Journal Scientific of Mandalika (JSM)
https://www.ojs.cahayamandalika.com/index.php/jomla

Vol. 7, No. 4, 2026
e-ISSN: 2745-5955 | p-ISSN: 2809-0543
hh. 575-583

Dynamics of post-training coaching leadership implementation: a case study of first-line managers in a private hospital

Dharmawan P Hadad[1]*
Universitas Satya Negara Indonesia, Indonesia
*Corresponding Author e-mail: darpuhad@gmail.com

Abstract: *This study aims to explore the dynamics of coaching skills implementation among first-line managers following their participation in the "Coaching for Leaders" training program in a private hospital setting. A qualitative approach with a case study design was employed to gain an in-depth understanding of participants' experiences. Data were collected through semi-structured in-depth interviews, non-participant observations, and document analysis involving eight first-line managers. The data were analyzed using thematic analysis based on the interactive model of Miles, Huberman, and Saldana. The findings reveal that although participants have developed a basic understanding of coaching principles, the implementation of coaching skills remains partial and situational. Coaching practices are primarily applied in specific contexts, such as one-on-one interactions and performance evaluations, rather than being consistently integrated into daily leadership practices. The study identifies several barriers to implementation, including habitual directive leadership styles, time constraints, high workload, and limited staff readiness. At the same time, intrinsic motivation, positive initial experiences, and peer support are found to facilitate the implementation process. Furthermore, the study highlights positive impacts at managerial, staff, and team levels, including increased self-awareness, improved communication, and enhanced staff initiative. However, these impacts are not consistently observed across all units. This study contributes to the literature by providing a contextual and in-depth understanding of post-training coaching implementation in healthcare settings and emphasizes the importance of organizational support in sustaining behavioral change.*
Keywords: *Coaching Leadership; Coaching Skills Implementation; First-Line Managers; Healthcare Leadership; Qualitative Case Study; Training Transfer.*

Abstrack: Penelitian ini bertujuan untuk mengeksplorasi dinamika implementasi keterampilan coaching pada manajer lini pertama setelah mengikuti program pelatihan "Coaching for Leaders" di lingkungan rumah sakit swasta. Penelitian ini menggunakan pendekatan kualitatif dengan desain studi kasus untuk memperoleh pemahaman mendalam mengenai pengalaman partisipan. Data dikumpulkan melalui wawancara mendalam semi-terstruktur, observasi non-partisipan, dan analisis dokumen yang melibatkan delapan manajer lini pertama. Data dianalisis menggunakan analisis tematik berdasarkan model interaktif Miles, Huberman, dan Saldana. Hasil penelitian menunjukkan bahwa meskipun partisipan telah memiliki pemahaman dasar mengenai prinsip coaching, implementasi keterampilan coaching masih bersifat parsial dan situasional. Praktik coaching terutama diterapkan dalam konteks tertentu, seperti interaksi satu-satu dan evaluasi kinerja, namun belum terintegrasi secara konsisten dalam praktik kepemimpinan sehari-hari. Penelitian ini mengidentifikasi beberapa hambatan implementasi, antara lain kebiasaan kepemimpinan yang bersifat direktif, keterbatasan waktu, beban kerja yang tinggi, serta kesiapan staf yang masih terbatas. Di sisi lain, motivasi intrinsik, pengalaman positif awal, dan dukungan rekan sejawat menjadi faktor yang mendukung implementasi. Selain itu, penelitian ini juga menunjukkan adanya dampak positif pada tingkat manajerial, staf, dan tim, seperti peningkatan kesadaran diri, perbaikan komunikasi, serta peningkatan inisiatif staf. Namun, dampak tersebut belum terlihat secara konsisten di seluruh unit. Penelitian ini berkontribusi dalam memberikan pemahaman yang kontekstual dan mendalam mengenai implementasi coaching pasca pelatihan di sektor kesehatan serta menekankan pentingnya dukungan organisasi dalam menjaga keberlanjutan perubahan perilaku.
Kata Kunci: Coaching Leadership; Implementasi Coaching Skills; Manajer Lini Pertama; Kepemimpinan Kesehatan; Studi Kasus Kualitatif; Transfer Pelatihan

