## ORIGINAL ARTICLE

# Nurses' Coaching Methodology and Performance (Case Study at the Regional Hospital of Cibinong, Bogor Regency, West Java Province)

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## Abstract

Nurses can use coaching as a way to improve the quality of their skills to provide excellent hospital services. Coaching is a tool that can enhance the motivation and performance of nurses. The research aimed to explain the relation between coaching, motivation, and performance at a regional hospital. This research is a correlational study with 30 nurses as respondents. Path analyses are used as statistical tools. The results show an $R^2$ of 0.704; this means that coaching has a direct, positive, and significant impact on the motivation and performance of nurses. Motivation has a direct, positive, and significant impact on the performance of nurses (R-value = 0.848). Coaching has an indirect, positive, and significant impact on the performance of nurses through job motivation (R-value = 0.737). Thus, coaching can increase employee potential related to work motivation; coaching aims to increase the potential of employees who are performance oriented. Planning, implementation, and evaluation of empowerment programs with effective coaching methods can ultimately improve the quality and accountability of employees. The results of this research implies that coaching could improve the motivation and performance of nurses in hospitals.

*Keywords:* coaching, motivation, performance, nurses

## Introduction

In facing the era of the Asian Economic Community, health care will be the key to the development of the nation. A hospital, as a health care institution, should have competitive, high quality human resources. The quality of the hospital's human resources heavily influences its performance and the quality of the health services it produces. This demonstrates that health workers play an important role in improving the quality of public health. Health workers, particularly nurses, are in an important position to produce quality health services in the hospital. Hospital

accreditation assessments consider the elements of 1) continuing staff in-service education and training and 2) maintenance or improvement of skills and knowledge[1]. Therefore, hiring practices or education and training of health care workers must be developed to meet the expected standards of competence and competitiveness both nationally and internationally.

The phenomenon of high hazard seems to be unique to the health care industry. Each year, 44,000–98,000 patients die in the US. In the UK, Denmark, and Australia, the incidence of death is expected to range from 3.2% to 16.6%. In Indonesia it is also considered too high, and some experts believe more research is necessary to assess the magnitude of the problem[2].

In addition, many health services have poor patient satisfaction; for example, employees are not friendly, cleanliness is lacking, conflicts between employees affect the service, and service times are too long. Recently Cibinong Hospital also faces the same problem with low levels of satisfaction, as shown by an internal patient survey. The problem, of course, is related to the competence and quality of the hospital's human resources. Increased competence in an empowerment program is expected to deliver value to human resources so that motivation and performance can be improved and developed.

There are three levels of empowerment; the higher the level of empowerment, the better benefits provided to the organization, namely, (1) encouraging, which is about urging the staff to be more active in the work; (2) involving, which involves staff taking responsibility to improve the way to do things; and (3) enabling, which empowers staff to make bigger decisions without referring to a senior[3]. Staff can be empowered using methods such as training, mentoring, counseling, or coaching. One method that can be used by a manager to perform guidance is coaching[4]. The difference between coaching and other methods is that coaches have a variety of possible answers to every problem given to participants or desired conditions. Principally, coaches are not allowed to provide answers, advice, and instructions to participants; if you want to give advice, it will be packaged in the form of a question. Leaders and employees can realize the importance of coaching in the company's business activities so that they will be more intensive in conducting coaching that is expected to lead to increased individual employee performance and contribute significantly to the overall performance of the organization[5].

The novelty in this study is how hospitals can use coaching to improve nurses' performance. Hospital managers can adopt this experience of using coaching methodology in managing and leading staff toward better work performance in hospitals. This study aimed to determine the relationship between coaching with employee motivation and their performance.

## Method

This research is a quantitative preexperiment with a pretest and posttest design. The study does not use a control group but was completed with a pretest to know exactly the effect and influence of the treatment conducted at Cibinong General Hospital, Bogor, West Java. The study was conducted from May to July 2016. The study population was composed of nurses because it has the largest number of staff—as many as 210. The sample was determined using purposive sampling of about 30 people. Samples were taken to create a list of elements or members of the population at random and then divide the number of desired sample intervals, thus obtaining the basis for random sampling[6].

