



Research Article

Effect of Peer Coaching on Resilience and work Readiness among Final-Year Health Students

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Article Information

Received: 11 October 2025
Revised: 07 January 2026
Accepted: 12 January 2026
Available online: 31 January 2026

Keywords

Career Preparation; Health Student; Peer Coaching; Resilience

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Doi

10.35568/healthcare.v8i1.7249

ABSTRACT

Final-year health students frequently experience high psychological and social stress, as well as limited integration of soft skill within the curriculum, which may undermine their resilience, work readiness, and competitiveness in the labor market. Health education program often prioritizes technical competencies, resulting in suboptimal preparation for career transitions. Peer coaching has been proposed as an effective collaborative learning strategy on enhance resilience, work readiness, and self-confidence among health students. Purposed: To examine the effect of peer coaching on resilience and work readiness among final-year health student in preparing for their professional careers. This study used mix method (qualitative design and quantitative) a quasi-experimental single group pre-post design without a control group was employed. The sample consisted of 30 final-year health students. Quantitative data were collected using resilience questionnaires and the Career Adapt-Abilities Scale (CAAS) and analyzed with Paired t-test or Wilcoxon test. Results: The mean resilience score increased from 58.2 ± 6.1 to 71.5 ± 5.4 after the intervention ($t(29) = -7.132, p < 0.001$). The mean work readiness score increased from 60.7 ± 7.0 to 78.3 ± 6.2 ($Z = -4.603, p < 0.001$). These findings indicate that peer coaching significantly enhances students' adaptability and preparedness for professional careers. Conclusion: Peer coaching is an effective strategy to strengthen adaptive abilities, perceived social support, soft skills, and self-confidence, thereby enhancing the work readiness of final-year health students as they transition into the healthcare workforce.

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INTRODUCTION

Final-year healthcare students face complex challenges in preparing for the workforce. High academic and professional demands lead to elevated levels of physiological, psychological, and social stress (Salamah et al., 2020). These conditions can hinder their ability to make sound clinical decisions, communicate effectively, and adapt to dynamic work environments. These difficulties are further exacerbated by healthcare curricula that overemphasize technical mastery while giving insufficient attention to the development of soft skills, which should be well integrated into the learning process (Daly et al., 2022). This situation negatively affects students' resilience and self-confidence in preparing for their professional careers.

The healthcare workforce requires individuals who are able to cope with clinical pressure, which has a substantial impact on workplace performance. Another major challenge is the imbalance between the number of graduates and available job opportunities (Ministry of Health Data and Information Center, 2017). This condition requires healthcare students to prepare themselves more strategically to face workplace demands and develop their professional careers. Strengthening the quality of graduates who are work-ready is an essential basis for developing superior and competitive healthcare human resources, in which resilience plays a crucial role in enhancing performance and supporting successful healthcare careers (Tangahu et al., 2022). Although healthcare study programs are highly sought after because of their promising career prospects, many institutions remain less optimal in preparing graduates for competitive professional careers. In 2024–2025, it is estimated that there will be around 5 million higher education graduates, including 817,905 healthcare students (PDDIKTI, 2023). This situation highlights the urgency of strengthening healthcare development policies through

human resource competitiveness and the transformation of healthcare education.

These issues pose a challenge for healthcare universities in enhancing both knowledge and resilience among final-year students as they complete their final assignments (Salamah et al., 2020). Unfortunately, many universities do not prioritize this aspect and remain misaligned with the realities of today's workplace. The Grade Point Index (GPI) is still widely used as the main benchmark, overshadowing non-technical competencies such as adaptability and problem-solving skills. Resilience is a critical component in the transition from academic life to the world of work and is supported by factors such as social support, career mentoring, training, emotional regulation, and the development of digital career platforms. Social media and online platforms can help foster positive perceptions of future careers (Agbasiere, 2025), but such approaches often require substantial financial, time, and human resources. Therefore, these efforts need to be complemented by the development of non-academic assignments and mentoring, including peer-based approaches (Rusiana et al., 2021).

Universities are expected to provide platforms, such as career centers, to support students' professional career preparation. However, the current approaches often limit students' autonomy and room to act. At Yarsi Health Institute, the Yarsi Career Center (YCC) has implemented several career preparation programs, yet the outcomes have not been fully optimal. Academic support remains vital for preparing high-quality healthcare human resources. Preliminary surveys of existing activities revealed several obstacles, including bureaucratic and administrative barriers, limited practical implementation, low student initiative, incomplete evaluation mechanisms, and inflexible interactions.

