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THE EFFECT OF THE APPLICATION OF HEAD COACHING ON THE WORK MOTIVATION AND JOB SATISFACTION OF THE IMPLEMENTING NURSE AT THE BANDAR LAMPUNG ADVENT HOSPITAL

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KEYWORDS	ABSTRACT
coaching; work motivation; job satisfaction; nurse practitioner	*Nursing human resources today are experiencing a change in the generation of workers. The need for the role of the head nurse in carrying out coaching to support, collaborate, and facilitate nursing human resources of different generations in order to build effective working relationships, increase motivation, self-potential, and staff job satisfaction. The purpose of the study was to assess the impact of coaching training on nurses' motivation and job satisfaction. Quasi-experimental research design with one group pre-posttest design. Respondents in the research were implementing nurses, using questionnaire measuring tools. The results were obtained by the majority of respondents aged 20-30 years (42.9%), PK 2 career path (37.5%), nurse education (50.0%), and length of work 1-5 years (44.6%). Before the coaching training, the average motivation was 25.13 and job satisfaction was 23.73, while after the coaching training, the average motivation increased to 43 and job satisfaction increased to 35.98. The Paired Samples Test showed a significant effect of coaching training on motivation and job satisfaction with a p-value of 0.000, as well as an R square result of 0.838. The need for the implementation of coaching by the head of the room to increase the motivation and work of nurses which will have an impact on the quality and effectiveness of nursing services. .*

INTRODUCTION

Hospitals are institutions that provide comprehensive individual health services, offering inpatient, outpatient, and emergency care (Regulation of the Minister of Health of the Republic of Indonesia No. 4 of 2018). Hospitals are health service institutions that must have competitive and quality human resources (HR). The quality of human resources within hospitals significantly impacts the performance and quality of health services provided (Nafari & Rezaei, 2022).

Human resources in the health sector today are experiencing a shift in generational composition. The Millennial Generation and Generation Z are the dominant groups in today's workforce. The Millennial generation is characterized by a preference for communication through social media, proficiency with technology, but less face-to-face interaction; they are flexible and tend to be perceived as unprofessional in their role as nurses, often viewed as rude, easily frustrated when not appreciated, and possessing a strong sense of self-confidence

(Ellison et al., 2018). On the other hand, Generation Z tends to move quickly towards specialist roles and positions they believe will enhance their career prospects. Some may even leave their profession if their needs are unmet (Jones et al., 2016) . Therefore, the role of the head nurse (Karu) as the manager of the care unit is crucial in directing, supporting, collaborating with, and facilitating nursing human resources from different generations so they can learn together and build strong, effective working relationships across generations.

The head nurse must be actively involved in the staff development process to help them become more competent. This aligns with the findings from (Hisel M. (2019) in the study titled *"Measuring Work Engagement in a Multigenerational Nursing Workforce."* Nurses today require leaders who can provide opportunities for learning and professional growth. The head nurse has a daily, direct relationship with the nursing staff, and thus their role impacts morale, motivation, productivity, and service quality by creating an atmosphere conducive to performance innovation Hisel M. (2019).

One of the key roles and functions of the head nurse is to improve staff performance and capabilities. One of the directing functions the head nurse can implement is coaching. Coaching is a two-way relationship between the head nurse and staff aimed at motivating staff, exploring their potential, and understanding their weaknesses, with the goal of increasing their potential and job satisfaction. Coaching encourages the workforce to work together and use their skills collectively (Hisel M. (2019) (Milner et al., 2020). According to (Hisel M. (2019) Milner et al. (2018), coaching is a skill that requires discussion between a coach and a coaches. Whitmore (2017) defines coaching as the process of unlocking the potential within the coaches. Effective coaching emphasizes relationships and collaboration with leaders, prioritizing listening over speaking, and facilitating discussions to support staff performance development (Hisel M. (2019)

Coaching by the head nurse is necessary to inspire and motivate nurses to exceed expectations. Afsar (2018) found that coaching stimulated nurses to generate new ideas and find solutions together. This made nurses feel competent, motivated, and confident, which positively impacted their work. Furthermore, the head nurse must facilitate and empower nursing staff development by providing feedback and encouraging nurses to continue learning and developing new skills. This feedback motivates nurses to become more competent, impacting their job satisfaction. Research by (Setyohariyati, F.D.S and colleagues (2019). indicates that coaching interventions influence motivation, workplace, age, gender, education, and work experience, with an F value of 3.316 and a significance of 0.005 < 0.05. Hartono et al. (2019) also found that coaching has a direct, positive, and significant effect on nurse motivation and performance.

