



IMPLEMENTATION OF COACHING OF ROOM HEAD ON WORK MOTIVATION IN IMPROVING CARING BEHAVIOR OF IMPLEMENTING NURSES

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ABSTRACT

Public demand for health services to provide quality services. Good quality is usually supported by high work motivation. Good work motivation provides humane care for patients. Humanist behavior treats patients as human beings who must be cared for and served with a sincere heart which is called Caring behavior. Caring behavior is an attitude of Caring and concern for patients. One of the efforts to improve the Caring behavior of nurses is through the implementation of coaching training provided by the head of the room and the head of the room provides coaching conversation sessions to implementing nurses. The purpose of the study was to find out the implementation of ward head coaching on work motivation and characteristics of implementing nurses in increasing Caring behavior at M. Tangerang Hospital. This research method uses a quantitative method with a quasi-experimental design with a pretest-post-test control group design, namely a two-group design that was selected by consecutive sampling. The samples of this study by consecutive sampling, were 40 nurses 30 nurses in the intervention group and 10 nurses in the control group. The head coaching technique training with pre and post test scores got an increase of 24%. Univariate results showed an increase in Caring behavior in the intervention group by 10% after the implementation of coaching. The results of the independent sample t-test obtained a significance value (Sig.) of 0.029, smaller than 0.05, indicating that there was a difference in Caring behavior between the nurses in the intervention group and the nurses in the control group after the implementation of coaching by the head of the room. Suggestions for further research are to conduct research using qualitative methods.

Keywords: caring behavior; coaching; head of room; motivation

How to cite (in APA style)

Tarigan, J., Tarigan, E., & Hastono, S. P. (2025). Implementation of Coaching of Room Head on Work Motivation in Improving Caring Behavior of Implementing Nurses. *Indonesian Journal of Global Health Research*, 7(4), 1131-1140. <https://doi.org/10.37287/ijghr.v7i4.6865>.

INTRODUCTION

The demands of the community for adequate health services are increasing, thus spurring hospitals to provide quality services. The quality of nursing services expected by the community is complete, namely hospitals that provide inpatient, outpatient and emergency services (Law number 44 of 2009). Good work motivation will produce quality work that is demonstrated in a professional attitude in service. The nursing theory put forward by Watson (1979), in *Fundamentals of nursing: the art and science of nursing care*, Carol R., Taylor (2011), that caring is a holistic clinical nursing care to improve health and quality of life and universal concern and is practiced through interpersonal relationships.

Coaching programs have been widely used in various institutions, especially in hospitals. However, many nurse managers still do not understand the coaching implementation method. The results of the study by Virginia Syafrinanda*, Setiawan, Sri Eka Wahyuni (2015), produced five themes, namely: 1). Lack of participant understanding regarding executive coaching, 2). The attitude of the head of the room in the room is not optimal, 3). The ability of the head of the room in the room to implement executive coaching is not optimal, 4). Obstacles in implementing executive coaching in the hospital, 5). Participants' expectations in implementing executive coaching.

The briefing activity which is one of the functions of the head of the room is supervision and mentoring system, but the results are not adequate, which is indicated by the fact that there are still patient complaints through written questionnaires. Based on the results of a written questionnaire conducted by researchers on patients who were treated and who were treated in the outpatient unit, from January 2021 to December 2021, many complained about the services in the outpatient room, inpatient room and ICU room, which on average said they were disappointed with nurse communication, nurses were less cooperative, nurses made unilateral decisions without confirmation with the doctor in charge, and paid less attention to the patient's health development. The results of the researcher's unstructured interview with four room heads are as follows: The head of the operating room said I have provided routine guidance to the implementing nurses in my room, but the nurses feel that they have not been optimal in guiding, because maybe I don't know the correct guiding techniques. Based on the data above, the Caring behavior of nurses and the lack of work motivation make patient services less than optimal, marked by the lack of nurse concern for patients, there are still SOPs that are not implemented and there is a gap in the services provided and the services expected by patients and their families. Efforts that can be made so as to minimize the impact, efforts are needed to bridge this with coaching guidance for the head of the room. Based on the description above, the researcher wants to conduct a study on how the implementation of coaching for the head of the room on work motivation in improving the Caring behavior of implementing nurses towards patients at M Hospital.

