You are mistaken, ticking carelessly without confirmation first.
	Non-undergraduate	The bathroom floor is still slippery, even though you cleaned it in the morning, right?	The service should not be like that; sick people are even used for practical trials.

According to Table 5, the CSA strategy seeks to establish that the party is guilty and responsible. Therefore, the accusation strategy is divided into two levels of directness. In that situation, the Covid-19 survivors asked the interlocutor about their situation or stated that they were related to the violations committed by the interlocutor. They tried establishing the interlocutor as the person most responsible for the situation they were experiencing, implying indirect accusations. The survivors also use

direct accusations of violations committed by the interlocutor.

In the indirect strategy, Covid-19 survivors use question sentences that are less threatening to the speech partner. Speech partners have the opportunity to release responsibility when they are not the culprit. However, such an interpretation is impossible when survivors make direct accusations.

Table 6
Blame Category with Modified, Explicit (Behavior), and Eexplicit Blame (Person) Strategies

Background		Complaining Speech Action Strategy		
Gender	Education	Modified Blame	Blame	
			Explicit blame (behavior)	Explicit blame (person)
Women	Graduate	How magical you are; you could immediately understand the patient's condition.	Sir, I called you the night, the morning just came, then what if something goes wrong?	I thought you had the competence to draw blood, but you do not!

	Non-undergraduate	When the patient goes home, it should be prioritized	You should act quickly when the patient is experiencing a congested emergency like me.	I do not want it anymore! You really cannot draw blood.
Men	Undergraduate	New nurse? It looks like you are a new nurse.	You have been called but did not come quickly. It is no wonder the infusion has been jammed since the afternoon; you already know it is running out, but it is not immediately replaced.	I want to see my mother unless I am not a Covid patient; you can only forbid me. Do not you have a conscience?
	Non-undergraduate	Does it look like you are tired?	You should be shown which medicine; I do not know which one to take in the morning.	I am a human, not a mannequin, jabbed many times. Can you do it or not?

Information in Table 6 depicts that the blame category has the principle that the speech partner is guilty of the offense and deserves moral condemnation. The survivor assessed the speech partner’s action, appearing as an expression of annoyance stated explicitly. In the modified blame strategy, the survivor expresses modified disapproval of the action as the speech partner’s responsibility. Sometimes the survivor prefers an alternative approach not taken by the speech partner.

In the explicit blame or behavior strategy, the survivor states the speech partner as the person directly responsible. For the explicit blame (person) strategy, survivors judge speech partners and consider them irresponsible people.

Some CSA strategies have the subtlest to the roughest levels and tend to attack. The hinting strategy is used by 2% of undergraduate women and 1% of non-undergraduate women, as well as undergraduate and non-undergraduate men. The hint strategy is considered the safest for submitting complaints. Furthermore, the use of the harshest explicit blame (person) strategy and blame by judging the speech partner was used by 4% of undergraduate women, higher than 2% of non-undergraduate women, and two men. This strategy was chosen because the complainer had reached the peak of annoyance. Although undergraduate women used the most subtle hint strategy, 4% of undergraduates also used the roughest CSA strategy compared to non-undergraduate women, undergraduate men, and non-undergraduate men. Undergraduate women refine the complaining strategy.

Table 7
Patterns of Using Hint Strategy

Gender	Education	Example of speech	Meaning
Women	Undergraduate	Ma’am, what time is it?	The patient wants his clothes to be changed immediately
Women	Non-undergraduate	The room is like a sauna, cool and hot!	The patient asks the nurse to open the window
Men	Undergraduate	The air is getting hotter, the throat is drying, and drinking water is also running out!	The patient asks the nurse to get drinking water
Men	Non-undergraduate	Since moving into this room, my breath has been getting tighter!	The patient wants to move to the previous room.

Table 7 shows several patterns of similarities and differences. Although they both use the hinting strategy, each gender has a different pattern. Undergraduate women realize the hinting strategy by choosing speech patterns in

the form of questions. In contrast, non-undergraduate women prefer satire. Undergraduate and non-undergraduate men use the hinting strategy by realizing it in a statement.

