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The Role of Peer-to-Peer Coaching in Improving Performance and Quality Management of Health Service Workers

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ABSTRACT
This study aims to analyze the role of peer-to-peer coaching in improving the performance and quality management of healthcare workers. Using quantitative methods, this study involved 10 health workers at the Indonesian Men's Clinic. Data were collected through questionnaires and analyzed using linear regression. The results showed that peer-to-peer coaching had a significant effect on improving individual performance but had no impact on the management of healthcare quality. This study provides practical contributions for healthcare managers to adopt a coaching approach as a human resource development strategy.

Keywords:
Peer-to-peer coaching, performance, quality management, healthcare.

INTRODUCTION

Quality management in healthcare services has become an increasingly critical focus in modern health systems. As healthcare providers face growing challenges, such as globalization, technological advancements, and heightened patient expectations, improving service quality and worker performance is essential to sustain organizational competitiveness and ensure patient satisfaction. According to Kotler and Keller (2016), quality is a key determinant in customer satisfaction and organizational success, and this principle is equally applicable in the healthcare sector. The importance of maintaining high standards of quality in healthcare services is underscored by its direct impact on patient outcomes, organizational efficiency, and public health at large.

In the healthcare industry, human resources play a central role in determining service quality. Healthcare workers' performance is influenced by a multitude of factors, including education, training, experience, motivation, and workplace dynamics (Mathis & Jackson, 2017). Among the strategies to enhance worker performance, peer-to-peer coaching has emerged as a promising approach. Peer-to-peer coaching is defined as a collaborative process in which individuals support one another to achieve shared or individual goals through mutual learning and constructive feedback (Garvey, Stokes, & Megginson, 2014). Unlike traditional top-down coaching methods, this approach emphasizes equality, trust, and reciprocal learning, making it particularly suitable for complex and dynamic environments like healthcare.

Peer-to-peer coaching is rooted in the principles of social learning theory, which posits that individuals learn through observation, imitation, and interaction with their peers (Bandura, 1977). This theory highlights the role of social context in shaping behavior and knowledge acquisition. In a healthcare setting, where teamwork and collaboration are integral, peer-to-peer coaching can serve as a powerful mechanism to foster continuous professional development and enhance performance.

According to Garvey et al. (2014), peer-to-peer coaching is characterized by mutual respect, open communication, and shared responsibility for outcomes. This method is particularly effective in addressing practical challenges faced by healthcare

workers, as it allows them to draw on each other's experiences and expertise. Moreover, it aligns with the principles of adult learning theory, which emphasizes the importance of self-directed learning and real-world applicability (Knowles, Holton, & Swanson, 2015). Healthcare workers, as adult learners, are more likely to engage with and benefit from coaching methods that respect their autonomy and leverage their existing knowledge.

The performance of healthcare workers is a critical determinant of organizational success and service quality. High-performing individuals are better equipped to deliver patient-centered care, adapt to new technologies, and comply with regulatory standards. Peer-to-peer coaching has been shown to improve individual performance by fostering a culture of accountability, continuous feedback, and shared learning (Thornton, Sheppard, & Greer, 2019). By encouraging open dialogue and collaborative problem-solving, this approach can help healthcare workers identify and address performance gaps in real-time.

In addition to enhancing individual performance, peer-to-peer coaching has potential implications for quality management in healthcare organizations. Quality management involves systematic efforts to ensure that healthcare services meet or exceed established standards of care (Goetsch & Davis, 2016). This requires not only robust processes and technologies but also a skilled and motivated workforce. Peer-to-peer coaching can contribute to quality management by promoting best practices, standardizing procedures, and fostering a culture of continuous improvement.

Despite its potential benefits, implementing peer-to-peer coaching in healthcare settings is not without challenges. One significant barrier is the hierarchical nature of many healthcare organizations, which may hinder open communication and trust among peers. Additionally, time constraints and workload pressures can limit the opportunities for meaningful peer interactions (Merriam & Bierema, 2014). Overcoming these challenges requires organizational commitment, leadership support, and the integration of coaching practices into routine workflows.