METHOD

This study uses quantitative research with a quasi-experimental design with a pretest-post test control group design, namely with a two-group design selected by consecutive sampling, namely all respondents who meet the inclusion criteria (Polit & Back, 2014). This study is causal research using quasi-experimental which aims to reveal the influence between independent variables on dependent variables by involving a control group and an intervention group. In an administrative or management activity, it is often impossible to use some of its employees for experiments and some do not. Some use new work procedures while others do not. Therefore, to overcome the difficulty in determining the control group in the study, a quasi-experimental design was developed. Here the control group cannot be controlled by other variables. In addition, the difference between the control group and the intervention group can be known. While causal research is a causal relationship because this study tests the variables that cause the results of the coaching implementation intervention on the dependent variable of Caring behavior (Susilo and Suprpti, 2014). In this study, researchers conducted observations after the implementation of coaching for eight days, to monitor the effect of coaching on improving Caring behavior.

Sampling by consecutive sampling. The sample used in the study as research respondents were nurses in the inpatient room, intensive care unit, outpatient, operating room and emergency room at M. Tangerang Hospital and the control group was nurses in the ward at T. Cengkareng Hospital. Continuing to distribute pre-test questionnaires to nurses in the intervention group and control group related to Caring behavior and work motivation. Then conduct training and coaching technique workshops to ward heads in the intervention group which are attended by five ward heads who will accompany researchers in implementing coaching and coaching technique trainers and workshops are facilitators who have certificates as coaching trainers.

The ward head who has received coaching technique training will then provide coaching guidance to nurses in his work unit. Furthermore, conducting coaching guidance interventions by the ward head to nurses is carried out for eight days by the ward head with three interventions with the supervising nurse or respondent and after eight days a post-test is

carried out on Caring behavior and work motivation of respondents. The implementation of Coaching guidance is in accordance with the guidelines that have been prepared. The control group was not given guidance intervention. Continued analysis of differences in caring behavior abilities before and after the implementation of coaching in the intervention group and control group, using parametric (comparative) difference tests.

RESULT

Table 1.
Description of Respondents by Age, Gender, Graduates, and Work Exper in the Control and Intervention Groups

Karakteristik	Control Group	Intervention Group	Control Group	Intervention Group
Age				
17-25 years	4	40,0	7	23,3
26-35 years	5	50,0	16	53,3
36-45 years	0	0,0	3	10,0
46-55 years	1	10,0	4	13,3
Gender				43,30
Male	3	30,0	13	
Female	7	70,0	17	56,70
Graduates				63,30
D3 Nursing Nurses	6	60,0	19	
	4	40,0	11	36,70
Work Experience				
≥5 years	1	10,0	21	70,0
<5 years	9	90,0	9	30,0

The table 1 shows that in the control group, most respondents were aged 26-35 years as many as 5 people (50.0%), while in the intervention group, most respondents were aged 26-35 years as many as 16 people (53.3%). In the intervention group, the majority were aged 26-35 years, a group of individuals who had developed independently to find an identity that would determine their future (Ministry of Health of the Republic of Indonesia, 2009). Age in this position is expected to be mature in facing a problem. Also in accordance with Kurniadi, (2013) age is related to a person's maturity, maturity is technical maturity in carrying out tasks and psychological maturity.

Description of Respondents by gender in the Control and Intervention Groups

Judging from the gender of this study, the majority were female, in the control group 70% and in the intervention group 56.7%.

Description of Respondents by graduates in the Control and Intervention Groups

The table 1 shows that in the control group, most of the respondents were D3 Nursing graduates, as many as 6 people (60.0%), while respondents were Ners graduates as many as 4 people (40.0%). While in the intervention group, most of the respondents were D3 Nursing graduates, as many as 19 people (63.3%), while respondents were Ners graduates as many as 11 people (36.7%). From the description above, the majority of the control group were D3 Nursing graduates, as many as 6 people (60%) and in the intervention group as many as 19 people (63.3%).

Description of Respondents by work experience in the Control and Intervention Groups.

The table above shows that in the control group, most respondents had work experience <5 years as many as 9 people (90.0%), while respondents with work experience ≥5 years were 1 person (10.0%). While in the intervention group, most respondents had work experience ≥5 years as many as 21 people (70.0%), while respondents with work experience <5 years were 9 people (30.0%). Based on the description above, it is found that the majority in the control group have a work period of less than 5 years, but in the intervention group the majority have a work period of ≥ 5 years.

Table 2.
Description of Respondents Based on Caring Behavior in the Control and Intervention Groups Before and After Coaching Implementation.

