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The impact of collaborative and cooperative methods on staff's knowledge in complaint handling

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ABSTRACT

To determine the effect of complaint handling training with collaborative and cooperative methods on increasing and retaining staff's knowledge. This study was a quasi-experimental with pretest and post-test design. The study was conducted from February to April 2019 at Pandaan Hospital. Respondent of the research were 67 hospital staff who often interacted with patients or patient's family. The Friedman's test showed significant differences in values (<0.05). The Wilcoxon test showed a significant difference between pretest compared to post-test 1 and pretest compared to post-test 2 (sig <0.05), while post-test 1 compared to post-test 2 did not show a significant difference in value (sig > 0.05). Complaint handling training with collaborative and cooperative methods affect staff's knowledge and their knowledge retention.



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Introduction

Technological advances at this time can be used to handle complaints that are often felt by the community. It is undeniable that many people experience problems, and many people do not understand or lack education about complaints. One of many obstacles in handling complaints is due to low capacity and skills of the service provider staff (Elnaga & Imran, 2013). The results of a preliminary study conducted at Pandaan Hospital in December 2018, found that the complaint handling process has not gone well due to the lack of staff knowledge. Some of complaints included in the often-repeated category, complaint channel is not managed properly, and four cases of clinical category (7%) were resolved through legal actions. People in Indonesia have different religions, different tribes, different places of residence, and different characteristics and behaviors. Obstacles in handling complaints from the community, if not done properly, will have an impact on these agencies. Where there are people who are impatient and do not want to be complicated if they experience problems, it is not uncommon for people to get emotional if their complaints are not processed or there is no continuity (Purnomo et al., 2019).

Managing complaints is one strategy for developing excellent service in services (Mukarom & Muhibudin, 2015). Public complaints are important for agencies to see how much success they have in carrying out activities (Prasetya, 2013). It was further said that public complaints aim to correct the deficiencies of the activities that have been carried out. It is hoped that public complaints can be used as input for improving agency performance and service quality. However, so far, what has happened is that people are reluctant to

make complaints regarding the public services they receive because they are confused about where to complain, how to do it, or are not even daring to report their complaints. Providing training to the staff enable them to be able to handle complaints effectively and respond to complaints in a timely manner (Elnaga & Imran, 2013). Giving training with the right methods will determine success in influencing the knowledge of hospital staff. The collaborative and cooperative method (CCM) is one of the learning models that has many advantages. The collaborative method is based on consensus building through cooperation between group members (Laal & Ghodsi, 2012). The cooperative method is a continuation of the collaborative method which refers to the instructional method where the teacher organizes students into small groups, and then they work together to help learning with one another (Tran & Lewis, 2012). The results showed that CCM is effective in increasing knowledge and memories about that knowledge is retained longer than conventional methods (T Hariyanti, H Mardiyoto, 2014). Based on these cases above can encourages the researchers to examine further about the effect of complaint handling training with collaborative and cooperative methods of changing the knowledge of hospital staff.

Method

This study was a quasi-experimental with pretest and post-test design. This is a quasi-experimental study with a pretest and a posttest. Pre-Experimental Design, namely, experiments that are often seen as "experiments that are not real." (Arikunto, 2010). According to (Arikunto, 2010), the pre-test and post-test group designs were carried out twice, namely before the experiment and after. The study was conducted from February to April 2019 at Pandaan Hospital. The total of samples in the study were 67 staff. The inclusion criteria in this study were staff who had direct contact with patients or their families and staff who is appointed by hospital to join the training.

The training was divided into two groups with the total of participants for each group is 33 and 34 participants. In the process, training will be divided into 5 groups, each group consisting of 6 to 7 participants. Each group will be guided by one facilitator. Pretest was conducted in the first session before the training. The first session activity includes discussion with social themes to introduce CCM, followed by the second scenario discussion with various theme of complaints. At the end of the first session, participants were given a complaint handling manual. The second session was held on the 7th day after the first session with role play activities using second scenario. Post-test 1 was held at the end of the second training session. Post-test 2 is conducted 30 days after the second training session. The instruments were used in this study used a knowledge questionnaire. Analysis of the data were used in this study by using Friedman and Wilcoxon method.

There are five characteristics of respondents identified in this study that can be seen in table 1. The highest percentage participating in training is staff aged around 20-30 years old (55%). As many as 63% of participants who attended the training were dominated by females. Participants with education levels over senior high school were more (84%) than participants under senior high school (16%), while the most professions joined in the training were clinical staff (73%) compared to non-clinical (27%). From the total of 67 respondents, 52% had working period under 5 years, and others (48%) had working period more than 5 years (Table 1).