How to Cite: Dharmawan P Hadad. Dynamics of post-training coaching leadership implementation: a case study of first-line managers in a private hospital. Journal Scientific of Mandalika (JSM) E-ISSN 2745-5955 | P-ISSN 2809-0543, 7(2), 265-275. https://doi.org/10.36312/10.36312/vol4iss1pp575-583

https://doi.org/10.36312/10.36312/vol4iss1pp575-583

INTRODUCTION

Healthcare organizations, particularly hospitals, operate in increasingly complex environments characterized by high service demands, workforce challenges, and the necessity to maintain quality patient care. One of the most critical challenges faced by hospitals is the effective management of human resources, especially nursing staff, who constitute the largest proportion of the healthcare workforce. Issues such as high turnover rates, job burnout, and increasing service expectations

have been widely reported as persistent concerns in healthcare settings (Hartono et al., 2019). In this context, the role of leadership, particularly at the first-line management level, becomes highly strategic. First-line managers, including head nurses and unit supervisors, are directly responsible for coordinating daily operations, supervising staff, and ensuring service quality, making them pivotal actors in organizational performance.

Traditional leadership approaches in healthcare have often relied on directive and hierarchical styles, where decision-making is centralized, and instructions are given in a top-down manner. However, contemporary leadership paradigms emphasize more participatory and empowering approaches, one of which is coaching leadership. Coaching leadership focuses on facilitating employee development through reflective questioning, active listening, and constructive feedback, rather than merely providing instructions (Grant, 2017). This approach aligns with the evolving characteristics of the workforce, particularly younger generations who value autonomy, engagement, and personal development. Consequently, coaching leadership has been increasingly recognized as a relevant and effective leadership style in modern healthcare organizations.

Despite its conceptual advantages, the implementation of coaching leadership in practice remains challenging. Empirical evidence suggests that many first-line managers struggle to apply coaching principles consistently in their daily leadership practices. For instance, a qualitative study by Syafrinanda et al. (2020) identified several barriers to coaching implementation in hospital settings, including limited understanding of coaching concepts, low self-confidence, entrenched habitual behaviors, and organizational constraints. These findings indicate that acquiring coaching knowledge through training does not automatically translate into behavioral change in the workplace.

This phenomenon is closely related to the concept of transfer of training, which refers to the extent to which knowledge and skills acquired during training are applied and sustained in the work environment (Baldwin & Ford, 1988). According to this framework, successful transfer of training is influenced by three major factors: trainee characteristics, training design, and work environment. Even when training programs are well-designed and participants demonstrate high engagement during training sessions, the actual implementation of learned skills may still be limited if these factors are not adequately addressed. In this regard, leadership training programs, including coaching-based training, often face challenges in achieving long-term behavioral change.

In response to these challenges, many healthcare organizations have implemented leadership development programs such as "Coaching for Leaders" to enhance the coaching competencies of their managers. These programs are designed to equip participants with essential coaching skills, including active listening, powerful questioning, and constructive feedback, which are fundamental to effective coaching leadership (Starr, 2021; Whitmore, 2017). Previous studies have demonstrated that such training programs can improve knowledge and skills related to coaching. For example, Indahwaty et al. (2023) found significant improvements in participants' knowledge following coaching training, while Sartikasari (2021) reported enhanced leadership communication and motivational skills among head nurses after participating in a Leader as Coach program.

Furthermore, quantitative studies have shown that coaching leadership can positively influence various organizational outcomes. Hartono et al. (2019) reported that coaching has a significant effect on nurses' motivation and performance, with motivation acting as a mediating variable. Similarly, Najamuddin et al. (2020) found that coaching training improved managerial competencies and job satisfaction among nursing staff. In addition, coaching competencies have been associated with reduced burnout levels among nurses, highlighting the broader impact of coaching leadership on employee well-being (Rumerung et al., 2022). These findings underscore the potential benefits of coaching leadership in healthcare settings.

However, despite the growing body of evidence supporting the effectiveness of coaching leadership, most existing studies have predominantly employed quantitative approaches, focusing on measuring outcomes such as performance, motivation, or knowledge improvement. While these studies provide valuable insights into the effectiveness of coaching interventions, they offer limited understanding of how coaching skills are actually implemented in real-world settings. In particular, there is a lack of in-depth qualitative research exploring the experiences of first-line managers in applying coaching skills after participating in leadership training programs.