Employees who have high job satisfaction exhibit positive work attitudes, while dissatisfied employees often display negative attitudes. Several efforts to improve nurses' job satisfaction include leaders paying attention to unmet employee satisfaction, such as providing coaching training and performance feedback. Job satisfaction can be seen in aspects such as responsibility, motivation, thoroughness, and seriousness in carrying out and completing tasks with satisfactory results. The absence of job satisfaction can negatively affect nurses' work and

be detrimental to the hospital, as the output and outcomes will fall short of expectations. When coaching is carried out regularly and consistently, motivation and job satisfaction can improve employee accountability for achieving organizational goals and enhance staff competencies under the guidance or coaching of the head nurse. Research by Márcia Cristina Souza de Moraes et al. (2021), titled *"Nursing Coaching Leadership and Its Influence on Job Satisfaction and Patient Safety,"* found that nurses achieved higher averages in the four dimensions of coaching leadership, with significant differences in three areas ($p < 0.05$). A study by Abdillah (2016) at the Cibabat Regional General Hospital, Cimahi City, showed that 61.7% of employees were dissatisfied with their work. Similarly, a study by Barahama et al. (2019) at GMIM Pancaran Kasih Manado Hospital showed that 51.7% of nurses experienced job dissatisfaction. It can be concluded that the more frequently coaching is applied, the better the motivation and satisfaction levels of nurses.

This aligns with research by Virginia Syafrinanda et al. (2021), which identified six themes: 1) the formation of interesting coaching protocols, 2) benefits of the coaching protocols, 3) supporting factors in coaching implementation, 4) obstacles participants face in developing skills in the room, 5) efforts to overcome these obstacles, and 6) expectations from coaching implementation. Similarly, coaching faces obstacles when dealing with different coaches characters. However, coaching motivates employees and helps them maximize their talents and potential. Therefore, coaching enables employees to become more motivated and evaluate their performance (Trujillo, 2018).

Several coaching models are commonly used, including the GROW model, developed by John Whitmore in 1992. According to Sembiring & Nazifah (2023), the GROW Model consists of goals, current reality, options, and will. Qori Fanani et al. (2022) highlighted the effectiveness of virtual GROW coaching for nursing students in career planning, with nursing students demonstrating significant improvements in goal-setting, identifying potential, finding solutions, and creating career planning portfolios.

The head nurse must develop skills and understand the stages of skill development in coaching nursing staff. These stages include beginner, competent, advanced, skilled, and expert, each requiring different abilities. This aligns with Patricia Benner's nursing theory, *"From Novice to Expert,"* which outlines five levels of professional development: (1) Novice, (2) Advanced Beginner, (3) Competent, (4) Proficient, and (5) Expert. At the beginner stage, the head nurse learns how to create a conducive coaching climate, build relationships, and be open; at the competent stage, the head nurse improves solutions and collaboration with nursing staff; at the advanced stage, the head nurse aids nursing staff in finding alternative solutions and managing risks; at the skilled stage, the head nurse becomes proficient in facilitating self-development and building networks, and at the expert stage, the head nurse masters managing conversations and resolving issues. Coaching research aligned with Patricia Benner's theory is Baxter's (2013) study, which involved coaching nurses from higher to lower levels, providing a unique experience for organizational development.

Bandar Lampung Adventist Hospital (RSABL) is a type C hospital. According to data from the nursing committee, there are 201 nurses, with an age range of 21-30 (30.7%), 31-40 (31.2%), ≥41 (34.2%), and ≥51 (4%), consisting of 14 room heads and 179 staff. The career path of a nurse is as follows: PK I: 16%, PK II: 32%, PPK III: 52%. Regarding nursing

education, the majority hold a Bachelor's degree (60%), and the remainder have a Diploma (40%).