Peer learning methods have undergone substantial development. Although peer

learning was initially popular among school students in the 20th century, it has since expanded into higher education and is now widely adopted in health professions education (Rusiana et al., 2021). The role of peers is crucial in shaping motivation and resilience among final-year students due to similarities in age, social networks, professional orientation, experience, and educational background (Rusiana et al., 2021). Through peer learning, final-year students can gain clearer insight into preparing for their professional careers. Peer support systems that enable the sharing of information regarding required healthcare qualifications with easy access can further facilitate this process (Putri Rusiana et al., 2024).

Peer teaching has been shown to help nursing students pass competency examinations administered by professional associations, which serve as an entry point to building a professional career (Rusiana et al., 2020). The ability of nurses to comply with regulations, understand the values underpinning career development, and incorporate these into their professional practice can be strengthened through mentoring and peer teaching in clinical settings (Rusiana & Yulliana, 2022). Preparing for independent nursing practice—including understanding government regulations, ensuring adequate financial planning, motivating peers, and fostering a supportive work environment—is also part of professional career readiness. Peer-based methods offer a promising strategy to reduce institutional barriers. Through this approach, peers can help improve social and networking skills (Koamesah et al., 2022), enhance students' mental preparedness (Avonts et al., 2022), provide access to hidden opportunities, and remain relatively cost- and time-effective (Carson et al., 2024).

Currently, professional career preparation has become a key focus in higher education. Many programs, however, still position students as passive recipients who primarily

listen and comply with institutional regulations. In contrast, peer-based approaches provide safer and more equal psychosocial support, enabling students to share experiences with others. This role is often taken over by lecturers, employers, or clinical stakeholders, which can make processes and interactions rigid and less student-centered. Peer teaching is therefore highly important for building student resilience through social support, reflection, and emotional engagement. Its development has been driven by identified inequalities in learning processes (O'Doherty et al., 2018), issues related to cognitive load and tutor stress, and less objective evaluation practices in peer teaching (Alves et al., 2025).

Building on these developments, peer coaching groups (PCG) can be implemented as an extension of peer learning methods with a stronger focus on professional career preparation. PCG can foster reflective skills, thereby enhancing self-awareness and self-evaluation. In addition, peer coaching can provide constructive feedback, advice, and emotional support, reducing feelings of isolation during the learning process (Hernandez et al., 2017). The exchange of knowledge and informal teaching strategies within such groups can support continuous professional growth and can be readily implemented in education and health contexts (Avonts et al., 2022). Peer coaching is not merely a complementary strategy but a primary and urgent approach in modern health higher education. Through this method, the academic environment can more effectively contribute to developing mentally resilient healthcare professionals capable of delivering humane patient care.

The aim of this study is to determine the effect of peer coaching on the resilience of final-year students in preparing for their professional careers. The specific objectives are to assess resilience and work readiness before and after participation in peer

coaching and to determine the extent of change following the intervention.

METHOD

This study employed a mixed-method design. The quantitative component used a quasi-experimental pre-post test design without a control group, followed by qualitative data collection. The sample consisted of 30 nursing and midwifery students. A purposive sampling technique was used, with the following criteria: balanced gender representation (equal numbers of female and male students), successful completion of thesis or thesis proposal examinations, a minimum cumulative GPA of 3.25, age between 22 and 23 years, and willingness to participate as respondents. Quantitative data analysis included pre- and post-test measurements of student resilience, complemented by qualitative thematic coding of key findings derived from discussions between coaches and final-year students. Work adaptability was assessed using the CAAS questionnaire, which provided supporting data for understanding the work adaptability of final-year students.

To minimize Hawthorne effects during the coaching process, the research team appointed a final-year student who was already working and had prior research experience with a lecturer as a research assistant to conduct observations. The coaches were alumni working in healthcare settings who held managerial positions and had extensive networks with professional healthcare organizations (graduates from the 2018–2023 cohorts). Normality testing for resilience data using the Shapiro–Wilk test yielded p-values of 0.156 (pre-test) and 0.24 (post-test), indicating $p > 0.05$; therefore, the paired t-test was used for resilience analysis. In contrast, Shapiro–Wilk test results for work readiness were 0.011 (pre-test) and 0.002 (post-test), indicating $p < 0.05$; consequently, the Wilcoxon signed-rank test was employed to analyze work readiness.

RESULTS

The students involved in this study were undergraduate nursing and midwifery students in semester 8. The demographic distribution of respondents can be seen in Table 1 below.

