



ทักษะการบริหารจัดการของหัวหน้าพยาบาลในโรงพยาบาลปาเล้มบัง ประเทคโนโลยีเชี่ย*

Romiko M.N.S.**

Apinya Jumparamool PhD***

บทคัดย่อ

การศึกษาเชิงพรรณนานี้ มีวัตถุประสงค์เพื่ออธิบายทักษะการสอนของหัวหน้าหอผู้ป่วยตามการรับรู้ของหัวหน้าหอผู้ป่วยและพยาบาลวิชาชีพที่ปฏิบัติงานในโรงพยาบาลปาเล้มบัง ประเทคโนโลยีเชี่ย กลุ่มตัวอย่างในการศึกษาประกอบด้วย พยาบาลวิชาชีพที่ปฏิบัติงานในแผนกผู้ป่วยนอกและพยาบาลวิชาชีพที่ปฏิบัติงานในแผนกผู้ป่วยในของโรงพยาบาลขึ้นชื่อ หมัดเดีย (Muhammadiyah Hospital Palembang) เมืองปาเล้มบัง ประเทคโนโลยีเชี่ย จำนวน 151 ราย เก็บรวบรวมข้อมูล ด้วยแบบสอบถามที่ผู้จัดสร้างขึ้นตามกรอบแนวคิดของพาร์ค (Park, 2007) ประกอบไปด้วยแนวคิด 5 ด้าน ได้แก่ 1) การสนับสนุนแบบเปิด 2) การทำงานเป็นทีม 3) การให้คุณค่าบุคคล 4) การยอมรับความคลุมเครือ และ 5) การอ่อนวยความ สะดวกและการสร้างเสริมพลังในการพัฒนาบุคลากรพยาบาลตรวจสอบคุณภาพเครื่องมือ ด้วยการหาความตรงเชิงเนื้อหา โดยผู้เชี่ยวชาญชาวไทย 2 คน และชาวอินโดนีเซีย 3 คน ได้ค่าดัชนีความตรงเท่ากัน 0.995 และทดสอบความเที่ยงด้วย Cronbach's alpha coefficients มีค่า 0.915 วิเคราะห์ข้อมูลด้วยสถิติเชิงพรรณนา ผลการศึกษาพบว่า ทักษะการสอนงาน ของหัวหน้าหอผู้ป่วย ตามการรับรู้ของพยาบาลโดยรวมอยู่ในระดับสูง ($M=3.91$; $SD=0.53$) ได้แก่ 1) การสื่อสารแบบเปิด ($M=4.00$; $SD=0.52$) 2) การจัดการทีม ($M=3.97$; $SD=0.59$) 3) การให้คุณค่าบุคคล ($M=3.81$; $SD=0.68$); 4) การยอมรับความ เห็นต่าง ($M=3.74$; $SD=0.59$); 5) การสนับสนุนและการเสริมพลังอำนาจสามาชิกทีม ($M=3.96$; $SD=0.57$) และการรับรู้ของ พยาบาลต่อทักษะการสอนงานของหัวหน้าหอ 5 ด้านอยู่ในระดับสูงเช่นเดียวกัน ได้แก่ 1) การสื่อสารแบบเปิด ($M=4.00$; $SD=0.52$) 2) การจัดการทีม ($M=3.86$; $SD=0.37$) 3) การให้คุณค่าบุคคล ($M=3.93$; $SD=0.58$) 4) การยอมรับความ เห็นต่าง ($M=3.73$; $SD=0.32$), 5) การสนับสนุนและการเสริมพลังอำนาจสามาชิกทีม ($M=3.95$; $SD=0.43$) หัวหน้าหอผู้ป่วย มีการรับรู้ทักษะการสอนงานของตนเองอยู่ในระดับสูง ($M=3.86$; $SD=0.37$) และการรับรู้ต่อทักษะการสอนงาน แต่ละด้านอยู่ในระดับสูง ($M=3.73$; $SD=0.58$) ยกเว้นด้านการยอมรับความคลุมเครือ (Accept ambiguity) นอกจากนี้ยังพบ ว่าทักษะการสอนงานของหัวหน้าหอผู้ป่วยตามการรับรู้ของพยาบาลและของหัวหน้าหอผู้ป่วยบางรายข้อย่อของแต่ละด้าน อยู่ในระดับปานกลาง ผลการศึกษาแสดงให้เห็นว่าทักษะการสอนงานของหัวหน้าหอผู้ป่วยด้านการยอมรับความคลุมเครือ ยังต้องการการพัฒนาหัวหน้าหอผู้ป่วยควรมีการเรียนรู้จากแหล่งทรัพยากรต่างๆ เปิดโอกาสสรับรู้แนวคิดใหม่ๆ กำหนด แนวทางการแก้ปัญหาที่หลากหลายร่วมกับบุคลากรเรียนรู้จากหนังสือคู่มือ วิธีการสอนงาน ผู้บริหารทางการพยาบาล ควรจัดโครงการฝึกอบรมเพื่อเพิ่มพูนทักษะการสอนงานให้มีประสิทธิภาพแก่หัวหน้าหอผู้ป่วย