Table 1. Respondent's Characteristics

No	Respondent's Characteristics		Total	%
1	Age	• 20-30 years old	37	55
		• 31-40 years old	26	39
		• 41-51 years old	4	6
2	Gender	• Male	25	37
		• Female	42	63
3	Education	• ≤ Senior High School	11	16
		• > Senior High School	56	84
4	Professions	• Clinical staff	49	73
		• Non-clinical staff	18	27
5	Working Period	• ≤ 5 years	35	52
		• > 5 years	32	48

Source: research result, 2019

Results and Discussions

The Characteristics of Respondents

Table 2. Descriptive Analysis of The Average Knowledge Score of Pandaan Hospital Staff

	Knowledge Indicator									
	Receiving complaint		Reviewing complaint		Investigating complaint		Resolving complaint		Total	
	Value	%	Value	%	Value	%	Value	%	Value	%
Pretest	21.96	72.03	3.63	40.30	2.58	86.10	3.99	56.90	32.52	65.05
Post-test 1	28.27	91.19	5.81	64.51	2.93	97.51	5.18	73.99	42.18	84.36
Post-test 2	28.40	91.50	5.9	65.50	3.00	99.00	5.10	74.00	42.39	84.78

Source: research result, 2019

Table 3. Friedman Statistical Test

		Knowledge Indicator			
		Receiving complaint	Reviewing complaint	Investigating complaint	Resolving complaint
Mean Rank	Pretest	1.03	1.32	1.73	1.43
	Post test 1	2.43	2.31	2.10	2.28
	Post test 2	2.54	2.37	2.16	2.30
N		67	67	67	67
Asymp. Sig		.000	.000	.000	.000

Source: research result, 2019

Descriptive Analysis of Pandaan Hospital Staff Knowledge

The assessment of knowledge is spelled out in 4 indicators that can be seen in table 2. The total mean score of the 4 knowledge indicators at the pretest reached 65.05% which is included in the category of sufficient value. The pretest score increased by 19.31% in the post-test 1 and increased 0.42% in pretest to the post-test 1 was found in the process of reviewing complaints, while the process of receiving complaints increased by 19.16% (Table 2).

Statistics Evaluation of Knowledge Value of Pandaan Hospital Staff

Friedman statistical test can be seen in table 3. Friedman's test results showed an increase in the mean from pretest to post-test 1 as well as post-test 2 on all indicators of knowledge. Statistical tests showed that the significant value obtained was 0,000 on all indicators of knowledge (sig <0.05). Therefore, it is concluded that there is the post-test 2 which was included in the excellent score category. The highest score in the pretest was found in the complaints investigation process (86.10%), while the lowest score was in the complaints review process (40.30%) which was classified as under-rated.

Table 4. Wilcoxon Statistical Test

Indicator	Measurement	Sig
Receiving complaint	<i>Pretest vs Post-test 1</i>	0.000
	<i>Pretest vs Post-test 2</i>	0.000
	<i>Post-test 1 vs Post-test 2</i>	0.513
Reviewing complaint	<i>Pretest vs Post-test 1</i>	0.000
	<i>Pretest vs Post-test 2</i>	0.000
	<i>Post-test 1 vs Post-test 2</i>	0.786
Investigating complaint	<i>Pretest vs Post-test 1</i>	0.000
	<i>Pretest vs Post-test 2</i>	0.000
	<i>Post-test 1 vs Post-test 2</i>	0.083
Resolving complaint	<i>Pretest vs Post-test 1</i>	0.000
	<i>Pretest vs Post-test 2</i>	0.000
	<i>Post-test 1 vs Post-test 2</i>	0.806

Source: research result, 2019

The biggest increase (19,31%) to find out the difference in knowledge indicate at the scores of pretest and post-test 1, pretest and post-test 2 which means there is an influence of complaint handling training with CCM to change the knowledge of hospital staff. Wilcoxon statistical test results on the 4 indicators of knowledge give the same results, namely there were differences in scores between pretest vs post-test 1 and pretest vs post-test 2 ($\text{sig} < 0.05$) which indicated that there were significant differences in meaningful knowledge on the 4 indicators of knowledge both pretest vs post-test 1 and pretest vs post-test 2. In the post-test 1 vs post-test 2 there was no significant difference in score ($\text{sig} > 0.05$) on the 4 indicators of knowledge (Table 4).