Coaching evaluation activities have not been conducted to assess the success of coaching efforts. Data from the residency indicated that 45% of head nurses coach staff, and coaching is primarily done for new nurses. This is due to a lack of understanding of coaching, and no head nurse has participated in coaching training. Further, changes in the documentation system from manual to digital overwhelmed nurses. One nurse commented, *"We have a hard time keeping up with this digital change because we need to learn more."* Another mentioned, *"The current system of changing working hours is making us exhausted."* Implementing nurses reported that they perform tasks based on routine and frequently learn from field experience. Guidance is provided only when issues arise or staff make mistakes, typically during quarterly performance assessments.

Unstructured interviews with head nurses revealed that coaching is not actively carried out. Karu "H" indicated *"incomprehension, trapped in lectures to coaches,"* while Karu "E" stated, *"Coaching is done when problems occur."* Karu "I" noted the limited time available for coaching, leaving no concrete action plans, and conflicts between coaches and coaches resulted in no noticeable changes. The researcher's daily observations as a manager confirmed that coaching is unplanned and limited to written reports. The lack of coaching training for staff has resulted in an unstructured coaching process.

Based on the results of the unstructured interview, it can be concluded that the decline in nurse motivation and job satisfaction is caused by changes in the manual to digital system and work system shifts. Nurses are having difficulty adjusting to these changes, which impacts their work. Thus, leadership coaching is essential to increase motivation and job satisfaction and encourage nurses to maximize their potential. The quality of nursing will improve with increased motivation and job satisfaction among nurses, and if the head nurse consistently coaches staff, the quality of care is expected to improve.

Coaching is a vital part of nursing management, particularly in the head nurse's role. However, it was found that coaching implementation at Bandar Lampung Adventist Hospital was not optimal, largely due to the lack of knowledge and skills among head nurses. This has negatively affected the motivation and job satisfaction of implementing nurses. This study aims to analyze the impact of coaching training for head nurses on the motivation and job satisfaction of nurses. It will also describe the characteristics of nurse practitioners, analyze differences in motivation and job satisfaction before and after coaching, and evaluate the influence of individual characteristics (Hernandez, R., & Stone, M. 2023). This research will benefit hospitals by providing strategies to improve nurse performance, contribute to sustainable human resource development, help room heads enhance coaching skills, and enable nurses to gain recognition, improve motivation, and work independently. Furthermore, this research will contribute to the development of nursing science and provide references for future research on coaching in nursing services.

Despite growing recognition of coaching's value in nursing leadership, its implementation at the head nurse level remains underexplored. Previous studies have shown

that coaching positively impacts motivation and job satisfaction (Afsar, 2018; Hartono et al., 2019), but few studies have assessed the specific effects of coaching training for head nurses. This research fills this gap by examining the impact of coaching training for head nurses on the motivation and job satisfaction of implementing nurses. Unlike prior studies, this research establishes a direct link between coaching interventions and measurable outcomes in work motivation and job satisfaction, using a quasi-experimental design. The study uniquely evaluates coaching's effectiveness in an Indonesian hospital, providing insights for similar healthcare settings. The findings of this research are crucial for healthcare institutions, offering strategies to improve nurse performance and human resource development. For room heads, it provides valuable guidance on enhancing coaching skills, while for nurses, it offers opportunities to gain recognition, improve job satisfaction, and contribute to better patient care.

RESEARCH METHOD

The design of this study employs a quantitative method with a quasi-experimental approach, aimed at evaluating the effect of coaching training on the motivation and job satisfaction of implementing nurses at RS X Bandar Lampung. This study involved all implementing nurses in the inpatient ward, with samples determined using proportional random sampling and purposive sampling methods. The sample size was calculated using the Slovin formula, resulting in 56 subjects, including the head of the room, who participated in the training. The data collection tool, in the form of a questionnaire developed from Maslow and Herzberg's theories, was tested for validity and reliability. The data collection procedure includes applying for research permits, training the head of the room, and distributing questionnaires before and after the intervention. This research was conducted at Bandar Lampung Adventist Hospital from June to July 2024, with a focus on research ethics, including informed consent and confidentiality. Data analysis was conducted using univariate and bivariate techniques, with paired t-tests to evaluate differences in motivation and job satisfaction before and after the coaching interventions. The results are expected to provide insight into the effectiveness of coaching in improving the quality of nurses' work.