คำสำคัญ: ทักษะการบริหารจัดการ หัวหน้าหอผู้ป่วย การรับรู้ของพยาบาลวิชาชีพ การรับรู้ของหัวหน้าพยาบาล

*วิทยาพินธ์ปริญญาพยาบาลศาสตรมหาบัณฑิต หลักสูตรนานาชาติ คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น

**นักศึกษาพยาบาลศาสตรมหาบัณฑิต (หลักสูตรนานาชาติ) คณะพยาบาลศาสตร์มหาวิทยาลัยขอนแก่น

***ผู้ช่วยศาสตราจารย์ภาควิชาบริหารการพยาบาล คณะพยาบาลศาสตร์ มหาวิทยาลัยขอนแก่น



Managerial Coaching of Head Nurses at a Hospital in Palembang, Indonesia*

Romiko M.N.S.**

Apinya Jumpamool PhD**

Abstract

The purposes of this descriptive study were to describe the managerial coaching skills of head nurses perceived by both staff nurses and head nurses themselves. The sample size was 151 nurses who were working in Inpatient Department (IPD) and Outpatient Department (OPD) of Muhammadiyah Hospital Palembang. Quantitative data were collected by using a questionnaire modified by the researcher. Content validity of the questionnaire was reviewed by two Thai experts and three Indonesian experts with the Content Validity Index (CVI) of 0.995. For the reliability testing of the questionnaire, the Cronbach's alpha coefficients were 0.915. The data were analyzed by using descriptive statistics. Results indicated that overall the managerial coaching of head nurses perceived by staff nurses was at a high level ($M=3.91$; $SD=0.53$). They also perceived at high level on the five dimensions of managerial coaching skills, namely 1) Open communication ($M=4.00$; $SD=0.52$); 2) Team approach ($M=3.97$; $SD=0.59$); 3) Value people ($M=3.81$; $SD=0.68$); 4) Accept ambiguity ($M=3.74$; $SD=0.59$); 5) Facilitate and empower staff nurses' development ($M=3.96$; $SD=0.57$). Meanwhile, on average, the head nurses perceived their managerial coaching skills at a high level as well ($M=3.86$; $SD=0.37$). They perceived their skills at a high level in the most of managerial coaching dimensions such as Open communication ($M=3.93$; $SD=0.58$), Team approach ($M=4.05$; $SD=0.46$), Value people ($M=3.73$; $SD=0.32$), Facilitate and empower staff nurses' development ($M=3.95$; $SD=0.43$), except in the dimension "Accept ambiguity". It was moderate level ($M=3.52$; $SD=0.41$). The study results showed that there were some item skills from different dimensions were perceived at moderate level by the overall staff nurses and head nurses. However, some areas of coaching skills need to be further improved by the head nurses, especially the skills under the accept ambiguity dimension. Recommendations for this study were that the head nurses should learn more from several resources how to accept ambiguous in the workplace. The head nurses should open to receive with the new ideas and discover many solutions when they work together with the subordinates. They can improve coaching strategies by learning from a guide book, a video tape. Nurse executives should provide a training program related to the effective method of coaching practice for head nurses.

Keywords: managerial coaching, head nurse, staff nurses perception, head nurse perception.