Characteristics of Respondents

The highest percentage attending the training are staff aged around 20-30 years old and dominated by females. These productive age characters will encourage the achievement of optimal performance in the organization (Suryani & Wulandari, 2009). Based on gender, the most respondents are females. Female workers are generally concentrated in work that is still related to females's daily work at home, such as health, education, and social services (Rusnawati, 2012).

In this study, most respondents had education levels over senior high school. This is related to the largest number of professions which are clinical staff. Based on profession, the most respondents are clinical staff because clinical staff are often in contact with patients so that they are more likely to get complaints. Based on working period, staff with working period under 5 years are less than more 5 years. Sufficient working period will shape the experience of an employee both obstacles and successes (Septiana, 2015).

The Effects of Complaints Handling Training with Collaborative and Cooperative Methods on Changing Knowledge of Pandaan Hospital Staff

The evaluation results of the staff knowledge related to handling complaints through a pretest showed knowledge of the staff in the sufficient category. Staff knowledge was re-evaluated through the post-test 1 which showed a change in knowledge into an excellent category and lasted up to 30 days after the training shown in the post-test 2. From the evaluation results showed that complaints handling training with CCM improved staff knowledge competencies and forming knowledge retention.

The success of an organization in achieving its vision depends on the quality of employee performance (Fakhrizal & Yunus, 2012). Employees who are equipped with good knowledge competence to carry out their work will produce satisfaction. According to Hawthorne's research, employees who are satisfied with their work will have the higher performance and high job retention (Elnaga & Imran, 2013).

The results of the pretest evaluation on 4 indicators of knowledge, the lowest level of knowledge in the process of reviewing complaints. However, the evaluation results after training namely post-test 1 and post-test 2, all indicators improved and the Friedman test results showed a significant difference. That matter showed that complaint handling training with CCM significantly influences changes in staff knowledge. In line with Hariyanti's study (T Hariyanti, H Mardiyoto, 2014) which showed that training with collaborative and cooperative methods increases knowledge.

The first biggest increase in value of knowledge from the pretest to the post-test 1 in the process of reviewing complaints with a value category from less becomes sufficient. The second biggest increase in value is the process of receiving complaints in the post-test 1 value category is excellent. The ability to review complaints greatly determines the accuracy and speed in the complaints handling process. The speed of response handling complaints become the most important part in the process of receiving complaints that can restore customer confidence in the company because it becomes a benchmark for the company's concern for customers. Van Noort and Willemsen (Van Noort & Willemsen, 2012) stated that when customers make complaints publications, they expect the companies to resolve their problems and to be responsive. A positive and fast response to customer complaints not only improves the company's image and increases loyalty, but has a strong impact on satisfaction compared to other factors (Istanbulluoglu, 2017).

Wilcoxon statistical test results showed significant differences in the value of both pretest to post-test 1 and pretest to post-test 2 on all indicators of knowledge. These results indicate that the complaint handling training with CCM has an effect on knowledge change.

Collaborative learning is a group learning process where every member shares information one another, experiences, ideas, attitudes, opinions, to be used together to improve the understanding of all members. The development of activities in collaborative learning has grown motivation which is an important factor as a behavioral driver to achieve the expected goals (Jiwa et al., 2013). Motivation, social cohesion, cognitive-developmental, and cognitive elaboration as the four major theoretical perspectives on the achievement effects of

cooperative learning. It places them in a model that depicts the likely role each plays in cooperative learning processes. (Slavin, 2013).

Evaluation of knowledge from post-test 1 to post-test 2 based analyzed using Wilcoxon statistical test but showed no differences. These results indicate that complaint handling training with CCM influences the formation of post-training knowledge retention. The results of this study are in line with Hariyanti's study (T Hariyanti, H Mardiyoto, 2014) which stated that training with collaborative and cooperative methods forms knowledge retention is better than conventional methods. Sausa stated that retention will stand of 50% through discussion, 75% through group practice, and 90% if it is taught to others (Tran & Lewis, 2012).

Conclusions

Handling complaints at Pandaan Hospital previously experienced problems because officers or staff lacked knowledge about complaint handling, but in the end, the hospital provided training to staff so that the desired obstacles did not occur again. Pandaan increased after receiving training in handling complaints on all indicators. Complaint handling training with collaborative and cooperative methods influences knowledge change and forms knowledge retention after training. Based on the results of the study, it was shown that Pandaan Hospital carried out training activities for its staff to improve quality in patient care. how these actions should be taken in order to achieve the desired goals. Through appropriate training, it is expected to improve the quality of public services in accordance with the wishes of the community.

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