Table 1
Respondent characteristics (n=30)

Respondent Characteristic	n(%)	Total
Sex		
Perempuan	24(80)	30
Laki-laki	6(20)	
Age		
23	2(6)	
22	25(84)	
21	3(10)	
Study		
S.1 Kebidanan	4(13)	
S.1 Keperawatan	26(87)	

The characteristics of the majority of respondents were women, 24 (80%), with an age the most in the 22 year old group 25 (84%), with final year nursing study program students as many as 26 (87%).

The frequency distribution for resilience of Health students before and after peer coaching can be seen in Table 2 below.

Table 2
Resilience of Health Students (n=30)

Resilience	Before Peer Coaching		After Peer Coaching	
	N	%	n	%
Medium	16	53	3	10
Height	14	47	27	90
Total	30	100	30	100

In table 2 you can see the Respondent's Resilience before being given Peer Coaching the most in the moderate category was 16 (53%), whereas after being given Peer Coaching Respondents' resilience level was high at 27 (90%).

In order to strengthen the results of increasing Respondents' resilience in preparing for professional careers, Respondents' work readiness was also measured, which can be seen in Table 3 below.

Table 3.
Job Readiness of Health Respondents
(n=30)

Work Readiness	Before Peer Coaching		After Peer Coaching	
	n	%	n	%
Medium	15	50	0	0
High	15	50	30	100
Total	30	100	30	100

In table 3 you can see the respondents' work readiness before being given Peer Coaching balanced between the medium and high categories, namely 15 (50%), whereas after being given Peer Coaching Respondents' Work Readiness Level was high at 30 (100%).

Next are the results of the bivariate analysis that previously conducted a data normality test as a basis for using the influence analysis. From the results of the data normality test with a sample of 30 respondents, the Shapiro-Wilk test results obtained normally distributed data in both pre- and post-test data groups with a p-value > 0.05, so the test used is Paired T Test The results of the influence test can be seen in table 4 below.

Table 4
Paired T Test for Resilience (n=30)

Resilience	Mean	SD	Sig (2 tailed)
Pre-Post	-11,33	8,703	,000

In table 4, it can be seen that there is an influence of giving Peer Coaching on student resilience with a p value <0.000 with an influence strength (t(29)) of -7.132 showing a strong difference between the pre-test and post-test with a high score on the post-test.

This data is strengthened by an analysis of students' work readiness after being given Peer Coaching. However, previously the test analysis used was the Wilcoxon test because the results of the distribution of pre-test and post-test data obtained a p value <0.05. As for the influence Peer

Coaching regarding work readiness can be seen in table 5 below.

Table 5
Wilcoxon Mean Influence Test for Work Readiness (n=30)

	Z	Asymp. Sig (2 tailed)
Pre - Post	-4,603	,000

The results of the Wilcoxon Signed Rank Test showed a significant difference between the work readiness scores before and after being given peer coaching (Z = -4.603, p < 0.001). This means that the intervention provided had an impact on increasing respondents' work readiness.

DISCUSSION

1. Overview of Respondent Resilience

The results of the study above show a significant change in resilience in the participants or respondents. The average score for this increase is 11.33 points with (t)29 = -7.132) meaning the value after the intervention was given peer coaching experienced an increase. The intervention was proven to be effective in increasing respondents' resilience. This aligns with resilience theory, which emphasizes the dynamic process that enables individuals to adapt positively even in challenging circumstances. It is something that must be practiced to improve behavioral adaptability, which has been shown to improve resilience in the face of adversity (Joyce et al., 2018).

This is supported by the results of structured research related to the integrated learning process designed by teachers for the development of student learning. Where trained resilience skills can positively influence mental health, well-being, and readiness to face academic pressure (Pitot et al., 2024). Furthermore, resilience that develops within an individual has a protective function against stress and quality of life. This is evidenced by research reporting a high ability in medical students to maintain academic and professional

quality in the face of academic difficulties and pressure (Lin et al., 2019).

This research attempts to develop a module *peer coaching* as a guide for implementing interventions to build student resilience in preparation for future professional careers. This has also been widely implemented by other researchers. One approach is to develop a specific curriculum and interventions designed to teach stress management skills through reflective and collaborative activities (Bird et al., 2020). This strategy is also proposed through the WADI framework, which emphasizes the importance of clinical faculty in creating a supportive learning environment so that students are better prepared for the clinical world (Shorbagi, 2024).