*Thesis of Master of Nursing Science (International Program), Faculty of Nursing, Khon Kaen University

**Student of Master of Nursing Science (International Program), Faculty of Nursing, Khon Kaen University

**Assistant Professor, Department of Nursing Administration, Faculty of Nursing Khon Kaen University,



Introduction

Dramatically changing in the health care environment requires every health care system is dealing with economizing and reorganizing continuously. It was heightened by change in the nature of work, technological advances, regulatory constraints, and global competition¹. The marketplace has become a highly competitive arena in which the nurses can select and choose a variety of career options and do not always stay in the same job for a long time. Nurses have realized the need to manage their working lives and futures, and that companies will not always be there to keep them as long as their career. Nurses are looking the work environments and leaders that help them to foster and meet their professional goals as well as support them to grow and develop within the profession. The big challenges of nurse leaders today is how they can encourage and inspire nurses to perform at a high level of practice consistently as well as they feel valued and respected in their practice.

Hospitals and health system today have recognized the need for different leadership approach to retain and develop their employees¹. As the *Future of Nursing* and other health initiatives suggest the need for improved leadership from nurses to address the healthcare needs of our nation and world². A difference in a leadership capacity with highly knowledge and leadership skills exactly is needed to assist nurse leaders in strategic thinking, policy-making, global elaboration, financial management and in building sustainable programs and partnerships³. The current leadership approach demands that individuals lead in effective ways that enhance and support their employees' growth, development, and performance. An essential leadership skill that helps to meet this is managerial coaching. Managerial coaching has received considerable attention as new way of leadership capacities in motivating, developing, and retaining employees in organization^{4,5}.

In the last decade, coaching has applied in the sports, psychology, and business and management

context, recently in nursing has been reported as successful way in supporting people to meet their personal and professional goals^{4,5}. Also evident in the nursing researchs was coaching has positive benefits for nurses and contribute to promote personal and professional development. Many reports and case studies that reported coaching as a new professional development approach that has the potential to improve individual and organizational performance, and help healthcare leaders gain professional and personal goals^{6,7,8,9}. Head nurses are seen as a leader or manager in the nursing profession, and coaching as a new leadership skill that can be practiced in a variety of different ways in the hospital setting. Head nurse, as the first line of manager in the hospital, which is involved with the staffs every day, and have ability to coach the staff in a variety of different conditions must either possess and develop managerial coaching skill in order to support their job as a leader in making a significant contribution to the field of health and growth and development of employees¹⁰. It is crucial that today's nursing leaders be able to coach the staff nurses effectively in the hospital setting and run to enhance their practice and performance.

Muhammadiyah Hospital Palembang is a biggest private hospital under the auspices of Muhammadiyah Foundation in Palembang, South Sumatera Indonesia. It has certificate C with approximately 160 nurses and 220 beds. Currently Muhammadiyah Hospital Palembang had three focus areas of improving which are facilities and infrastructure, human resources, and health care services. It was proposed to reach National Hospital Accreditation with certificate A, and to support National Health Insurance (JKN) program and the preparation of hospitals Indonesia towards World Class Hospital. Muhammadiyah Hospital Palembang constantly improve the quality of nursing care services and increase patient satisfaction, emphasize nurses in managerial position to improve their managerial capacities, improve nurses' performance monitoring, and improve nurses' knowledge



and skills. Head nurses in these hospital was required to be able to plan, organize, lead and supervise the provision of nursing care effectively and efficiently, and able to coach the staff in a variety of different situations.

In Muhammadiyah Hospital Palembang, managerial functions that deal with nursing care in the ward or unit was coordinated by head nurses. Head nurses was the front line of managers in reaching the quality of hospital services and was responsible for overseeing nurses in performing nursing care. Therefore, head nurses were demanded to have more competence in carrying out their managerial functions such as in planning, organizing, actuating and implementing, supervising and controlling, and evaluating¹¹.

A preliminary study was conducted by researcher in Muhammadiyah Hospital Palembang for identifying the experiences of head nurses in performing managerial coaching in their wards, where five head nurses involved in this study. Most head nurses stated that actually they had lack of understanding about the concept of managerial coaching, and they also have not yet performed effectively these skill in the workplace. However, they believed that coaching activities were might be a part of their managerial skill that they have been practicing under their supervision. In the workplace, head nurses always see the staff as an individual who has values, knowledge, and skills; provide role models for staffs; provide training and mentoring; provide group discussions; influencing the staff to work better by providing feedback, vision and mission and solving the problem carefully. It could be concluded that head nurses might had not yet get a clear picture of what managerial coaching is, what managerial coaching skill set that creates an effective coaching, and in which level they have been performing their coaching skill.

The report above indicated that actually the head nurses in Muhammadiyah Hospital Palembang had used coaching as a technique for supporting nurses' professional development in clinical setting, and staff nurses had also been part of the coaching interaction under the guidance and oversight of their head nurses.