In this research process, data retrieval used primary data, and the researchers shed light on studies conducted, including the purpose and what is expected of respondents. After giving an explanation of the study, the researchers then distributed pretest questionnaires that aimed to measure the motivation and performance of the nurses before the coaching intervention. After the pretest questionnaires were filled out by respondents, the questionnaires were collected, and researchers provided a brief explanation of coaching, immediately followed by giving coaching sessions to respondents, who were divided into six groups of five nurses each. Coaching sessions were held in groups (group coaching) using the GROW model (goal, reality, options, and the way forward). People who were competent in coaching did coaching sessions. After approximately 45 minutes to 1 hour per coaching session, the researchers redistributed the posttest questionnaires to the respondents. This study used variables such as motivation, performance, and coaching methodology. The respondents were asked to complete a questionnaire in accordance with what they experienced and felt. A Likert scale of the variables was used to determine the score of the respondents' answers to the pretest and posttest questionnaires. Data analysis was performed for all variables measured and to test the lines of the models by using path analysis. Data were presented using tables and figures that show the relationships and influence between variables. This study obtained institutional permission (number 011/IV/2016-Diklat). The limitation of this study is that coaching sessions were conducted by group only once.

## Results

For the characteristics of respondents, the total sample of 30 people has an average age distribution of 26.7 years with an average working rate of 21.97 months. Majority were women (73.3%) while 53.3% obtained a nursing diploma.

The distribution for the pretest and posttest is shown below:

**Table 1.** Distribution of pre- and posttest

| Variable | Mean | SD | SE | Min-Max | 95% CI | ρ value | n |
|---|---|---|---|---|---|---|---|
| **Pre Test** | | | | | | | |
| Work Motivation | 55.60 | 10.11 | 1.84 | 42-73 | 51.82-59.38 | | |
| Performance | 27.60 | 2.75 | 0.37 | 25-39 | 26.37-28.43 | 0.000 | 30 |
| **Post Test** | | | | | | | |
| Work Motivation | 100.93 | 2.06 | 0.37 | 98-104 | 100.16-101.71 | | |
| Performance | 55.53 | 1.61 | 0.29 | 53-58 | 54.93-56.14 | | |

The table above shows that the difference in mean values between work motivation measured before intervention (pretest) and work motivation measured after intervention (posttest) was equal to 45.333 with a standard deviation equal to 10.584, so it can be concluded that there is a significant difference between the pretest and posttest on work motivation. The difference between the mean values of nurse performance measured before intervention (pretest) and after intervention (posttest) is 28.133, with a standard deviation of 2.738, so it can be concluded that there is a significant difference between the pretest and posttest regarding nurse performance. It appears that an increase in mean values of the variables related to motivation and performance was observed before and after the test. This indicates that the treatments conducted fairly effective coaching.

### *Model and equation of path analysis*

Hypothesis testing with statistical tools was done to test the effect of coaching (X) on work motivation (Y1) and nurse performance (Y2) using path analysis. In this study, coaching (X) was an exogenous variable or cause variable while work motivation (Y1) and nurse performance (Y2) were endogenous variables. The correlation value between variable X and variable Y1 was 0.969; that for variable X and variable Y2 was 0.922. This a very

strong relationship between the variables. Furthermore, the path coefficient can be obtained based on the correlation between variables from coaching (X) to work motivation (Y1) and performance (Y2).

From the calculation using the AMOS program, it was found that the influence of coaching (X) on work motivation (Y1) has a path coefficient ($\rho yx$) with a positive sign, with a value of 42.767 (p = 0.00), and coaching's (X) influence on performance (Y2) has a positive-marked path coefficient ($\rho yy$) with a value of 38.692 (p = 0.000).