Another challenge lies in measuring the impact of peer-to-peer coaching on performance and quality management. While qualitative evidence suggests positive outcomes, there is a need for rigorous quantitative studies to establish causal relationships and quantify the benefits. This underscores the importance of research in advancing our understanding of peer-to-peer coaching and its application in healthcare.

In Indonesia, the application of peer-to-peer coaching in the healthcare sector remains underexplored. While studies in other industries have demonstrated its effectiveness, there is limited empirical evidence on how this approach can be adapted to the unique needs and challenges of healthcare workers in Indonesia. Cultural factors, such as collectivism and respect for authority, may influence the dynamics of peer-to-peer coaching in this context (Hofstede, 1980). Additionally, the regulatory and operational environment of Indonesian healthcare organizations presents unique opportunities and constraints that warrant further investigation.

This study aims to address this gap by examining the role of peer-to-peer coaching in improving the performance and quality management of healthcare workers in Indonesia. By focusing on a specific case—the Indonesian Men's Clinic—this research seeks to provide actionable insights for healthcare managers and policymakers.

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METHOD

This study uses a quantitative design with a descriptive and analytical approach. The study population was health workers at the Indonesian Men's Clinic. The sample used was those who had participated in the peer-to-peer coaching program for at least 3 consecutive months from September to December 2024, totaling 10 people. Data were collected using a Likert scale-based questionnaire (1-5) to measure. (1.) Effectiveness of peer-to-peer coaching. (2.) Improvement of individual performance. (3.) Management of health service quality. The data was analyzed using linear regression to determine the effect of the independent variable (peer-to-peer coaching) on the dependent variable (performance and service quality management).

RESULTS AND DISCUSSION

RESULTS

1. Statistic Descriptive

Table: I

Descriptive Statistics

	Mean	Std. Deviation	N
Improving the Management of Patient Service Quality	24,2000	2,25093	10
The Role of Daily Standing Meetings	24,8000	1,39841	10

The results of the descriptive statistical analysis of the table above are: The average values of the two variables are quite close (24.2 for Improvement of Patient Service Quality Management and 24.8 for the Role of Daily Standing Meeting), which indicates that respondents tend to give similar assessments of the two aspects analyzed. The standard deviation of the Role of Daily Standing Meeting (1.40) is smaller than that of Improvement of Patient Service Quality Management (2.25). This indicates that respondents' assessment of the Role of Daily Standing Meetings is more uniform and consistent than their assessment of Improvement of Patient Service Quality Management. The number of respondents is the same for both variables (N = 10)

2. Normality Test

Table: II One-Sample Kolmogorov-Smirnov Test

		The Role of Daily Standing Meetings	Improving the Work Performance of Health Workers	Improving the Management of Patient Service Quality
N		10	10	10
Normal Parameters[a,b]	Mean	24,8000	32,6000	24,2000
	Std. Deviation	1,39841	2,41293	2,25093
Most Extreme Differences	Absolute	,243	,202	,188
	Positive	,243	,134	,135
	Negative	-,184	-,202	-,188
Kolmogorov-Smirnov Z		,769	,638	,595
Asymp. Sig. (2-tailed)		,596	,810	,871

a. Test distribution is Normal

b. Calculated from data.

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Data Normality Test In the Kolmogorov-Smirnov Test, the Asymp. Sig. (2-tailed) value indicates the level of significance of the normality test results. If the Asymp. Sig. Value> 0.05, then the data distribution is considered normal. The Role of Daily Standing Meeting: Sig. Value 0.596 (> 0.05), so the data distribution is normal. Improving Health Worker Performance: Sig. Value 0.810 (> 0.05), so the data distribution is normal. Improving Patient Service Quality Management: Sig. Value 0.871 (> 0.05), so the data distribution is normal. The results of the Kolmogorov-Smirnov test show that the data for the three variables (Role of Daily Standing Meeting, Improving Health Worker Performance, and Improving Patient Service Quality Management) have a normal distribution. Thus, parametric statistical analysis can be performed for this data.