RESULT AND DISCUSSION

1. Analyzes Bivariate

The results of the study from bivariate analysis, the researcher presented data in the form of relationships between independent variables and dependent variables in respondents in RSABL as follows:

1) Differences in the motivation of implementing nurses between before and after the implementation of Coaching

Table 1. Differences in Work Motivation of Implementing Nurses Between Before and After Coaching Training at RSABL

Motivation Variables	N	Mean	Hours of deviation	P Value
Pre-Intervention	56	25,13	3,287	0,000
Post Intervention	56	31,43	2,396	

Source: Primary Data 2024

Based on the results of the Paired Samples Test in table 5.7, from 56 respondents based on the Difference in Motivation of Implementing Nurses Between Before and After the Implementation of Coaching, the average motivation value before the application of Coaching was 25.13 while the average value of motivation after the application of Coaching was 31.43, with a P Value of 0.000 < a value of α, so it can be concluded that there is a significant difference in the work motivation of the implementing nurses between before and after the implementation of coaching in RSABL .

The application of coaching can bring significant changes in the work motivation of implementing nurses. Prior to the application of coaching, nurses may experience low intrinsic motivation, less job satisfaction, and variations in commitment to tasks. After the implementation of coaching, nurses generally show improvements in some aspects of motivation. The application of coaching often helps nurses set and achieve clearer personal and professional goals, which contributes to their increased intrinsic motivation. Additionally, coaching can increase job satisfaction by providing constructive support and feedback. Motivation to commit to tasks can also increase as nurses feel more engaged and valued.

Hall, Barge, and Wright (2021) found that the application of coaching significantly increased nurses' intrinsic work motivation. The study showed that nurses reported an increase in intrinsic motivation after coaching, which was related to their ability to set and achieve clearer goals.

Brown, Roberts, and Taylor (2023) show that coaching can increase nurses' commitment to their duties. The study found that nurses who underwent coaching practice showed an increase in engagement and responsibility for their work, as well as a decrease in burnout rates.

The application of coaching carried out by Karu increases the work motivation of the implementing nurses (Tay, 2020). By applying GROW coaching to the implementing nurse by setting clear goals of the problems faced, creating solutions and implementing the solutions that have been determined, the nurses find solutions to the problems faced by the implementing nurses. Nurses said they felt happy and appreciated by involving and listening to nurses in making and even finding solutions to problems that arise in the provision of nursing care. The implementation of Karu coaching provides positive feedback with increased motivation of implementing nurses.

2) **The difference in job satisfaction of implementing nurses between before and after the implementation of Coaching at RSABL.**

Table 2. Differences in Job Satisfaction of Implementing Nurses Between Before and After the Implementation of Coaching at RSABL

Job satisfaction variables	N	Mean	Hours of deviation	P Value
Pre-Intervention	56	23,73	2,332	0,000
Post Intervention	56	30,89	2,121	

Source: Primary Data 2024

Based on the results of the Paired Samples Test in table 5.8, from 56 respondents based on the Difference in Job Satisfaction of Implementing Nurses Between Before and After the Implementation of Coaching, the average value of job satisfaction before Coaching training was 23.73 while the average value of job satisfaction after the implementation of Coaching was 30.89, with a P Value of 0.000 < a value of α, so it can be concluded that there is a significant difference in the job satisfaction of the implementing nurse between before and after Coaching at RSABL.

The application of coaching can have a significant impact on the job satisfaction of implementing nurses by addressing some of the problems that often arise before training. Prior to coaching training, nurses often faced various challenges that could decrease nurses' job satisfaction. These challenges include a lack of managerial support, inadequate feedback, and difficulty in achieving clear professional goals. Nurses may also feel undervalued and experience high levels of stress due to unresolved conflicts in the workplace.

The application of Karu coaching has had a significant increase in nurses' job satisfaction. Coaching that is carried out by Karu provides the tools and strategies needed to manage stress, improve good relationships, nurses feel more valued, thereby improving communication skills, and being more responsible.

The results of this study show that the application of coaching carried out by Karu has an impact on increasing the job satisfaction of the implementing nurses, recognition of achievements, and better stress management. The feedback and support received during the coaching implementation helps nurses feel more valued and more motivated in their work.

Lee, Brown, and Clark (2023) developed a longitudinal study that evaluated the long-term effects of coaching application on nurses' job satisfaction. The study noted a significant increase in job satisfaction after the implementation of coaching. This study highlights how coaching helps nurses address personal and professional problems, which contributes to higher job satisfaction. The study also showed that the greatest benefits of coaching were related to increased support and feedback that nurses received.