***Structural test***

**Test for individual substructure 1**
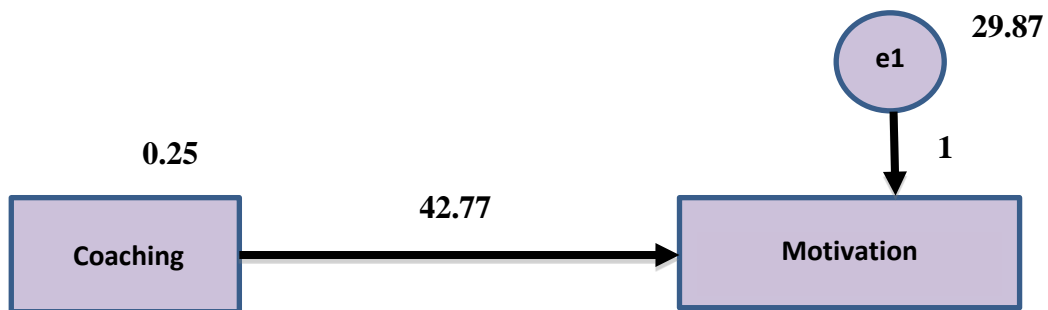


**Figure 1**. Empirical relationship, substructure 1: the influence of variable X to Y1
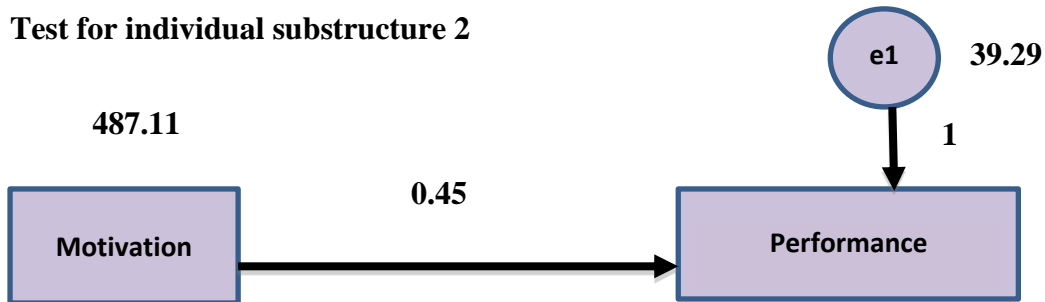
**Test for individual substructure 2**