However, they may had a lot of confusion about what coaching looks like and how the head nurses practicing managerial coaching in the workplace. It supports the need for a better understanding of the use of managerial coaching behaviors by head nurses in the hospitals. In addition, there is lack of research around managerial coaching. The research literature does not adequately address in the implementation of managerial coaching, particularly in healthcare settings. In Indonesia, there is no research examined managerial coaching of nurse managers in hospital settings, particularly no work has been done empirically to measure managerial coaching of head nurses. The purpose of this study was to explore the managerial coaching skills of head nurses at a hospital in Palembang, Indonesia perceived by both staff nurses and head nurses themselves. This study provided empirical evidence of the managerial coaching of nurse leaders or managers in healthcare setting.

Methodology

This study was a descriptive study. It was conducted during January – February 2016. A quantitative approach was applied to assess the managerial coaching of head nurses. The quantitative data were analyzed by using descriptive statistical analysis. This study used the total number of nurses, which were 160 nurses consists of 11 head nurses and 149 staff nurses. All 160 nurses had met the inclusion criteria and agreed to participate in this study. The inclusion criteria for head nurse were: 1) actively working status in both IPD and OPD, 2) working as a head nurse in each unit at least 1 year, and 3) willing to be participants in this study. Meanwhile, the inclusion criteria for the staff nurse were: 1) actively working status in both IPD and OPD, 2) working at least 4 months (not on a probation period), and 3) willing to be participants in this study. Among the 160 nurses, there were 151 (94.38%) nurses who answered and returned the questionnaire. Nine nurses did not return the questionnaire. The 151 nurses consist of 140 staff nurses and 11 head nurses.



To measure managerial coaching skill of head nurses, Park et al.'s instrument was modified for this study¹². The instrument was composed of 42 item within five dimensions. Answers to all items were recorded by a five-point Likert scale. To gain a detail description of the data, the level of head nurses' coaching practice were divided into three categories namely low, moderate and high based on mean score. The categories were gained simply by using the formula (maximum mean score minimum mean score/number of categories = 5.00-1.00/3). Dividing the result of highest possible mean score minus the lowest possible mean score by 3 gave an interval of 1.33¹³. The results were interpreted based on managerial coaching practice mean score as following: 1) 1.00-2.33 = the level of managerial coaching practice was low, 2) 2.34-3.67 = the level of managerial coaching practice was moderate, and 3) 3.68-5.00 = the level of managerial coaching practice was high.

The series process included literature review, experts' review, discussion with clinical nurses, nursing educators, and nursing administrators to evaluate and validate the quality of each item in the questionnaire. The content validity of the managerial coaching of head nurses questionnaire was confirmed (CVI = .995). The reliability of the instrument was tested by a pilot study with involved 30 nurses. The overall Cronbach's alpha was 0.915, it is good reliability and the items in the instrument were clear.

Results

General characteristics of the participants

The general characteristics of the participants were presented in the table 1. For the staff nurse groups, most participants (78.6%) were from IPD, mostly (90.0%) were female. The average age of staff nurse was 30.9 years old (SD=4.64; Min=23; Max=48), and most staff nurse ages (97.1%) ranged from 25 to 45.

Most staff nurses (88.6%) were vocational nurse, in which most of them (88.6%) was graduated at Diploma III. The average of work length experiences of staff nurses was 6.83 years (SD=2.98; Min=2; Max=18), and more than half (61.4%) of staff nurses worked for five to ten years. Most staff nurses (92.9%) have been trained, and 85.4% of them had gained training for one to three times. Most staff nurses (85.4%) reported that clinical skill training as the most regular training that they had gained from the hospital, in which more than half staff nurses (60.8%) stated practicing as the most common training method in real setting. The duration of training time was quite moderate, in which more than half staff nurses (60.8%) were trained for nine to 36 hours.

For the head nurses group, most head nurses (72.7%) were from IPD, most of them (81.8%) were female. Most head nurse ages (81.8%) ranged from 25 to 45 with the average ages was 38.55 years old (SD=7.62; Min=29; Max=55). For the professional titles as a nurse, nearly half head nurses (45.5%) were professional nurse, and almost half (45.5%) of them was graduated at Bachelor Degree and Profession. More than half (72.7%) of head nurses worked for over ten years with average of work length experiences was 17.0 years (SD=7.62; Min=8; Max=34). All head nurses (100%) have been trained, and 72.7% of them had gained training for one to three times. More than half head nurses (63.6%) had gained training experience in both management/leadership skill and clinical skill, and most head nurses (72.7%) had training experience by more than one methods, such as by tutoring, lectures, and practicing. Furthermore, over half head nurses (54.5%) were trained for nine to 36 hours.