Table 8

The pattern of Using Explicit Blame Strategy (person)

Gender	Education	Example of speech	Meaning
Women	Undergraduate	I thought you had the competence to draw blood, but you did not!	Judging on the actions of nurses that repeatedly failed to take blood samples.
Women	Non-undergraduate	You are not smart at all, not fast in action!	Judging on the actions of nurses considered incompetent in serving patients.
Men	Undergraduate	Do not you have a conscience!	Judging nurses because patients are prohibited from seeing their parents that died of Covid-19.
Men	Non-undergraduate	I do not want blood drawn if you are who gives the injection; you can not do that!	Judging the nurse who will take the blood sample because the patient had previous trauma several times failed.

Table 8 shows that genders with undergraduate and non-undergraduate education use the explicit blame strategy to attack the speech partner by judging and realizing speech in the form of insults. For instance, undergraduate women say, "but you can not!" undergraduate women by using the speech "*not smart at all!*" undergraduate men by saying, "*have no conscience!*" and non-undergraduate men choose to say, "*you can not do that!*".

The Covid-19 survivors experience unusual psychological and physical conditions and have no self-control in submitting complaints. The CSA carried out by the survivors included threatening the face of the speech partner.

5. Discussion

Chun (2013), De Leon and Parina (2016), and Thongtong and Srioutai (2019) stated that women are more tentative and softer, use longer or indirect language when complaining, and are more polite. In contrast, men use language directly, rudely, and disrespectfully. Kakolaki and Shahrokhi (2016) showed differences between men and women in realizing CSA. Men often use direct complaints compared to women. Therefore, it can be concluded that gender influenced the choice of complaining strategy and politeness.

In certain situations, women complain by direct blaming others but by modifying their speech not to feel burdened by their complaints. However, they sometimes cannot control their speech and use the rudest speech to their partners while being egalitarian in their speech. In general, men and women speak differently, although each person has a different level of gender speech characteristics (Malki, 2022; Wijayanti et al., 2022). This study shows that gender is one of the significant aspects that influences how a speaker conveys speech acts of complaining.

This study refutes Lakoff (1975) and Holmes (1995) that women express themselves more politely than men. Women do not always express their complaints and displeasure with politer speech than men (Niyazova, 2022). Under certain conditions, they act more disrespectfully than men (Al-Rickaby & Mohammed, 2022). In this study, 4% of women use the harshest explicit person strategy, which is used by 3% of men. Although the differences are insignificant, they reject the opinion of Lakoff and Holmes. This study also contradicts Trudgill (1972) and Coates (2004), which found that women more often express uncertainty, indecision, and lack of trust, such as indecision. Women firmly and confidently

complained, judging the speech partner with rude speech.

For instance:

Women patient: *"I thought you had the competence to draw blood, but you did not!"*

Based on the examples of Covid-19 survivors, women have high firmness and courage in submitting complaints about what they feel to their speech partners. In uncomfortable conditions, they do not hesitate to express their feelings as a complaint, even addressing the doctor (Taguchi, 2022).

There are several previous studies on CSA that focused on learners, such as Farnia et al. (2010), Da Silva (2014), Deveci (2015), Al Rashidi (2017), and (Önalán & Çakır, 2018). They showed categorization results regarding the CSA strategy on native and non-native speaker learners. These studies classified the selection

of CSA strategies used among learners. The core findings mainly showed similarities in the pragmatic behavior of native and non-native speakers and presented only minor differences. According to Da Silva (2014), there are differences and similarities in complaining concerning the speech partners' power and social status. This means that the interlocutor's social status influences the choice of the speaker's strategy.

This study produced several points that relate CSA to gender and education, helping to know the patterns. For instance, a dominant undergraduate woman uses a modified blame strategy, while the dominant undergraduate men use the annoyance strategy. This is in line with Furkatovna et al. (2021) and Nabila et al. (2021) that non-undergraduate women are more dominant in using the annoyance strategy, while non-undergraduate men dominantly use ill consequences.

Table 9

Different Patterns on the Use of CSA Strategy

No	Gender & Education	Strategy	Example
1	undergraduate women	modified blame	You are so amazing; you could immediately understand the patient's condition
2	undergraduate men	annoyance	How are you? Please pay attention; this is a matter of my mother's life
3	non-undergraduate women	annoyance	If this continues, I can not sleep!
4	non-undergraduate men	ill consequences	The ticking error is one sheet; after all, this is on many pages.