There is a change in student resilience scores through intervention *peer coaching*. This shows a shift in the category from moderate to high, supporting evidence of the influence of social support, collaborative learning, and strengthening adaptive capacity in shaping student resilience. This discussion will further elaborate on the influence of social support, collaborative learning, and strengthening adaptive capacity in shaping student resilience. *Peer coaching* on students' resilience in preparing for professional careers.

2. Influence *Peer Coaching* on Respondent Resilience

The results of statistical tests show that there is an influence of giving *Peer Coaching* on student resilience with a p value <0.000 with an influence strength (t(29)) of -7.132 indicating a strong difference between the pre-test and post-test with a high score on the post-test. These results indicate a fairly large influence so that *peer coaching* considered successful in strengthening students' abilities in facing academic challenges as a basis for preparing for their professional careers.

This aligns with research conducted on medical students, which showed that

resilience interventions were able to reduce anxiety, depression, and academic stress, while increasing resilience (Wadi et al., 2024). This study emphasized the importance of resilience in medical and health students because it can foster *skill* in facing future difficulties, including in preparing for students' careers. This is also in line with providing interventions *Peer Coaching*, Where the near peer mentoring program for medical students has been proven to increase resilience while reducing academic stress levels because students receive emotional support and role models directly from more senior colleagues (Pölczman et al., 2024).

Similar results were also found in the involvement of senior students as mentors for first-year students in increasing self-confidence, social support, and adaptive capacity, which are directly key factors in increasing student resilience (Prevolos et al., 2024). For health students, such as care, interventions *peer counseling* This also reportedly yielded positive results. A randomized controlled pilot trial found that nursing students participating in a peer-based intervention program experienced significantly improved resilience and coping skills compared to the control group (Lanz, 2020).

These results also align with the results of an integrated study, which found a strong correlation between peer support and interaction in clinical practice as dominant elements in building resilience in nursing students (Aryuwat et al., 2023). Furthermore, another review found that programs that included mentoring or *peer support* more effective in fostering resilience in healthcare students than a purely individual approach (Halimi et al., 2025). This is reinforced by the results of an implementation study in medical education, which showed that integrating mentoring and peer counseling can improve students' personal skills, adaptive coping, and resilience during the clinical period.

When the researcher also conducted interviews with several respondents, very positive responses were obtained. Several respondents said, "This peer counseling activity is very good for preparing us mentally to face the challenges of work after we graduate." There were also those who said, "This activity should be attended by all students, because surely each of them will face the same work challenges later." Thus, the researcher concluded that this activity *peer coaching* This is very helpful in preparing graduates to be ready to face future work challenges. Through intervention *peer coaching* This builds respondents' self-confidence, mental readiness to face work challenges, and provides the necessary provisions to prepare for the vital needs in finding work later.

This serves as the basis for building respondents' resilience to prepare themselves for professional careers. Thus, increasing resilience through *peer coaching* not only improving cognitive and emotional aspects, but social support and respondent involvement in the intervention implementation process are the basis for building *soft skills*. With the interaction between colleagues (*peer*) through alumni who have been prepared to become *coach* in providing assistance, it is possible for participants to observe directly and then carry out *modelling* and strengthening self-confidence, which ultimately results in increased adaptive capacity. Therefore, this study confirms that the peer coaching method used is a strategic approach relevant to the needs of health students in building resilience that can be beneficial in preparing for future professional careers.

3. Overview of respondents' work readiness

The results of this study obtained the results of respondents' work readiness before being given *Peer Coaching* balanced between the medium and high categories, namely 15 (50%), whereas after being given

Peer Coaching Respondents' Job Readiness Level was high at 30 (100%). Job readiness is highly needed by all graduates. In the academic world, this is a key factor. *outcome* This is expected of graduates. With these skills and adaptation to the clinical environment, graduates can contribute to improving the quality of service and patient safety.

Systematic and empirical literature research shows that work readiness is a multidimensional construct that combines clinical competence, communication skills, critical thinking skills, professionalism, and psychological readiness (resilience) to enter the workforce (Padley et al., 2021) (Wynne et al., 2024). Furthermore, other research indicates that structured preparation through a competency-based curriculum, realistic clinical exposure, and orientation programs can improve graduates' self-confidence and initial performance (Malau-Aduli et al., 2022) (Konlan et al., 2024).

In nursing students, quantitative and qualitative studies show that perceptions regarding work readiness do not depend on mastery of clinical skills alone but also on the ability *soft skills* or non-technical skills are important. This section includes emotional regulation, stress coping, social support, and clinical experiences. Nursing students who *fresh graduate* have increased job readiness after gaining adequate structured experience where they are given opportunities for real practice, constructive feedback and mentor support (Yang et al., 2024).