The coaching practices of head nurses at Muhammadiyah Hospital Palembang perceived by staff nurses.



Table 1. Frequency, percentage, mean, standar deviation of general characteristics of staff nurses (n=140) and head nurses (n=11)

No	General characteristic	Staff Nurses (n=140)		Head Nurses (n=11)	
		Frequency	%	Frequency	%
1	Work setting				
	Inpatient Department (IPD)	110	78.6	8	72.7
	Outpatient Department (OPD)	30	21.4	3	27.3
2	Position	140	92.7	11	7.3
3	Sex				
	Male	14	10.0	2	18.2
	Female	126	90.0	9	81.8
4	Age	Staff nurses: (M=30.90; SD=4.64; Min=23; Max=48) Head nurses: (M=38.55; SD=7.62; Min=29; Max=55)			
	< 25 years	2	1.4	0	0.0
	25 – 45 years	136	97.1	9	81.8
	> 45 years	2	1.4	2	18.2
5	Professional titles				
	Vocational Nurse	124	88.6	6	54.5
	Professional Nurse	16	11.4	5	45.5
6	Education background				
	Diploma III	124	88.6	6	54.5
	Bachelor Degree	9	6.4	0	0.0
	Bachelor Degree + Profession	5	3.6	5	45.5
	Master Degree	1	0.7	0	0.0
	Other: Diploma IV	1	0.7	0	0.0
7	Length of work experience	Staff nurses: (M=6.83; SD=2.98; Min=2; Max=18) Head nurses: (M=17.00; SD=7.62; Min=8; Max=34)			
	< 5 years	40	28.6	0	0.0
	5 – 10 years	86	61.4	3	27.3
	> 10 years	14	10.0	8	72.7
8	Training				
	No	10	7.1	0	0.0
	Yes	130	92.9	100	100
	Frequency for training	(n=130)			
	1 – 3 times	111	85.4	8	72.7
	> 3 times	19	14.6	3	27.3
	The kind of training	(n=130)			
	Management/leadership skill	4	3.1	3	27.3
	Clinical skill	111	85.4	1	9.1
	Both these two skills	15	11.5	7	63.6
	The way of training	(n=130)			
	Tutoring	0	0.0	1	9.1
	Lectures	6	4.6	0	0.0
	Practicing	79	60.8	2	18.2
	More than one way	45	34.6	8	72.7
	The time duration of training	(n=130)			
	≤ 8 hours	21	16.2	0	0.0
	9 – 36 hours	79	60.8	6	54.5
	5 days – 30 days	30	23.0	5	45.5
	31 – 180 days	0	0.0	0	0.0



Table 2 demonstrated the overall mean score of managerial coaching skills and the mean score of the each dimension of coaching practice perceived by staff nurses. Results gained have demonstrated that the overall mean score of managerial coaching skills

within five dimensions was $M=3.91$ ($SD=0.53$), in which open communication dimensions recorded the highest mean score ($M=4.00$; $SD=0.52$) and comparatively accept ambiguity dimensions was detected to record the lowest mean score ($M=3.74$; $SD=0.59$).

Table 2. The mean score and standard deviation of head nurses' managerial coaching skill perceived by staff nurses (n=140)