**Figure 2**. Empirical relationship, substructure 2: influence of variable Y1 to Y2

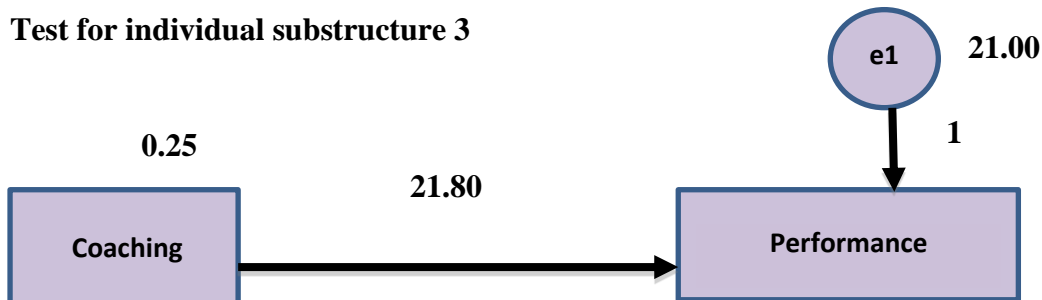**Test for individual substructure 3**



**Figure 3**. Empirical relationship, substructure 3: influence of variable X to Y2

The path coefficient of substructures 1, 2, and 3 can be described as a whole empirical causal relationship between variable X and Y1 and Y2.The influence of joint coaching (X1) on work motivation (Y1) and nurse performance (Y2) is shown with a determination coefficient (R2) of 0.704. The path coefficient of the other variables outside coaching (X1) on work motivation (Y1) and nurse performance (Y2) was 0.296. From the calculation results, path coefficients can be calculated from the influence-hypothesized variables, which can describe the relational effect of X on Y1 and Y2, as follows:
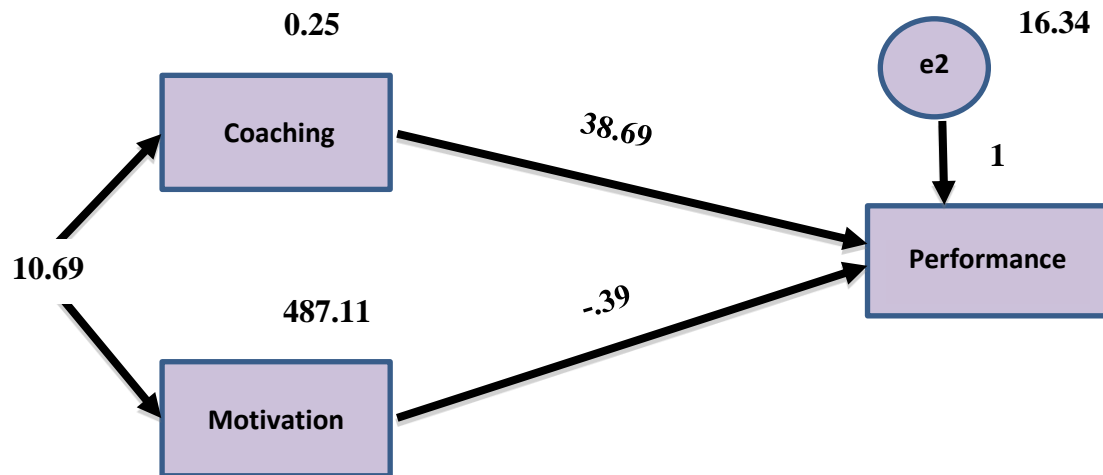


**Figure 4.** Influence line diagram, X to Y1 and Y2

By paying attention to the table and the figures above, the track followed the equation X = 42.77 + 38.69 Y1 Y2 + ε. This is the empirical relationship of the overall structure, the effect of variable X on Y1 and Y2.
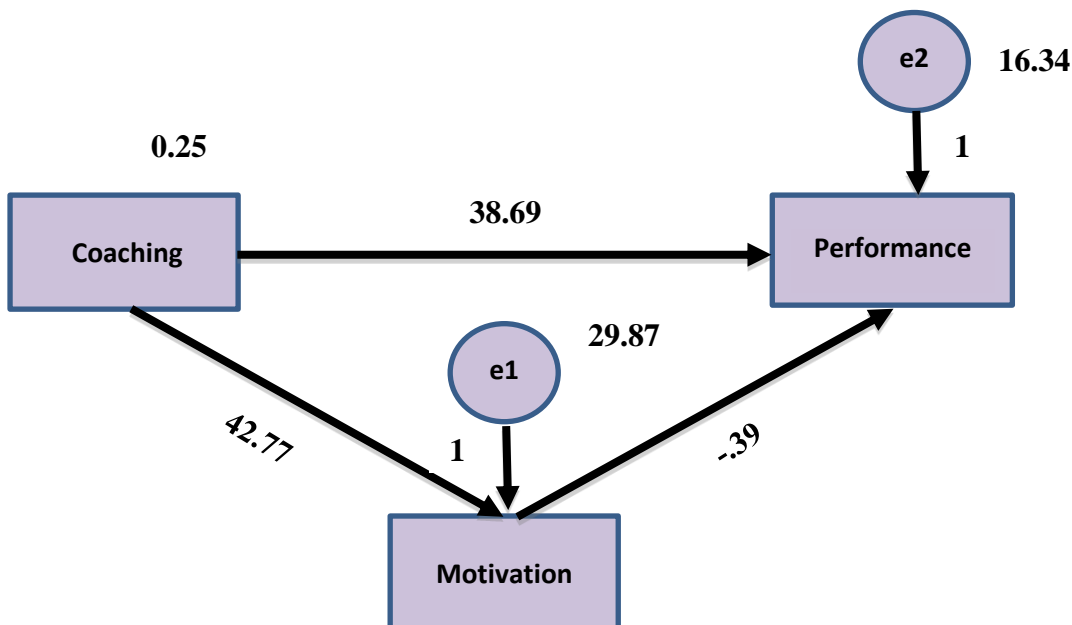


**Figure 5.** Influence line diagram, X to Y1 and Y2

A difference is seen in the average answers in the pretest and posttest questionnaires for motivation and nursing performance. The mean of the work motivation questionnaire variable at pretest was 56.60; this value increased to 100.93 in the posttest measurements after the coaching sessions. As for nurse performance, the mean value for the pretest was 27.40, which increased to 55.53 in the posttest. Meanwhile, the determination coefficient of the influence of coaching on work motivation and nurse performance was $R^2 = 0.544$ or 54.4%; this indicates that the level of motivation and performance of nurses was 54.4% because of coaching while the remaining 45.6% was determined by other variables that are not covered in this research model, such as mentoring, counseling, training, and others.