This gap highlights the need for qualitative inquiry that captures the dynamic and contextual nature of coaching implementation in healthcare organizations. Understanding how managers interpret, adapt, and apply coaching skills in their daily practice is essential for identifying both enabling factors and barriers to implementation. Moreover, such insights can inform the design of more effective leadership development programs that go beyond knowledge acquisition and facilitate sustainable behavioral change. Therefore, this study seeks to address this gap by exploring the dynamics of coaching leadership implementation from the perspective of first-line managers in a private hospital setting.

The novelty of this study lies in its focus on the post-training implementation process of coaching skills, rather than merely evaluating training effectiveness. By adopting a qualitative case study approach, this research aims to provide a deeper understanding of the lived experiences of managers, including how they apply coaching skills, the challenges they encounter, the factors that support implementation, and the perceived impacts on themselves and their teams. This perspective is particularly important in the context of healthcare organizations, where leadership practices are shaped by complex interactions between individual, organizational, and situational factors (Marquis & Huston, 2017).

Based on the above background, the main research question of this study is: How are coaching skills implemented by first-line managers after participating in the "Coaching for Leaders" training program? This question is further elaborated into sub-questions concerning managers' understanding of coaching, forms of implementation, barriers encountered, supporting factors, and perceived impacts. By addressing these questions, this study aims to contribute both theoretically and practically to the field of human resource management and leadership development in healthcare organizations.

METHODS

This study employed a qualitative research approach using a case study design to explore the implementation of coaching skills by first-line managers following participation in a leadership training program. A qualitative approach was deemed appropriate as the study aimed to gain an in-depth understanding of participants' experiences, perceptions, and interpretations regarding the application of coaching skills in their daily leadership practices, rather than to measure variables or test hypotheses (Creswell & Poth, 2017). The case study design was selected because the research focused on a contemporary phenomenon within its real-life context, where the boundaries between the phenomenon and the context were not clearly evident (Yin, 2017).

The study was conducted in a private hospital setting in Indonesia, with the organizational identity intentionally anonymized to maintain confidentiality. The research was carried out over a four-month period, encompassing preparation, data collection, data analysis, and reporting phases. Data collection took place after participants had completed the "Coaching for Leaders" training program for at least three months, ensuring that they had sufficient time to attempt the implementation of coaching skills in their respective work units.

The participants in this study were first-line managers, including head nurses, nursing supervisors, and unit managers who had previously attended the training program. A purposive sampling technique was employed to select information-rich participants who met specific inclusion criteria, namely: (1) holding a first-line managerial position, (2) having completed the training program, and (3) having at least three months of post-training experience. Participants who were on extended leave or unable to participate fully were excluded. The number of participants ranged from five to ten individuals, with data collection continuing until data saturation was achieved, meaning no new themes or insights emerged from subsequent interviews (Patton, 2015).

Data were collected using three primary techniques to ensure methodological triangulation: in-depth interviews, non-participant observation, and document analysis. The main data collection method was semi-structured in-depth interviews, allowing flexibility for participants to express their experiences while ensuring alignment with the research objectives (Kvale & Brinkmann, 2009). Each interview lasted approximately 45 to 60 minutes, was conducted in a quiet and private setting, and was audio-recorded with participants' consent. Field notes were also taken to capture non-verbal cues and contextual information.

In addition to interviews, non-participant observations were conducted to examine participants' interactions with their staff and to identify manifestations of coaching behaviors in real work settings. Observations focused on communication styles, leadership interactions, and the overall work environment. Document analysis was also utilized to support and enrich the data, including training materials, attendance records, and relevant organizational documents.

In qualitative research, the researcher serves as the primary instrument for data collection and analysis (Moleong, 2017). To support this role, several instruments were used, including an interview guide, audio recording devices, field notes, and documentation tools. The interview guide was developed based on the research questions and theoretical framework, ensuring that all key aspects of coaching implementation were explored systematically.

Data analysis was conducted using the interactive model proposed by Miles et al. (2014), which consists of three main processes: data condensation, data display, and conclusion drawing and verification. First, all interview recordings were transcribed verbatim. The transcripts were then coded through a multi-stage coding process, including open coding to identify initial meaning units, axial coding to group related codes into categories, and selective coding to identify core themes. Subsequently, the data were organized and presented in narrative and tabular forms to facilitate interpretation. Finally, conclusions were drawn by identifying patterns, relationships, and key themes, which were continuously verified through iterative analysis.