Caring Behavior	Before Coaching		After Coaching	
	f	%	f	%
Control				
Good	3	30,0	1	10,0
Poor	7	70,0	9	90,0
Intervention				
Good	17	56,7	19	63,3
Poor	13	43,3	11	36,7

The table 2 shows that in the control group that did not receive coaching implementation by the head of the room, the initial test found that respondents behaved Caring well as many as 3 people (30.0%) and less well as many as 7 people (70.0%). In the second test, it was found that the majority of respondents behaved caring less well as many as 9 people (90.0%), while respondents behaved caring well as many as 1 person (10.0%). In the intervention group, before the implementation of coaching by the head of the room, respondents behaved Caring well as many as 17 people (56.7%) and less well as many as 13 people (43.3%). After the implementation of coaching by the head of the room, the majority of respondents behaved caring well as many as 19 people (63.3%), while respondents behaved caring less well as many as 11 people (36.7%). After the implementation of coaching in the intervention group, respondents who behaved well increased from 56.7% to 63.3% while in the control group that did not receive coaching implementation there was an increase in less good caring behavior to 90%

Table 3.
Respondent Description Based on Work Motivation in the Control and Intervention Groups Before and After Coaching Implementation

Work Motivation	Before Coaching		After Coaching	
	f	%	f	%
Control				
Good	6	60,0	4	40,0
Poor	4	40,0	6	60,0
Intervention				
Goods	13	43,3	15	50,0
Poor	17	56,7	15	50,0

The table above shows that in the control group that did not receive coaching implementation by the head of the room, the initial test found that there were 6 respondents with good motivation (60.0%), while 4 respondents with poor motivation (40.0%). In the second test, it was found that most of the respondents had poor caring motivation (60.0%), while 4 respondents had good caring motivation (40.0%). In the intervention group, before the implementation of coaching by the head of the room, most of the respondents had poor work motivation (17 people (56.7%), while 13 respondents had good work motivation (43.3%). After the implementation of coaching by the head of the room, respondents with good and poor work motivation were 15 people each (50.0%).

Differences in Caring Behavior Before and After Coaching Implementation by the Head of Room in the Intervention Group

The results of the paired sample t-test above obtained a significance value (Sig.) of 0.105 which is greater than 0.05, so Ha1 is rejected, meaning there is no difference in the caring behavior of implementing nurses before and after the implementation of coaching by the head of the room in the intervention group.

Table 4.
Results of the paired sample test 1

Caring Behavior Intervention Group	N	Mean	Std. Deviation	T	Df	Sig.
Before Coaching	30	147,37	15,941	-1,674	29	0,105
After Coaching	30	153,27	14,441			

Table 5.
Results of Independent Sample Test 1

Caring Behavior Before Coaching	N	Mean	Std. Deviation	T	Df	Sig.
Control Group	10	141,80	11,124	-1,020	38	0,314
Control Intervention	30	147,37	15,941			

The results of the independent sample t-test above obtained a significance value (Sig.) of 0.314, which is greater than 0.05, so Ha2 is rejected, meaning there is no difference in the caring behavior of nurses implementing the intervention group and nurses implementing the control group before the implementation of coaching by the Head of the Room.

Table 6.
Results of Independent Sample Test 2

Caring Behavior After Coaching	N	Mean	Std. Deviation	T	Df	Sig.
Control Group	10	142,70	4,244	-2,264	38	0,029
Intervention Group	30	153,27	14,441			

The results of the independent sample t-test above obtained a significance value (Sig.) of 0.029, which is smaller than 0.05, so Ha3 is accepted, meaning that there is a difference in caring behavior between nurses implementing the intervention group and nurses implementing the control group after the implementation of coaching by the head of the room.

Table 7.
Results of Parried Sample Test 2

Intervention Group Work Motivation	N	Mean	Std. Deviation	T	Df	Sig.
Before Coaching	30	66,37	7,411	-0,872	29	0,390
After Coaching	30	68,17	9,656			

The results of the paired sample t-test above obtained a significance value (Sig.) of 0.390, which is greater than 0.05, so Ha4 is rejected, meaning there is no difference in the work motivation of implementing nurses before and after the implementation of coaching by the head of the room in the intervention group.

Table 8.
The effect of work motivation on caring behavior in the intervention group

Motivation Group	Caring Behavior				Total		Sig. (2-sided)	Odds Ratio
	Good		Poor		f	%		
	f	%	f	%				
Good	15	50,0	0	0,0	15	50,0	0,000	3,750
Poor	4	13,3	11	36,7	15	50,0		

Table 9.