**Discussion**

Among the effects of coaching on work motivation and nurse performance, it turns out coaching has a more dominant influence on work motivation; this is because the path coefficient for coaching and work motivation is greater than that for coaching and nurse performance. The implications for improving employee performance include the expected increase in the hospital's focus on employee motivation efforts through both coaching

and other means. The increase in work motivation can be achieved by paying attention to those aspects of employee motivation that remain poorly classified. The mandate of Law No. 36 year of 2014 for health workers stated that health professionals have an important role to improve the quality of public health care[7]. Health workers such as nurses have an important position in producing quality health services in the hospital. The mandate of Law no. 38 year of 2014 for nursing is to promote general welfare as a national objective through health development, which is realized through the implementation of health-care services, including nursing services performed by responsible, accountable, quality, safe, and cost-effective nurses with competence, authority, ethics, and high morals[8]. For hospital accreditation assessment, every staff's education and in-service training should continue, as well as maintaining or improving their skills and knowledge. This certainly has one overriding goal of improving the quality of health care, which can increase the quality of public health. But the challenge is that hospitals, as health-care institutions, should have good management to solve certain issues.

One method that can be used by a manager to perform guidance, education,

and training is coaching[4]. It is one way to unlock a person's potential to maximize their performance. The core of coaching is to empower people to facilitate self-learning, personal growth, and improved performance[9]. Leaders can use coaching as a key tool for leadership and management development to help staff have high value and potential, develop the capacity to deal with change, and provide support in meeting their role demands[10]. In this case, it will be difficult to find important commercial organizations that do not use coaching as an approach to empower human resources[11]. In addition, 10% of talent self-development comes from training, 20% from coaching, and 70% from experience[12]. Coaching methods can improve the competence and accountability of human resources in the hospital but must pay attention to the level of human resources' needs on every level. This is a tiered system in which, when the first requirement has been met, then the need at the second level would be the main one, and so on. The motivation of a person is affected by two dimensions: internal and external. Someone with a high motivation to work will work well, have a sense of responsibility for the tasks assigned, and will always strive toward work performance. One way to improve performance is coaching nurses and measuring occupational advancement.

Hospitals with a Financial Management in Public Service Board status are expected to improve their performance in service to the community, with the principles of efficiency and productivity being influenced by the increase in nurse performance nurses. Besides accreditation standards, hospital qualifications and staff education, in the form of training needs and required activities to improve quality and patient safety, would aim to maintain staff performance, to teach new skills and provide training and education for all staff, and also to continue to meet the needs of patients, resulting in improved quality of care, which increases the quality of public health. Effective management is important to create a high-performance health care system, and the lack of management causes low performance[13]. Quality of health care and patient safety are main goals for a hospital, and much of the developed model/framework is created to improve hospital management[14]. The practice of hospital management must benefit from efficient operations, superior patient management, controlled administration, and improved profitability[15]. People perform all the management functions, so it is very important to improve their capacity and capability as a basic requirement to have the best results.

Good management practice as a result of coaching can solve difficult problems, and this can be dedicated to people (nurses) who allocate and oversee the use of resources and can achieve goals by performing related functions and coordinating all various resources to achieve good performance[16]. In this case, coaching can be a method to improve nurse motivation, and they will have ability to find and identify problems, and then they will learn to solve them and finally achieve maximum performance.

**Conclusion**

Coaching can increase the potential of a person and directly, positively, and significantly affect work motivation. Coaching aims to enhance the potential of a person's direct, positive, and significant influence not only on nurse performance but also on work motivation.

**Conflict of Interest**

The authors declared that there is no competing interests exist.

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