Table 9 shows that undergraduate women use the modified blame strategy by changing the complaint to be indirect. In contrast, the non-undergraduate women using the annoyance strategy complain clearly and directly, probably due to educational factors. Undergraduate women have broad knowledge and insight compared to non-undergraduates (Mulawarman et al., 2021). As a result, they understand disguising their complaints to health workers. Undergraduate and non-undergraduate men have no speech changed or modified when complaining. Although they have different education, it does not make the result different (Saragi et al., 2021). This is probably because men do not like excessive or long-winded words.

Table 9 shows a tendency for Covid-19 survivors to forget about social status or power factors and social distance from their speech partners. The realization of CSA used by the

survivors includes expressive speech that reflects the speaker's inner world, mind, attitudes, and feelings that underline the language user's emotions. This strategy also refers to the form of speaker-centered action in line with Zimin (2000) and Alonso et al. (2011), which found that under certain conditions, a person expresses different things than usual.

Kediri City is famous for the Mataraman Wetan cultural area, known for its smooth language compared to the Mataraman Kulon. The pattern of the Javanese language used in daily life has several dialects. However, the Javanese language used is almost similar to Mataraman Kulon. Wardhaugh (1976) stated that a society's culture comprises everything humans must know and believe in acting acceptably and playing a role accepted by a community where knowledge is acquired socially. However, this study found that Kediri City women belonging to Mataraman Wetan should have a soft

language, though this is not included in the sick condition, where a person expresses language differently. This is still in the reasonable category (Zimin, 2000).

Table 4 shows that gender and education differences use the CSA strategy, possibly causing friction between the two. When the utterances are delivered, hearers feel disrespected, making the relationship between the two no longer harmonious. For instance, an undergraduate woman uses the modified blame CSA strategy, “*You are so amazing, you could immediately understand the patient’s condition.*” This utterance is a harsh satire resulting from unsatisfactory service, and the speech partner believes it is unfriendly and rude.

Language studies on gender no longer emphasize masculinity or femininity but need to consider other social factors, such as education. A person’s education leads to the use of the language used. Regarding the CSA study, women Covid-19 survivors with a bachelor’s education should express complaints by giving hints or with politer subtle satire (Chun, 2013; Thongtong & Srioutai, 2019). Furthermore, women with non-undergraduate education are generally more violent than undergraduates. This is due to the mastery of knowledge, broad insight, and other abilities undergraduate women possess (Sibarani, 1992).

Undergraduate women have the ability to use complaining strategies at the lowest (hint) and highest (explicit blame person) levels. This implies they soften their speech to consider and maintain good relations with their speech partners. However, undergraduate women also appear fiercer than non-undergraduate women, as well as undergraduate and non-undergraduate men, to attack their speech partners. Gender and education cannot always determine something, including the use of language (Stranberg et al., 2021). The determining factor is the individual character in responding to a thing. Therefore, women cannot be considered super polite than men, and undergraduate education is not always more characteristic than non-undergraduate.

The results of this study show that men and women have different styles of conveying speech acts of complaining. The difference is significantly influenced by some factors such as educational levels, sociolinguistics aspects, and cultural backgrounds. In a more general finding,

this study implies that in producing complaining speech acts, individuals tend to consider to whom and in what circumstance they are in a situation. Hence, future scholars and linguistics experts around the world might use the results of this study as a basis to conduct more in-depth investigations about speech acts, particularly complaining acts.

Finally, this study acknowledges several limitations. First, due to time and cost consumption, this study was conducted to specifically depict the participants’ speech acts of complaining. Hence, future studies are recommended to scrutinize other types of speech acts such as requests, refusals, invitations, etc. Second, a total of 36 participants coming from the City of Kediri, a part of Indonesia, were involved in this study. Therefore, a wider range of participants is highly necessary to depict more general findings about how they convey complaining speech acts. In line with this, further studies are suggested to take into account wider participants with more various education and social backgrounds, coming from other parts of Indonesia and overseas.

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Appendix A

Interview Protocol

1. How was your physical condition when you came to the hospital?
2. How was your mental condition when you came to the hospital?
3. How was the condition of the hospital (facility)?
4. How long were you hospitalized?
5. During your hospitalization, did you have a complaint about hospital service?
6. In what situation did you complain?
7. What did you say to convey a complaint?
8. Why did you do to complain?
9. Why did you use the word “help” or “sorry” when complaining?
10. Was the hospital service as your expectation?
11. What was your suggestion to improve the quality of service?