The influence of age, gender, education and length of service of implementing nurses on caring behavior after the implementation of coaching by the head of the room in the intervention group and control group

Variabel	B	P Value	OR	95% C.I.OR	
				Lower	Upper
Age	0,331	0,445	1,392	0,595	3,258
GENDER	0,030	0,968	1,031	0,234	4,544
Graduation	0,561	0,408	1,753	0,464	6,623
Work Experience	0,631	0,415	1,879	0,412	8,578
Constant	-2, 411	0,176	0,090		

The table above shows that all independent variables obtain a Sig. value > 0.05 , meaning that each independent variable does not have a significant partial effect on the dependent variable in the model.

Table 10.

The influence of age, gender, education and length of service of implementing nurses on work motivation in the intervention group and control group after the implementation of coaching by the head of the ward

Variabel	B	P Value	OR	95% C.I. OR	
				Lower	Upper
Age	-0,010	0,982	0,991	0,429	2,288
Gender	-0,177	0,816	0,838	0,190	3,701
Graduation	0,535	0,432	1,708	0,450	6,483
Work Experience	-0,582	0,445	0,559	0,125	2,491
Constant	0,515	0,764	1,674		

The table above shows that all independent variables have a Sig. value > 0.05 , meaning that each independent variable does not have a significant partial effect on the dependent variable in the model.

- 1) Age has a Sig value of $0.982 > 0.05$ so that H_0 is accepted or which means that there is no effect of the age of the implementing nurse on work motivation in the intervention group and the control group after the implementation of coaching by the head of the room.
- 2) Gender has a Sig value of $0.816 > 0.05$ so that H_0 is accepted or which means that there is no effect of the gender of the implementing nurse on work motivation in the intervention group and the control group after the implementation of coaching by the head of the room.
- 3) Education has a Sig value of $0.432 > 0.05$ so that H_0 is accepted or which means that there is no effect of the education of the implementing nurse on work motivation in the intervention group and the control group after the implementation of coaching by the head of the room.
- 4) The length of service has a Sig value of $0.445 > 0.05$ so that H_0 is accepted or which means that there is no influence of the length of service of implementing nurses on work motivation in the intervention group and control group after the implementation of coaching by the head of the room.

DISCUSSION

This analysis was conducted based on the formulation of the problem, research objectives, hypotheses proposed, and the research results obtained. Respondents in this study were mostly aged 26-35 years in the control and intervention groups, relevant groups of individuals who have developed independently to find an identity that determines their future, the majority are female for an average education of D3 nursing relevant info Datin, SDM Kesehatan, 2017, classification of nurses from the level of education and the total number of nurses 296,876 from 15,263 health service units in Indonesia as many as 77.56% (230,262) are non-nurses (D3 nurses and nurses who graduated from S1 Nursing who are not yet Professionals). In the bivariate analysis for the difference in caring behavior of implementing nurses in the intervention group and the control group after the implementation of coaching by the head of the room, the results of the independent sample t-test above obtained a significance value (Sig.) of 0.029, which is smaller than 0.05, so H_a is accepted, meaning there is a difference in caring behavior between implementing nurses in the intervention group after the implementation of coaching by the head of the room. The explanation above is reinforced by the results of Budi Hartono's study, 2016, which showed that the average performance score of implementing nurses before being given a coaching intervention was 285.7 and after being given an intervention of 307.7, so that there was an increase in the average performance score of nurses, namely 23.8. Meanwhile, in the multivariate analysis, it was concluded that the

characteristics of age, gender, and length of service did not affect work motivation that supported nurses' Caring behavior.

CONCLUSION

Implementation of coaching on nurses by the head of the intervention group room and obtained a change in Care behavior before and after the implementation of coaching there was an increase of 6.6%. In the intervention group, before and after the implementation of coaching by the head of the room, respondents with good work motivation got an increase of 6.7%. The bivariate results of the paired t-test showed that there was no difference in caring behavior and work motivation of nurses before and after the implementation of coaching by the head of the room in the intervention group. The results of the unpaired t-test also showed that there was no difference in the behavior of nurses in the intervention group and nurses in the control group before the implementation of coaching by the head of the room. The results of the independent sample test above obtained a significance value (Sig.) of 0.029 which is smaller than 0.05, so H_0 is accepted, meaning there is a difference in caring behavior between nurses in the intervention group and nurses in the control group after the implementation of coaching by the head of the room. The results of the Chi-Square test showed an effect of work motivation on Caring behavior in nurses in the intervention group. In this study, based on multivariate tests, it was proven that there was no influence of age, gender, education and length of service of implementing nurses on caring behavior as well as on work motivation in the control group and intervention group after the implementation of coaching by the head of the room as indicated by a Sig value > 0.05 .

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