Williams and Adams (2021) identify that coaching plays an important role in reducing stress and conflict in the workplace, which has a positive impact on job satisfaction. The study found that the application of coaching not only helped nurses better manage stress but also increased engagement and recognition of their work. This study highlights how coaching affects team dynamics and improves job satisfaction by improving communication and overcoming conflict.

Through the application of Karu coaching, nurses get constructive feedback and support that helps them feel more valued and more skilled and responsible in providing nursing care. Karu appreciates the opinions of the staff trusting each other as well as improving communication in conflict management, making the atmosphere more conducive, the nurses become more involved and better able to work effectively in the team, which further improves overall job satisfaction.

The application of coaching that is welcomed starts from setting goals to implementing goals so that the achievement of goals is clearer, which can increase confidence in completing the work entrusted to nurses. In addition, good communication makes the work atmosphere comfortable and conducive to increasing the job satisfaction of the implementing nurses.

In accordance with Bnner's theory of beginner nurses, the head nurse needs to learn how to create a conducive coaching climate, build relationships, and learn to be open, at the competent stage, the head nurse in addition to building relationships and creating a conducive climate, becomes more adept at finding solutions and collaborating with nursing staff. In the advanced stage, the head nurse can be more skilled in helping the nursing staff to find alternative solutions, managing risks.

The nurse stated that the application of coaching carried out by Karu made the nurse understand the condition being faced, so that the nurse began to learn to set goals and make solutions and implement the solutions that have been set. Karu coaching also helps nurses develop skills and competencies as well as increase nurses' confidence and reduce stress at work. The application of coaching also improves working relationships through constructive feedback, creating a more positive work environment.

Therefore, the researcher found that the application of Karu coaching and role models as shown by Karu and the appreciation given by Karu increased the job satisfaction of implementing nurses in their work. This can be seen from the increase in confidence, nurses feel more valued to make nurses more responsible by improving skills and knowledge in providing nursing care.

2. Multivariate Analysis

Multivariate analysis in this study uses multiple linear regression tests which aim to determine the influence of independent variables on dependent variables and have ordinal data rankings.

In the analysis, the results of the analysis described the effect of coaching training on work motivation and job satisfaction as well as the variables confounding age, career path, education and length of work. In addition, the results of the analysis simultaneously affect independent variables to the dependents, the results of the analysis are described as follows:

1) Analysis of the effect of the application of coaching on work motivation and job satisfaction as well as the confounding variables of age, career path, education and working time simultaneously

The Anova test is used to assess the effectiveness of the intervention by looking at its significance value can be seen in table 3:

Table 3. Anova test on the application of coaching to work motivation and job satisfaction as well as the confounding variables of age, career path, education and length of service at RSABL

Type	Sum of Squares	Df	R Square	F	Sig.
Regression	664,709	6	0,838	48,404	0.000
Residual	112,148	49			
Total	776,857	55			

Source: Primary Data 2024

Based on table 5.9, the Anova test obtained a significant value of Pvalue = 0.000 < a α value and an R square value of 0.838 so that it was concluded that the application of coaching

had a significant influence simultaneously on work motivation and job satisfaction and was controlled by the confounding variables of age, career path, education and working time of 83.8%.

Nurses' job satisfaction can vary based on their age and career path. Research by Lee et al. (2023) suggests that older or higher-career nurses may respond to the application of coaching differently compared to nurses who are younger or who are just starting their careers. Older experienced nurses have the skills to cope with job stress and challenges, so the increase in job satisfaction after coaching may not be as great as that seen in nurses newer to the field.

Research by Hall et al. (2021) shows that coaching increases nurses' intrinsic motivation, but its effectiveness can be influenced by age and career path. Nurses who are younger or who are just starting their careers may respond to coaching in a different way compared to nurses who are more experienced or who have reached a high career level. Higher career paths often relate to different needs in terms of coaching and motivation (Smith & Jones, 2022)[1].

The level of education also affects the outcome of coaching training. Nurses with higher education may have better analytical and reflective skills, so they are more likely to utilize the feedback from coaching effectively. Research by Williams and Adams (2022) revealed that nurses with higher education showed greater increased motivation after coaching compared to their lower-educated counterparts.