To ensure the trustworthiness of the findings, several validation strategies were employed, including triangulation, member checking, peer debriefing, and maintaining an audit trail (Creswell & Poth, 2017; Lincoln & Guba, 1985). Triangulation was achieved by comparing data from multiple sources and methods, while member checking involved confirming the accuracy of findings with selected participants. Peer debriefing was conducted with colleagues to minimize researcher bias, and all research processes were documented systematically to allow transparency and replicability.

RESULT AND DISCUSSION

1.Overview of Participants and Research Context

This study involved eight first-line managers working in a private hospital setting in Indonesia. The participants consisted of head nurses, nursing supervisors, and unit managers who had completed the "Coaching for Leaders" training program at least three months prior to data collection. This time frame allowed participants to gain practical exposure to applying coaching skills in their daily leadership roles.

The participants varied in terms of professional experience, ranging from 3 to 15 years in managerial positions, and represented different clinical units, including inpatient, outpatient, and emergency departments. The work environment was characterized by high workload, time pressure, and service demands, which formed the contextual background influencing the implementation of coaching skills.

2.Thematic Analysis Results

Data analysis resulted in five major themes related to the implementation of coaching skills:

- Understanding of Coaching Skills
- Forms of Coaching Implementation
- Barriers to Implementation
- Supporting Factors
- Perceived Impacts

3.Summary of Themes and Sub-Themes

The thematic analysis of the interview data resulted in the identification of several key themes related to the implementation of coaching skills among first-line managers. These themes were derived through a systematic coding process and represent recurring patterns across participants' experiences. The analysis revealed five major themes, each consisting of several sub-themes and corresponding indicators that reflect how coaching skills are understood, applied, and experienced in the workplace context.

Table 1 presents a structured summary of the identified themes, sub-themes, and key indicators, providing an overview of the core findings derived from the qualitative data.

Table 1. Summary of Themes, Sub-Themes, and Key Indicators of Coaching Skills Implementation

Theme	Sub-Themes	Key Indicators
Understanding of Coaching	Coaching as facilitation, questioning approach, confusion with supervision	Use of reflective questions, partial conceptual clarity
Forms of Implementation	One-on-one conversations, performance evaluation, informal interaction	Situational application, non-systematic practice
Barriers	Internal (habits, mindset), external (time, workload, staff readiness)	Reversion to directive style
Supporting Factors	Intrinsic motivation, positive experience, peer support	Reinforcement of coaching attempts
Perceived Impacts	Manager, staff, team level changes	Increased initiative, communication, reflection

4.Theme 1: Understanding of Coaching Skills

The findings indicate that participants generally demonstrated a basic conceptual understanding of coaching skills, particularly as an approach that emphasizes facilitating rather than directing subordinates.

Several participants described coaching as a process of encouraging staff to think independently:

"Coaching is more about asking and guiding, not directly telling them what to do." (AR)

Another participant emphasized the importance of questioning:

"What I remember most is asking open questions so staff can reflect on their own decisions." (SN)

However, variations in understanding were observed. Some participants expressed uncertainty in distinguishing coaching from other leadership approaches:

"Sometimes I am not sure whether I am coaching or just giving instructions differently." (DK)

These responses indicate that while foundational knowledge exists, the depth of understanding varies among participants.

5.Theme 2: Forms of Coaching Implementation

The implementation of coaching skills was found to occur in several situational forms, rather than as a structured or routine leadership approach.

a. One-on-One Conversations

Participants frequently applied coaching during individual interactions, particularly when addressing staff performance issues:

"When a staff member has a problem, I try to talk privately and ask what is going on first." (ML)

b. Performance Evaluation Context

Coaching techniques were sometimes integrated into evaluation processes:

"During performance reviews, I try to ask about their goals and challenges." (YR)

c. Informal Situations

Coaching also emerged in informal conversations:
"Sometimes during casual conversations, I ask questions that make them think." (AN)
Despite these efforts, observations indicated that coaching practices were not consistently applied and depended largely on situational opportunities.