Level of Coaching Practice	Possible range score	Actual range score	M (SD)	n	%
Open Communication (9 items)	1 – 5	2 - 5	4.00 (0.52)	0	0
Low	1.00 - 2.33	-		43	30.7
Moderate	2.34 – 3.67	2.67 – 3.67		97	69.3
High	3.68 – 5.00	3.78 – 5.00			
Team Approach (8 items)	1 - 5	2 – 5	3.97 (0.59)	1	0.7
Low	1.00 - 2.33	2.25		36	25.7
Moderate	2.34 – 3.67	2.63 – 3.63		103	73.6
High	3.68 – 5.00	3.75 – 5.00			
Value People (6 items)	1- 5	2 – 5	3.81 (0.68)	0	0
Low	1.00 - 2.33	-		59	42.1
Moderate	2.34 – 3.67	2.50 – 3.67		81	57.9
High	3.68 – 5.00	3.83 – 5.00			
Accept Ambiguity (7 items)	1 - 5	2 – 5	3.74 (0.59)	2	1.4
Low	1.00 - 2.33	2.29		67	47.9
Moderate	2.34 – 3.67	2.71 – 3.57		71	50.7
High	3.68 – 5.00	3.71 - 5.00			
Facilitate and empower staff nurses' development (12 items)	1 - 5	3 – 5	3.96 (0.57)	0	0
Low	1.00 - 2.33	-		42	30.0
Moderate	2.34 – 3.67	2.83 – 3.67		98	70.0
High	3.68 – 5.00	3.75 – 5.00			
Overall Head nurses' coaching skills (42 items)	1 - 5	3 – 5	3.91 (0.53)	0	0
Low	1.00 - 2.33	0		43	30.7
Moderate	2.34 – 3.67	2.83 – 3.67		97	69.3
High	3.68 – 5.00	3.71 – 4.95			

In addition, team approach dimensions, value people dimensions, and facilitate and empower staff nurses' development dimensions recorded quite a high mean score (3.97 ; $SD=0.59$), ($M=3.81$; $SD=0.68$), and ($M=3.96$; $SD=0.57$) respectively. Overall, the coaching practice of head nurses were perceived at high level by staff nurses, and they also perceived that their head nurses had high level skills in the each dimension of coaching practice (range mean score = 3.74 to 4.00).

Interestingly, analysis employed has confirmed that there was one of the staff nurses recorded a low level-of mean score in dimension of team approach and there were two of the staff nurses rated a low level of mean score in dimension of accept ambiguity, it reflects the possibility that one these staff nurse assumed that their head nurses as coaches were weakness in applying team approach as a way in managing projects or works in the workplace.



It also reflects that two these staff nurses assumed that their head nurses may cannot accept ambiguous, less open to new ideas, and seldom to explore multiple solutions when they working with them in the workplace. In general, majority of the staff nurses were found to

record a high level of mean score in open communication (69.3%), team approach (73.6%), value people (57.9%) accept ambiguity (50.7%) and facilitate and empower staff nurses' development (70.0%).

Table 3. The mean score and standard deviation of head nurses' managerial coaching skill perceived by head nurses themselves (n=11)

Level of Coaching Practice	Possible range score	Actual range score	M (SD)	n	%
Open Communication (9 items)	1 - 5	2 - 5	3.93 (0.58)		
Low	1.00 - 2.33	-		0	0
Moderate	2.34 - 3.67	2.67 - 3.67		4	36.4
High	3.68 - 5.00	3.89 - 4.89		7	63.6
Team Approach (8 items)	1 - 5	3 - 5	4.05 (0.46)		
Low	1.00 - 2.33	-		0	0
Moderate	2.34 - 3.67	3.25		1	9.1
High	3.68 - 5.00	3.75 - 5.00		10	90.9
Value People (6 items)	1- 5	3 - 5	3.73 (0.32)		
Low	1.00 - 2.33	-		0	0
Moderate	2.34 - 3.67	3.00 - 3.67		5	45.5
High	3.68 - 5.00	3.83 - 4.17		6	54.5
Accept Ambiguity (7 items)	1 - 5	2 - 5	3.52 (0.41)		
Low	1.00 - 2.33	-		0	0
Moderate	2.34 - 3.67	2.86 - 3.57		6	54.5
High	3.68 - 5.00	3.71 - 4.00		5	45.5
Facilitate and empower staff nurses' development (12 items)	1 - 5	3 - 5	3.95 (0.43)		
Low	1.00 - 2.33	-		0	0
Moderate	2.34 - 3.67	3.33 - 3.42		2	18.2
High	3.68 - 5.00	3.75 - 4.67		9	81.8
Overall head nurses' coaching skills (42 items)	1 - 5	3 - 5	3.86 (0.37)		
Low	1.00 - 2.33	-		0	0
Moderate	2.34 - 3.67	3.29 - 3.55		3	27.3
High	3.68 - 5.00	3.71 - 4.50		8	72.7

The head nurses at Muhammadiyah Hospital Palembang perceived on their coaching practices

The results of the head nurses' perception on their coaching practice were presented in the table 3. As overall, the mean score of managerial coaching skills within five dimensions was $M=3.86$ ($SD=0.37$). Results gained have demonstrated that team approach dimensions rated the highest mean score ($M=4.05$; $SD=0.46$) and comparatively accept ambiguity dimensions was also

reported to record the lowest mean score ($M=3.52$; $SD=0.41$). In addition, three other dimensions were recorded at quite a high mean score namely open communication ($M=3.93$; $SD=0.58$), value people dimensions ($M=3.73$; $SD=0.32$), and facilitate and empower staff nurses' development dimensions ($M=3.95$; $SD=0.43$).