Education can affect job satisfaction through its impact on stress management and communication skills. Nurses with higher education are better equipped to utilize Karu coaching in improving their job satisfaction, as they may be more skilled in applying the feedback and strategies learned during coaching (Smith & Jones, 2022).

Length of work or work experience can affect how nurses respond to coaching. Nurses who have worked longer may have established work patterns and may need a different coaching approach. Brown et al. (2023) reported that nurses who had just joined the organization showed a more significant increase in motivation compared to nurses with longer working hours.

The length of work affects job satisfaction in a complex way. Research by Johnson et al. (2021) found that nurses with longer working hours may benefit from coaching in terms of reduced stress and greater increased job satisfaction compared to nurses who are just starting their careers. Coaching can help experienced nurses to cope with challenges they may face over time, such as changes in the work environment or additional responsibilities.

The application of Karu coaching is an intervention designed to improve various aspects of individual performance and well-being in the workplace. In the context of nursing, coaching can play an important role in increasing motivation and job satisfaction. However, this influence can be influenced by several confounding variables, including age, career path, education, and length of employment.

The application of coaching aims to increase work motivation and job satisfaction which helps the implementing nurse identify and achieve personal and professional goals. The implementation of Coaching provides constructive feedback and important personal support, which can increase the work motivation and job satisfaction of nurses to improve performance and achieve personal or organizational goals.

In applying coaching to nurses, they must pay attention to several things such as age, career path, education and length of service because this will affect the results of the coaching itself. Because the characteristics of nurses are closely related to the response that will be given by the implementing nurse. The mindset of how to respond and make decisions is influenced by age, career level, education and work. The implementation of Karu coaching is well done so that the results of increasing work motivation and job satisfaction of implementing nurses. The application of coaching to work motivation and job satisfaction as well as the confounding variables of age, career path, education and length of work at RSABL yielded significant improvement results

2) **Analysis of the effect of the application of coaching on work motivation and job satisfaction as well as the variables of confounding age, career path, education and partial length of work.**

The Coefficient test shows the magnitude of the influence of the application of coaching partially on motivation and job satisfaction as well as the variables confounding age, career level, education and length of work can be seen in the following table:

1. **Work motivation**

Table 4. Coefficient Test of coaching training on work motivation and variables confounding age, career path, education and length of work at RSABL

Variable	t	Itself.	95,0% Confidence Interval for B	
			Lower Bound	Upper Bound
(Constant)	0,586	0,561	-2,361	4,303
Motivation	21,387	0,000	0,854	1,031
Age	5,235	0,000	1,431	3,212
Career Path	2,792	0,007	0,142	0,871
Education	-3,230	0,002	-2,864	-0,668
Long Time Working	-2,791	0,007	-1,104	-0,180

Source: Primary Data 2024

Based on the results of the Coefficient test table 5.10 obtained from the location of the significance level, PreMotivation was obtained 21,387, age 5,235, Career Level 2,792, Education -3,230 and Working Length -2,791. From the results, it can be concluded that partially Work Motivation and Job Satisfaction have a Pvalue value of < 0.05, it can be concluded that the application of coaching has a significant influence on work motivation and is controlled by the confounding variables of working length, career path, education and age. From the results of the Coefficient test, the following mathematical formula was obtained:

Z = 0.586 + 21.387(Premotivation) + 5.235(age) + 2.792(Career Level) - 3.230(Education) - 2.791(Length of Work).

The application of coaching is designed to improve work motivation and nurse performance through feedback and personal support. However, the effects of this coaching can

be influenced by a variety of individual factors, which must be partially analyzed to better understand their impact.

Age can affect how nurses respond to the application of coaching. Younger nurses are often more open to new coaching methods because they are still in the early stages of their careers and are looking for direction and guidance. Research by Tay, Lim, and Ng (2020) shows that young nurses tend to be more quick to adopt changes in motivational techniques and strategies provided by coaching. They are more likely to actively engage in the coaching process and implement feedback to improve their performance (Smith, L., & Jones, A. 2022).

In contrast, older nurses may already have established work motivation strategies and are more skeptical of changing methods. Research by Choi and Lee (2022) suggests that older nurses tend to have more stable levels of work motivation and may require a coaching approach that is more focused on advanced development rather than on establishing basic motivation.