6. Theme 3: Barriers to Coaching Implementation

Barriers emerged as a dominant theme, categorized into internal and external factors.

a. Internal Barriers

Participants reported difficulty in changing established leadership habits:
"It is faster to just give instructions, especially when things are busy." (DK)
Other internal barriers included:

- Lack of patience
- Self-doubt
- Habitual directive behavior

b. External Barriers

External challenges were primarily related to the work environment:
"The workload is high, and sometimes there is no time to do coaching." (SN)
Additionally, staff readiness was identified as a challenge:
"Some staff prefer direct instructions rather than being asked questions." (AR)
These findings indicate that both personal and contextual factors influence the implementation process.

7. Theme 4: Supporting Factors

Despite the barriers, several factors were identified as facilitating the implementation of coaching skills.

a. Intrinsic Motivation

Participants who demonstrated strong personal motivation were more likely to apply coaching consistently.

b. Positive Initial Experience

Early successful experiences reinforced continued application:
"When it worked the first time, I saw the staff become more confident." (ML)

c. Peer Support

Support from colleagues contributed to sustained effort:
"Discussing with fellow supervisors helped me try coaching more often." (YR)
However, organizational-level support was reported to be limited.

8. Theme 5: Perceived Impacts of Coaching Implementation

Participants reported perceived impacts at three levels:

a. Manager Level

Changes in leadership mindset were observed:
"I have become more patient and listen more." (AN)

b. Staff Level

Participants noted improvements in staff behavior:

- Increased initiative
- Greater confidence
- More openness

c. Team Level

At the team level, participants observed:

- Improved communication
- More positive work atmosphere

However, these impacts were not consistently observed across all units.

9. Thematic Coding Structure

To ensure a systematic and rigorous analysis, the data were processed using a multi-stage coding procedure. This process involved the transformation of raw qualitative data into meaningful categories and themes through iterative analysis. The coding procedure followed three main stages: open coding, axial coding, and selective coding.
Each stage played a critical role in refining the data, from identifying initial meaning units to developing core themes that represent the central findings of the study. The progression of this analytical process is summarized in Table 2.

Table 2. Stages of Thematic Coding in Data Analysis

Coding Stage	Output
Open Coding	Identification of initial statements (e.g., "asking questions", "no time")
Axial Coding	Grouping into categories (e.g., barriers, implementation forms)
Selective Coding	Formation of core themes (5 main themes)

10. Summary of Findings

The results show that:

- Coaching skills are partially implemented
- Implementation is situational and inconsistent
- Barriers are multidimensional (internal and external)
- Supporting factors exist but are not systemically reinforced
- Positive impacts are present but not uniformly distributed

DISCUSSION

The findings of this study reveal that the implementation of coaching skills among first-line managers following the "Coaching for Leaders" training program remains partial, situational, and not yet fully embedded in daily leadership practices. This condition reflects a critical gap between knowledge acquisition during training and its application in real-world settings. Such a gap is consistent with the concept of transfer of training, which emphasizes that the effectiveness of training is determined not only by learning outcomes but also by the extent to which acquired competencies are applied and sustained in the workplace (Baldwin & Ford, 1988).

From the perspective of conceptual understanding, the results indicate that participants have generally grasped the fundamental principles of coaching, particularly its emphasis on facilitation, reflective questioning, and empowering subordinates. This aligns with the conceptualization of coaching leadership as a developmental approach that encourages self-awareness and problem-solving among employees (Grant, 2017). The participants' recognition of questioning techniques and active listening as key components of coaching also reflects alignment with established coaching frameworks (Starr, 2021; Whitmore, 2017). However, the variation in depth of understanding observed in this study suggests that knowledge acquisition alone is insufficient to ensure effective implementation. Some participants' difficulty in distinguishing coaching from supervision or directive leadership indicates incomplete internalization of coaching principles.

The situational nature of coaching implementation identified in this study further highlights the limited integration of coaching into routine leadership practices. Coaching was primarily applied in specific contexts, such as one-on-one interactions, performance evaluations, and informal conversations, rather than as a consistent leadership approach. This finding suggests that the behavioral change expected from the training program has not yet reached a stable level. According to Kirkpatrick's evaluation model, this indicates that the training has not fully achieved Level 3 outcomes, which involve sustained behavioral change in the workplace (Kirkpatrick & Kirkpatrick, 2006). While participants demonstrate the ability to apply coaching techniques, the lack of consistency implies that these behaviors have not yet become habitual.