As overall, the head nurses perceived their managerial coaching skills at high level, and they also perceived themselves had high level skill in the almost



all dimensions of managerial coaching except dimension of "accept ambiguity" (range mean score = 3.73 to 4.05). This may be due to majority of the head nurses were found to rate a high level of mean score in open communication (63.6%), team approach (90.9%), value people (54.5%) and facilitate and empower staff nurses' development (81.8%). Only less than half head nurses (45.5%) rated a high level of mean score in accept ambiguity dimensions. Therefore, the head nurses on average perceived themselves had moderate level skills in these dimension. Interesting to note, the data analyses reported that none of the head nurses recorded a low level of mean score in every dimension of managerial coaching skills. It reflected that there - were no head nurses had performed the every dimension of managerial coaching skills at low level in the workplace.

Discussion

The study findings presented that most staff nurses graduated Diploma III level. Nurses were taking time for three years to finish their study in these level. Indonesian Nurses Association categorized the nurses who had education background in these level as vocational nurses. Vocational nurse is nurses who has the authority to practices to certain restrictions under the supervision of, directly or indirectly by the Professional Nurse¹⁴. Many hospitals in Indonesia prefers to employ the vocational nurses rather than professional nurses, in which the amount of salary was considered as the main reason for recruiting them¹⁵. Therefore, the majority of staff nurses in Indonesian hospital was vocational nurses. However, the hospital constantly encourages and allows the staff nurses to continue their study at a higher level of education.

The study results also shown that more than half head nurses were vocational nurses. Actually it is not eligible that a vocational nurse employed in managerial position, as Indonesian Nurses Association emphasized that a nurse who working in managerial position should

be a professional nurse¹⁴. Professional nurses are professionals who independently, work autonomously and collaborate with others and have completed professional education programs in nursing, minimum in bachelor degree level¹⁴. They studied in Bachelor degree for four years. In fact, many hospitals in Indonesia employed a vocational nurse in a managerial position including as a head nurse, usually they had their own policy and considerations. The hospital management is not only considered the education background of nurses but also see the work length experiences of nurses as a practical nurse in the hospital. In this study, actually nearly half head nurses had professional titles as a professional nurse, but most head nurses have been working for more than 10 years (M= 17 years). Therefore, they were considered eligible to be a head nurse.

In this study was also found that there was one staff nurse who graduated master's degree, while no head nurses graduated in this level. In this case, the staff nurse is not the master's in nursing sciences, but the master's in health sciences. Actually many nurses in the hospital want to continue their study in master degree, but it is not possible for them to study in master of nursing science. Because there was no nursing college or university in Palembang had a master degree program in nursing science. Therefore, usually they continued their study in master's degree of health science program as the alternative, although it is not directly related to their last educational background.

The discussion of staff nurses' perception on managerial coaching skills of their head nurses as well as the head nurses' perception on their managerial coaching skills were discussed in the aspects of open communication, team approach, value people, accept ambiguity and facilitate and empower staff nurses' development.

Overall, the findings of present study revealed that the managerial coaching skills of head nurses were



perceived at high level by staff nurses. They also perceived at high level skill in every dimension of managerial coaching, in which every dimension was perceived at high level by more than 50% of staff nurses. It indicated that the most of staff nurses assumed that their head nurse has been performing managerial coaching skill in high level when they were coaching the staffs. In line with the staff nurses' perception, the study results of head nurses' perception on their managerial coaching skill shown that the head nurses perceived their managerial coaching skill on overall at high level as well.

Overall head nurses perceived that they had high level skills in almost all dimension of managerial coaching, except in dimension of "accept ambiguity". Even though most their staffs perceived their skill in these dimension at high level, overall head nurses believed that their skills in these dimension still at moderate level. The data shown that most head nurses assumed that they have been practicing managerial coaching skills in high level when they coach the staffs but they need to improve their skills in term of accept ambiguity in order to able to perform effective coaching.