Career paths affect how nurses utilize coaching training. Nurses at lower career levels often need more support from coaching to increase motivation and identify career goals. Research by Nguyen, Zheng, and Lee (2021) shows that nurses who are just starting their careers benefit significantly from coaching in terms of increased work motivation and skill development. Coaching helps them build a strong foundation for professional development and increase commitment to their work (Stone, F. 2017).

In contrast, nurses at higher levels may already have a more stable level of motivation and support from their work environment. They may need coaching that is more focused on leadership development and team management than on basic motivation Therefore, the effect of coaching on work motivation may be greater in nurses who are at a lower career level.

The age of nurses, which often correlates with work experience, affects the outcome of coaching. Younger nurses tend to be more open to coaching training and quicker in implementing the feedback received. Research by Choi and Lee (2022) shows that younger nurses get a greater increase in motivation after coaching because they are more open to new techniques and better prepared to make changes in the way they work.

Older nurses, on the other hand, may already have work patterns and motivational strategies that have proven effective over the years. They may be more in need of coaching designed to update or refine their motivational techniques, as well as help them deal with new challenges that may arise over time.

Education affects how effective the application of coaching is in increasing motivation. Nurses with higher levels of education typically have better analytical and reflective skills, which allows them to utilize feedback from coaching more effectively. Research by Hernandez and Stone (2023) shows that nurses with higher education tend to experience greater increases in work motivation because they are able to understand and apply feedback more deeply and strategically.

On the other hand, nurses with lower education may require a simpler and more direct coaching approach, as well as additional support to understand and apply the feedback provided. Coaching can help them develop the basic skills needed to improve motivation and performance.

The length of the work affects how nurses respond to coaching. Nurses with longer tenures may already have well-established motivational strategies and face different challenges

compared to nurses who are just starting their careers. Research by Kumar, Patel, and Singh (2021) shows that experienced nurses often benefit from coaching in terms of updating and improving their motivational techniques, as well as in addressing new challenges that arise as their careers progress. In contrast, nurses who are just starting their careers may benefit more directly from coaching in building a strong motivational foundation and developing the initial skills necessary to succeed in their jobs.

It can be concluded that the application of coaching Karu to implementing nurses in increasing the work motivation of implementing nurses can be influenced by many things including age, career level, education and length of service because this is caused by a pattern of bikir that develops along with age, experience and maturity so that it affects a person's motivation. Some of the things that Karu does in the implementation of coaching such as maintaining a conducive atmosphere, saying thank you and praise to all staff can significantly increase motivation.

2. Job Satisfaction

Table 5. Test of coaching training coefficient on job satisfaction as well as confounding variables of age, career path, education and length of work at RSABL

Variable	t	Itself.	95,0% Confidence Interval for B	
			Lower Bound	Upper Bound
(Constant)	0,801	0,427	-2,173	5,057
Job Satisfaction	19,446	0,000	0,831	1,023
Age	5,295	0,000	1,585	3,523
Career Path	2,862	0,006	0,168	0,960
Education	-3,295	0,002	-3,150	-0,764
Long Time Working	-2,870	0,006	-1,219	-0,215

Source: Primary Data 2024

Based on the results of the Coefficient test table 5.11 obtained from the location of the significance level, Job Satisfaction was obtained 19,446, age 5,295, Career Level 2,862, Education -3,295 and Working Length -2,870. From the results, it can be concluded that partially Work Motivation and Job Satisfaction have a Pvalue value of < 0.05, it can be concluded that the application of coaching has a significant influence partially on job satisfaction and is controlled by the confounding variables of length of work, career path, education and age. From the results of the Coefficient test, the following mathematical formula was obtained:

Z = 0.801 + 19.446(job satisfaction) + 5.295(age) + 2.862(Career Level) - 3.295(Education) - 2.870(Length of Work).

The application of coaching aims to increase job satisfaction by providing personal support and self-development strategies. Through coaching, nurses can get constructive feedback, set and achieve goals, and gain the support needed to improve their performance. However, the influence of coaching on job satisfaction can vary depending on individual factors.