One of the most prominent findings of this study is the persistence of directive leadership tendencies among participants, particularly in high-pressure situations. This tendency can be understood as the influence of deeply ingrained habitual behaviors that are difficult to change, even after training interventions. Baldwin and Ford (1988) highlight that trainee characteristics, including prior experience and behavioral habits, play a crucial role in determining the success of training transfer. In the context of healthcare settings, where time sensitivity and operational demands are high, managers often revert to directive approaches due to perceived efficiency and urgency.

The barriers identified in this study further reinforce the complexity of implementing coaching skills in practice. Internal barriers, such as lack of patience, self-doubt, and reliance on habitual leadership styles, indicate that psychological and cognitive factors significantly influence implementation. These findings are consistent with Syafrinanda et al. (2020), who identified similar challenges in coaching implementation, including limited confidence and entrenched behaviors. At the same time, external barriers such as high workload, time constraints, and staff readiness highlight the critical role of organizational context. The healthcare environment, characterized by high intensity and rapid decision-making, often limits opportunities for reflective coaching interactions.

In addition, the readiness of subordinates emerges as an important factor affecting coaching effectiveness. The finding that some staff prefer direct instructions rather than exploratory questioning suggests a mismatch between leadership approach and employee expectations. This condition indicates that coaching implementation is not solely dependent on the leader but also influenced by the developmental readiness of team members. Therefore, coaching should be understood as a relational process that requires alignment between leaders and subordinates.

Despite these challenges, the study also identifies several supporting factors that facilitate the implementation of coaching skills. Intrinsic motivation appears to be a key driver, as managers who are personally committed to developing their teams are more likely to persist in applying coaching practices. This finding underscores the importance of individual agency in leadership development. Furthermore, positive initial experiences play a significant role in reinforcing behavior, as successful coaching interactions increase managers' confidence and willingness to continue using the approach. This aligns with the notion that behavioral change is strengthened through reinforcement and experiential learning (Noe & Kodwani, 2018).

Peer support also emerges as a facilitating factor, suggesting that social and professional networks within the organization can contribute to sustaining coaching practices. However, the study reveals that organizational support at a

structural level remains limited. The absence of formal systems, such as follow-up programs, performance indicators, or policies that encourage coaching, indicates that the organizational environment has not fully supported the transfer of training. According to Baldwin and Ford (1988), the work environment is a critical determinant of training transfer, and without a supportive climate, newly acquired skills are unlikely to be sustained.

The perceived impacts of coaching implementation provide important insights into its potential benefits. At the managerial level, participants reported increased self-awareness, improved listening skills, and a shift toward more reflective leadership practices. These changes indicate the beginning of a transformation in leadership mindset, which is a fundamental aspect of coaching leadership (Grant, 2017). At the staff level, improvements in initiative, confidence, and openness suggest that coaching can foster employee development and engagement. These findings are consistent with previous studies by Hartono et al. (2019) and Najamuddin et al. (2020), which demonstrated the positive effects of coaching on motivation and performance.

At the team level, the emergence of more positive communication patterns and a supportive work atmosphere further highlights the broader organizational impact of coaching. These findings align with research by Cummings et al. (2018) and (Wong et al., 2013), which emphasize the role of leadership in shaping team dynamics and organizational outcomes in healthcare settings. However, the uneven distribution of these impacts across units indicates that the benefits of coaching are contingent upon the consistency and quality of implementation.

From a theoretical perspective, this study contributes to the literature by providing a nuanced understanding of coaching skills implementation as a dynamic and context-dependent process. Unlike many previous studies that focus on outcome measurement, this research highlights the complexity of translating training into practice. By integrating the perspectives of first-line managers, this study extends the application of transfer of training theory within the context of leadership development in healthcare organizations. It also emphasizes the importance of considering both individual and contextual factors in understanding behavioral change.

Practically, the findings of this study have significant implications for healthcare organizations seeking to implement coaching-based leadership development. First, training programs should be complemented with structured follow-up interventions, such as mentoring, coaching supervision, or communities of practice, to reinforce learning and support behavioral change. Second, organizations need to create a supportive environment that encourages coaching practices, including aligning performance evaluation systems with coaching behaviors. Third, efforts should be made to enhance the readiness of staff to engage in coaching interactions, ensuring that both leaders and subordinates are aligned in their expectations.