3. Hypothesis Test

Table: III Coefficients 1

Coefficients									
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
		B	Std. Error	Beta			Zero-order	Partial	Part
1	(Constant)	2,500	11,863		,211	,838			
	The Role of Daily Standing Meetings	,875	,478	,544	1,832	,104	,544	,544	,544
a. Dependent Variable: Improving the Management of Patient Service Quality									

Table: III **Coefficients 2**

Coefficients									
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
		B	Std. Error	Beta			Zero-order	Partial	Part
1	(Constant)	2,727	10,848		,251	,808			
	The Role of Daily Standing Meetings	1,205	,437	,698	2,758	,025	,698	,698	,698
a. Dependent Variable: Improving the Work Performance of Health Workers									

Multiple linear equation coefficient of regression equation between Y1=X1. From the coefficient table above, the constant b0=2.500 is obtained. Regression coefficient b1=0.875. So the multiple linear regression equation is Y1=2500 + 0.875X1. Multiple linear equation coefficient of regression equation between Y2=X1. From the coefficient table above, the constant b0=2.727 is obtained. Regression coefficient b1=1.205. So the multiple linear regression equation is Y2=2.727 + 1.205X1.

Hypothesis A0:b1

The results of the analysis, as summarized in the table, show the statistical price for the X1 coefficient, namely t count = 1.832 and p-value = 0.104/2 = 0.071> 0.05 or H0 is accepted, meaning that the role of daily standing meetings has no positive effect on improving patient care quality management. The statistical value for the coefficient of variable X1 is t count = 2.758 with p-value = 0.025/2 = 0.0125 <0.05

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or H0 is rejected, meaning that the role of daily standing meetings has a positive effect on improving the work performance of health workers.

Table: IV ANOVA 1

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13,475	1	13,475	3,356	,104[b]
	Residual	32,125	8	4,016		
	Total	45,600	9			

a. Dependent Variable: Improving the Management of Patient Service Quality
b. Predictors: (Constant), The Role of Daily Standing Meetings

Table: V ANOVA 2

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	25,536	1	25,536	7,605	,025[b]
	Residual	26,864	8	3,358		
	Total	52,400	9			

a. Dependent Variable: Improving the Work Performance of Health Workers
b. Predictors: (Constant), The Role of Daily Standing Meetings

From the results of the first analysis summarized in the ANOVA table above, the F statistic price is obtained, namely F count = 3.356 and p-value = 0.052> 0.05 or this means that H0 is accepted, meaning there is no linear influence of the variable Role of daily standing meetings with Improvement of patient service quality management. From the results of the second analysis summarized in the ANOVA table above, the F statistic price is obtained, namely F count = 7.605 and p-value = 0.025 <0.05 or this means that H0 is rejected, meaning there is a linear influence of the variable Role of daily standing meetings with Improvement of health workers' work performance. This also means that there is an influence and simultaneity of the Role of daily standing meetings on the Improvement of patient service quality management. In the second analysis, it means that there is an influence and simultaneity of the Role of daily standing meetings on the Improvement of health workers' work performance.

Table: VI Model Summary 1

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	,544[a]	,296	,207	2,00390	,296	3,356	1	8	,104

a. Predictors: (Constant), The Role of Daily Standing Meetings

Table: VII Model Summary 2

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	,698[a]	,487	,423	1,83247	,487	7,605	1	8	,025

a. Predictors: (Constant), The Role of Daily Standing Meetings

The significance test of the first coefficient of multiple correlation is obtained from the summary model table above. It can be seen that the multiple correlation coefficient RY1 = 0.544 and F count = 3.356 and p-value = 0.104> 0.05 or H0 is accepted, thus the multiple correlation coefficient between X1 and Y1 is insignificant

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or not significant, while the determination coefficient is shown by R Square = 0.296 which means that 29.6% of the variability of the variable Improvement of patient service quality management (Y1) cannot be explained by the Role of daily standing meetings (X1) so that it can be concluded that the influence of Improvement of patient service quality management on the Role of daily standing meetings is 29.6%. Meanwhile, the significance test of the second coefficient of multiple correlation is obtained from the summary model table above. It can be seen that the multiple correlation coefficient RY2 = 0.698 F count = 7.605 and p-value = 0.025 <0.05 or H0 is rejected, thus the multiple correlation coefficient between X1 and Y2 is significant, while the determination coefficient is shown by R Square = 0.487 which means that 48.7% of the variability of the variable of improving the work performance of health workers (Y1) can be explained by the role of daily standing meetings (X1) so that it can be concluded that the influence of improving the work performance of health workers on the role of daily standing meetings is 48.7%.