Age is an important variable in determining how nurses respond to coaching. Research by Meyer, Richards, and Zhao (2023) shows that younger nurses tend to experience greater increases in job satisfaction after following coaching. This may be due to their openness to new methods and a desire to learn and adapt to new motivational techniques. Young nurses are typically more flexible and faster in implementing feedback from coaching, which contributes to increased their job satisfaction (Nafari, E., 2022).

Age affects how much the application of coaching can affect job satisfaction. Research by Liu, Zhou, and Wang (2022) shows that younger nurses tend to experience greater increases in job satisfaction after coaching compared to older nurses. This is because young nurses are more adaptable to new techniques and faster in applying feedback from coaching. They are also more likely to seek feedback that can improve their skills and motivation.

On the other hand, Choi and Lee (2022) suggest that older nurses may already have established work patterns and may be more skeptical of new methods. For older nurses, coaching may be more effective if it is focused on specific aspects relevant to their experience, such as adjusting to changes in their work role or leadership development. As such, older nurses may require a more specific and personalized coaching approach to improve their job satisfaction (Johnson, 2021).

Career path also affects the effectiveness of coaching in increasing job satisfaction. Research by Sullivan, Davis, and Green (2022) shows that nurses in the early stages of their careers often benefit more from coaching in terms of job satisfaction compared to those in higher career levels. Entry-level nurses tend to be more open to feedback and use coaching to craft clear career goals, which directly increases their job satisfaction Hernandez and Stone (2023)

In contrast, nurses in higher career paths may have achieved stability in their job satisfaction and may seek coaching for advanced skill development or team management. Nguyen, Zheng, and Lee (2021) found that coaching for experienced nurses often focuses on aspects of leadership and team management strategies, which can improve job satisfaction through improved managerial skills and change management.

On the other hand, older nurses may require a coaching approach that focuses more on continuous development and adaptation to changes in their work environment. Anderson, Clark, and Patel (2023) suggest that for older nurses, coaching should focus on aspects relevant to the challenges they face, such as adapting to new technologies or changes in health policies.

Education influences how nurses utilize coaching in improving their job satisfaction. Research by. Smith and Johnson (2024) found that nurses with higher levels of education often showed greater increases in job satisfaction after following coaching. They have better analytical and reflective skills, which allows them to understand and apply feedback from coaching more effectively.

In contrast, nurses with lower educational backgrounds may require a simpler, more direct coaching approach. Hernandez and Stone (2023) found that nurses with low education may need additional support to understand and implement feedback, as well as more direct strategies to improve their job satisfaction.

Long working hours affect how nurses respond to coaching. Research by Kumar, Patel, and Singh (2021) shows that nurses with longer working hours can benefit significantly from

coaching, especially when it comes to updating their motivational techniques and addressing new challenges that arise as their careers progress. Nguyen et al. (2021) show that nurses who are just starting their careers benefit directly from coaching in building a strong career foundation and feel more satisfied with their development.

It can be concluded that the application of coaching Karu to implementing nurses increases the job satisfaction of implementing nurses significantly increases. This is done in implementing coaching to adjust the characteristics of confounding age, career level, education and length of service when implementing coaching to implementing nurses. By separating coaching participants when providing coaching based on the length of work and the PK of the implementing nurse (Choi, Y., 2022).

CONCLUSION

The highest age group is 20-30 years (42.9%), the most common career level is PK 2 (37.5%), the majority have a nursing education (50.0%), and the most common length of service is 1-5 years (44.6%). Data on work motivation at RSABL, from 56 respondents, shows that the average motivation before the application of coaching was 25.13, with a maximum score of 29, while after coaching, the maximum score increased to 38. The average job satisfaction before coaching was 23.73, with a maximum value of 27, while after coaching, the average motivation was 30.89, with a maximum value of 36. The results of the Paired Samples Test showed a P-value of $0.000 < \alpha$, so it can be concluded that there is a significant difference in the work motivation of the implementing nurses before and after the implementation of coaching at RSABL. Similarly, the results of the Paired Samples Test showed a P-value of $0.000 < \alpha$, indicating a significant difference in the job satisfaction of the implementing nurses before and after the implementation of coaching at RSABL. Based on the ANOVA test, a significant P-value of $0.000 < \alpha$ and an R-squared value of 0.838 were obtained, concluding that the application of coaching had a significant simultaneous effect on work motivation and job satisfaction, controlled by the confounding variables of age, career path, education, and length of service by 83.8%.

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