McLean et al. defined coaching as a "set of managerial skills that demonstrates effective coaching characteristics in terms of open communicating with others, taking a team approach to tasks, valuing people over tasks, and accepting the ambiguous nature of working environment". One dimension, to develop employees, was added by Park. Effective coaching can be ensured through the interrelation of the five components of managerial coaching skills. Effective coaching must be based on 1) Open Communication. In approaching work, coaches should take a 2) Team Approach. When they working with other peoples, they need to be equipped with and utilize various ways to 3) Facilitate Employees' Development. They need to 4) Value People over Task. In approaching the environment, they should 5) Accept Ambiguity¹⁶. These

five key dimensions were identified that constitute effective managerial coaching¹².

As many literatures also noted that coaches must have well-developed communication skills and be able to speak clearly in personal or group situations; they must also be able to convince people^{12,16,17,18}. Managers as coaches must take a team approach rather than an individual approach when they working with others, making decisions and achieving results^{12,19}. Good coaches must acknowledge an individual's needs and their application to tasks, they acting as a coach "tends to value people over tasks, instead of other way around"^{4,16}. Managers need to can accept ambiguous, open to new ideas, and explore multiple solutions when they were working with employees¹². Good coaching can reduce the discomfort of uncertainty and help employees confront various challenges¹². For effective coaching, managers need to be equipped with specific techniques to facilitate and empower their employees' development^{20,21}. Managers as coaches "maximize employee strengths and minimize their weaknesses", focus on the individual growth and create the supportive environment for continuous improvement and success^{22,23}.

The important used of each dimension was explained in many literatures^{12,16,20,21}. The goal of coaching is to develop employees' expertise and improve performance. Therefore, the head nurses should perform these five dimensions in good performances and high level skills. The study findings reported that there were some head nurses perceived themselves had moderate level skills in the dimension of "accept ambiguity". The head nurses need to improve their skills in these dimensions. In the dynamic and fast-changing business environment, discovering multiple and feasible answers rather than being stuck on the current solution will not only enhance managers' ability to deal with problems, but also encourage employees to embrace opportunities offered by uncertainty⁴. Managers need



to develop the mindset to accept the ambiguous and dynamic nature of work environment, and be open with the different viewpoints. Paralleled with the concept of adaptability and cognitive complexity (Peterson & Hicks, 1996), higher level of accepting ambiguity about work place might allow more opportunities to generate innovative ideas and lower level of discomfort about uncertainty.

Conclusion

Managerial coaching skills of head nurses consist of five dimensions, namely open communication, team approach, value people, accept ambiguity, and facilitate and empower staff nurses' development. Interrelatedness of these five dimensions can constitute effective coaching practice. Based on the results obtained, it can be concluded that managerial coaching skills of head nurses on average perceived at high level by both staff nurses and the head nurses themselves. According to the staff nurses, on average, their head nurses had high level skills in all dimensions of managerial coaching, but the head nurses perceived that they had high level skills in the four dimensions of managerial coaching skills. They had moderate high level skills in the dimension of "accept ambiguity".

Recommendations

Based on the findings, conclusions, and discussions, some recommendations were made by the researcher. Even though the managerial coaching skills of head nurses on average were perceived at high level by both staff nurses and head nurses themselves, the head nurses constantly need to further improve their skills in managerial coaching, especially in the accept ambiguity dimensions. Both staff nurses' perception and the head nurses' perception on these dimensions was detected to record the lowest mean score. The nurse managers/administrators can develop a medium being for head

nurses' learning in coaching, such as a guideline or a video for directing and teaching the head nurses how they can perform coaching effectively. Then, the future studies can utilize different approaches and method to examine managerial coaching of head nurses and the potential outcome to the individual and organizational.

Limitations

The scope of population in this study was restricted to nurses at a hospital in Palembang only. Therefore, the findings of this study cannot generalize the managerial coaching skills of head nurses in all hospitals in Indonesia. This study was the first study in examining managerial coaching skills of head nurses in hospital of Indonesia, the conceptual framework and questionnaire were modified. Many nurses might not be familiar with the concept of managerial coaching. It might influenced the accurately of participants in filling the questionnaire.

Acknowledgment

The researchers acknowledged for the Director of Muhammadiyah Hospital Palembang for giving chance and support to conduct the research. My big thanks also proposed to the head nurses and staff nurses for their participation in this study.

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