This is a reinforcement of the research results above, where the type of intervention provided is in the form of *peer coaching* can provide psychosocial influences and practical experience in preparing for a professional career. This is in line with the results of observations conducted by researchers where Health students have sufficient experience in campus laboratories in applying direct learning experiences through laboratory skills, OSPE and OSCE. The results of

interviews with respondents also confirmed, they almost all said "it is very important for us nursing students to have clinical experience in the laboratory and in the clinic as capital for future work preparation." Therefore, they expressed their hope "for study programs to provide more time for students to be in the clinical practice field to support our confidence in front of patients later."

4. The Influence of Peer Coaching on Job Readiness

From the results of the statistical test, it was found that there was a significant difference between the work readiness scores before and after being given *peer coaching* with a p-value < 0.001 ($Z = -4.603$). These results demonstrate the effect of intervention on respondents' work readiness. This approach can accelerate graduates' adaptation from the academic world to the workplace, enabling them to fulfill their professional roles as healthcare workers.

The results of supporting research indicate that the approach *near peer mentoring* which is deliberately planned in context *work integrated learning* can help develop practical competencies and non-technical aspects of work which include communication and *teamwork* thus strengthening students' job readiness through guided practice experiences and ongoing feedback (Penman et al., 2024). Other quantitative studies have shown that low job readiness is often related to a lack of exposure to structured practice and clinical mentoring (Chen et al., 2024). Therefore, interventions through *peer coaching* It can be an element in peer mentoring or mentoring to provide mental readiness for work. This can be seen in the results of post-intervention research, where work readiness was high among all respondents.

The underlying psychosocial mechanisms of *peer coaching* This can be explained from previous research. *Peer Mentoring* it can

increase social support, reduce transition anxiety, provide *role modelling* and provide strategic access in coping practices (Prevolos et al., 2024)(Gularte Rinaldo et al., 2023). These factors strengthen *self efficacy* and adaptive abilities which are important components in work readiness. Thus, the role of *coach* can build professional self-confidence of respondents in facing clinical tasks and work preparation.

Qualitative findings can also provide additional evidence that graduates rate their readiness as increasing with practical experience, constructive feedback, mentor support in the process. *Peer coaching* (Yang et al., 2024). As is *peer coaching* which includes direct and structured practice in a module, the presence of direct observation results from colleagues and an evaluation session in the program can have a significant effect on respondents' work readiness. In practical terms, integration *peer coaching* In the process of Health Education, students have a significant influence with cheap and easy financing.

The role of colleagues who play a role in *coach* can provide clinical guidance and emotional support that can increase respondents' self-confidence and reduce *gap* between theoretical knowledge and practical competencies. This is reinforced by a theoretical framework developed through a clear and structured work design, clear learning methods, and evaluation mechanisms that directly assess work readiness outcomes (Ladyshevsky & Sanderson, 2020).

The findings during the study revealed similar results. Respondents felt the *peer coaching* approach was very effective in increasing self-confidence in preparing for work. They said, "Through the program. *Peer coaching* This can increase self-confidence because it has been equipped with steps in work preparation and how to behave when dealing with patients". Respondents also said that "it is important

to train oneself to prioritize manners (soft skills. ed) when dealing with patients later".

10 Information from stakeholders also supports this. During the selection process for medical personnel, they are constantly faced with *job seeker* which is not oriented towards improving the quality of service but rather focuses only on medical procedure skills. In the healthcare business, it is crucial for every healthcare worker to understand the importance of improving *soft skill* in improving their professional career path. On average, graduates seeking employment lack the motivation to improve their skills. *Hospitality* so that through intervention *peer coaching* These skills are trained to be applied later in professional practice. Learning opportunities during the professional stage provide a strong source of support in applying the knowledge gained through internships.

CONCLUSIONS AND RECOMMENDATION

This study found that resilience significantly increased before the intervention, with the majority in the moderate category, and after the intervention, the majority became high. Similarly, work readiness significantly increased after the intervention, with all respondents in the high category. Test results on resilience and work readiness also showed a significant impact through the intervention. *Peer Coaching*. This indicates that peer coaching effectively improves the resilience and work readiness of final-year health students. This intervention can strengthen students' adaptive abilities, social support, soft skills, and self-confidence in facing the challenges of the workplace. Implementing peer coaching in health universities can be a crucial strategy in preparing graduates who are superior, resilient, and ready to compete in the professional world.

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