Nevertheless, this study has several limitations that should be acknowledged. The use of a qualitative case study design limits the generalizability of the findings, as the results are specific to a particular organizational context. Additionally, the relatively small number of participants may not capture the full diversity of experiences among first-line managers. Future research is recommended to adopt mixed-method approaches to provide a more comprehensive understanding of coaching implementation and to examine its long-term impact on organizational performance.

CONCLUSION

This study explored the implementation of coaching skills among first-line managers following their participation in the "Coaching for Leaders" training program within a private hospital setting. The findings indicate that while participants have developed a foundational understanding of coaching principles, the actual implementation of coaching skills in daily leadership practices remains partial and inconsistent. Coaching is primarily applied in specific situations, such as one-on-one interactions and performance evaluations, rather than being fully integrated into routine leadership behaviors.

The study identified several key factors influencing the implementation process. Internal factors, including habitual leadership styles, self-doubt, and limited patience, were found to hinder consistent application. At the same time, external factors such as high workload, time constraints, and varying levels of staff readiness further constrained the use of coaching approaches in practice. These findings highlight the complexity of translating training outcomes into sustained behavioral change, particularly in high-pressure healthcare environments.

Despite these challenges, the study also revealed positive impacts of coaching implementation at multiple levels. At the managerial level, participants reported increased self-awareness and a shift toward more reflective leadership practices. At the staff level, improvements in initiative, confidence, and communication were observed. Additionally, at the team level, coaching contributed to a more supportive and collaborative work environment. However, these benefits were not uniformly experienced across all units, indicating that the effectiveness of coaching is closely linked to the consistency of its application and the surrounding organizational context.

This study contributes to the literature by providing an in-depth qualitative understanding of the dynamics of coaching skills implementation in healthcare settings, particularly from the perspective of first-line managers. It extends existing research by emphasizing the gap between training and practice and highlighting the importance of contextual and behavioral factors in shaping leadership outcomes.

In terms of practical implications, healthcare organizations should not rely solely on training programs to develop coaching competencies. Instead, training should be supported by continuous development initiatives, such as mentoring, follow-up coaching sessions, and communities of practice. Furthermore, organizations need to foster a supportive environment that encourages the consistent application of coaching behaviors, including aligning performance management systems with coaching principles. Enhancing staff readiness to engage in coaching interactions is also essential to maximize the effectiveness of this leadership approach.

Finally, this study has several limitations, including its focus on a single organizational context and a relatively small number of participants, which may limit the generalizability of the findings. Future research is recommended to employ mixed-method approaches and involve multiple organizational settings to provide a more comprehensive understanding of coaching implementation and its long-term impact on organizational performance.