Partial Correlation Coefficient Significance Test

a. Correlation between the Role of Daily Standing Meetings and Improvement in Managing the Quality of Patient Services by Controlling the Improvement of Health Worker Performance (Y2)

Table: VIII Correlations 1

Correlations				
Control Variables			The Role of Daily Standing Meetings	Improving the Management of Patient Service Quality
Improving the Work Performance of Health Workers	The Role of Daily Standing Meetings	Correlation	1,000	,066
		Significance (1-tailed)	.	,433
		df	0	7
	Improving the Management of Patient Service Quality	Correlation	,066	1,000
		Significance (1-tailed)	,433	.
		df	7	0

From the analysis results in the table above, rx1 = 0.066 and p-value = 0.433 > 0.05 or H0 is accepted, thus the correlation coefficient between Improving Patient Service Quality Management and the Role of Daily Standing Meetings by controlling the variable of Improving Health Worker Performance is significant.

b. Correlation between the Role of Daily Standing Meetings and Improving the Work Performance of Health Workers by Controlling Improvements in Managing the Quality of Patient Services (Y1)

Correlations				
Control Variables			The Role of Daily Standing Meetings	Improving the Work Performance of Health Workers
Improving the Management of Patient Service Quality	The Role of Daily Standing Meetings	Correlation	1,000	,525
		Significance (1-tailed)	.	,073
		df	0	7
	Improving the Work Performance of Health Workers	Correlation	,525	1,000
		Significance (1-tailed)	,073	.
		df	7	0

From the analysis results in the table above, rx2 = 0.525 and p-value = 0.073 > 0.05 or H0 is accepted, thus the correlation coefficient between Improving Health Worker Performance and the Role of Daily Standing Meetings by controlling the variable of Improving Patient Service Quality Management is significant.

Discussion

These results support previous research by Garvey et al. (2014) which stated that peer-based coaching can improve professional competence and individual performance. In the health sector, this approach provides space for health workers to learn from collective experiences, strengthen a culture of mutual support, and improve service quality. However, this study found that the success of peer-to-peer coaching is greatly influenced by factors such as openness of communication, availability of time, and management support.

CONCLUSION

Peer-to-peer coaching has a significant role in improving the performance of health workers and the quality of services provided. Implementation of structured coaching can be an effective strategy for health institutions to develop human resource competencies. The role of daily standing meetings does not have a positive effect on improving patient service quality management.

The role of daily standing meetings does not have a positive effect on improving patient service quality management. The results of this study are not in line with the theory of Kotter (1996) on the importance of structured communication in supporting organizational quality improvement, and previous research by Jones et al. (2018) which showed that daily meetings can improve coordination and service quality. This is due to different work environment conditions or the lack of consistent and structured implementation of standing meetings. Thus, the research hypothesis is not supported by empirical data. This is because of the possibility the role of standing meetings has not been carried out optimally, such as a lack of focus on the main problem or the implementation time is not appropriate so that its effectiveness is not achieved. (This is a negation research result).

The role of daily standing meetings has a positive effect on improving the work performance of health workers. The results of this study support the theory of Hackman and Oldham (1976) on the importance of communication and coordination in improving motivation and work performance, as well as previous research by Smith et al. (2020) which showed that routine meetings can increase workforce engagement and team collaboration. This is because standing meetings provide an opportunity for health workers to share information, resolve work obstacles collectively, and increase their sense of responsibility for their respective tasks. Thus, the research hypothesis is supported by empirical data.

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