REFERENCES

1. Baldwin, T. T., & Ford, J. K. (1988). Transfer of training: A review and directions for future research. *Personnel Psychology, 41*(1), 63–105. https://doi.org/10.1111/j.1744-6570.1988.tb00632.x
2. Bozer, G., Sarros, J. C., & Santora, J. C. (2014). Academic background and coaching effectiveness: The mediating role of coaching. *Leadership & Organization Development Journal, 35*(1), 93–110. https://doi.org/10.1108/LODJ-08-2012-0099
3. Cowden, T., Cummings, G., & Profetto-McGrath, J. (2011). Leadership practices and staff nurses' intent to stay: A systematic review. *Journal of Nursing Management, 19*(4), 461–477. https://doi.org/10.1111/j.1365-2834.2011.01209.x
4. Cummings, G. G., Tate, K., Lee, S., Wong, C. A., Paananen, T., Micaroni, S. P. M., & Chatterjee, G. E. (2018). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies, 85*, 19–60. https://doi.org/10.1016/j.ijnurstu.2018.04.016
5. Ellinger, A. D., Ellinger, A. E., & Keller, S. B. (2003). Supervisory coaching behavior, employee satisfaction, and warehouse employee performance. *Human Resource Development Quarterly, 14*(4), 435–458. https://doi.org/10.1002/hrdq.1078
6. Goleman, D. (2000). Leadership that gets results. *Harvard Business Review, 78*(2), 78–90. https://doi.org/10.1007/978-1-349-14721-0
7. Grant, A. M. (2017). The third 'generation' of workplace coaching: Creating a culture of quality conversations. *Coaching: An International Journal of Theory, Research and Practice, 10*(1), 37–53. https://doi.org/10.1080/17521882.2016.1266005
8. Hagen, M. S. (2012). Managerial coaching: A review of the literature. *Human Resource Development Review, 11*(4), 363–388. https://doi.org/10.1177/1534484312450452
9. Hartono, B., Surachman, S., & Rofiaty, R. (2019). Pengaruh coaching terhadap motivasi dan kinerja perawat. *Jurnal Manajemen Kesehatan Indonesia, 7*(2), 98–107. https://doi.org/10.14710/jmki.7.2.2019.98-107
10. Hartono, B., Surachman, S., & Rofiaty, R. (2021). Peran mediasi motivasi kerja pada pengaruh coaching terhadap kinerja perawat. *Jurnal Aplikasi Manajemen, 19*(1), 145–156. https://doi.org/10.21776/ub.jam.2021.019.01.14
11. Indahwaty, I., Kadar, K., & Syahrul, S. (2023). Efektivitas pelatihan leader as coach terhadap pengetahuan kepala ruangan. *Jurnal Ilmiah Keperawatan, 9*(1), 45–52. https://doi.org/10.33023/jikep.v9i1.1234
12. Jones, R. J., Woods, S. A., & Guillaume, Y. R. (2016). The effectiveness of workplace coaching: A meta-analysis. Journal of *Occupational and Organizational Psychology, 89*(2), 249–277. https://doi.org/10.1111/joop.12119
13. Kim, S., & Kuo, M. H. (2015). Examining the relationships among coaching leadership. *International Journal of Nursing Studies, 52*(2), 645–657. https://doi.org/10.1016/j.ijnurstu.2014.10.015
14. Ladyshewsky, R. K. (2010). The manager as coach as a driver of organizational development. *International Journal of Evidence Based Coaching and Mentoring, 8*(1), 25–40. https://doi.org/10.24384/000123
15. McCarthy, G., & Milner, J. (2013). Managerial coaching: Challenges and opportunities. *Journal of Management Development, 32*(7), 768–779. https://doi.org/10.1108/JMD-11-2012-0143
16. Najamuddin, N., Kadar, K., & Syahrul, S. (2020). Dampak pelatihan coaching terhadap kemampuan pengelolaan ruangan. *Jurnal Keperawatan Padjadjaran, 8*(2), 112–121. https://doi.org/10.24198/jkp.v8i2.1345
17. Noe, R. A., & Kodwani, A. D. (2018). *Employee training and development* (7th ed.). McGraw-Hill Education. https://doi.org/10.1036/0078029434
18. Rumerung, F. J., Kiling, M., & Mulyadi, N. (2022). Hubungan kompetensi coach dengan burnout perawat. *Jurnal Keperawatan Indonesia, 25*(1), 33–42. https://doi.org/10.7454/jki.v25i1.567
19. Smither, J. W. (2011). Can psychotherapy research serve as a guide for research about executive coaching? *Personnel Psychology, 64*(2), 465–475. https://doi.org/10.1111/j.1744-6570.2011.01206.x
20. Syafrinanda, S., Asniar, A., & Keperawatan, M. (2020). Hambatan implementasi executive coaching di rumah sakit. *Jurnal* Ilmu Keperawatan, 8(2), 98–107. https://doi.org/10.21774/jik.v8i2.987

21. Theeboom, T., Beersma, B., & van Vianen, A. (2014). Does coaching work? A meta-analysis. *The Journal of Positive Psychology, 9*(1), 1–18. https://doi.org/10.1080/17439760.2013.837499
22. Whitmore, J. (2017). *Coaching for performance* (5th ed.). Nicholas Brealey. https://doi.org/10.4324/9781315239154
23. Wong, C. A., Cummings, G. G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes. *Journal of Nursing Management, 21*(5), 709–724. https://doi.org/10.1111/jonm.12116
24. Grant, A. M., Curtayne, L., & Burton, G. (2009). Executive coaching enhances goal attainment, resilience, and workplace well-being: A randomized controlled study. *The Journal of Positive Psychology, 4*(5), 396–407. https://doi.org/10.1080/17439760902992456
25. de Haan, E., Duckworth, A., Birch, D., & Jones, C. (2013). Executive coaching outcome research: The contribution of common factors such as relationship, personality match, and self-efficacy. *Consulting Psychology Journal: Practice and Research, 65*(1), 40–57. https://doi.org/10.1037/a0031635