Nursing Students' Perception of Academic Coaching Relationship After Coaching Intervention in North-West Nigeria

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DOI: https://doi.org/10.51244/IJRSI.2026.1307000135

Received: 23 July 2026; Accepted: 29 July 2026; Published: 01 August 2026

ABSTRACT

Academic coaching depends not only on the content of an intervention but also on the quality of the relationship through which support, feedback, accountability and goal setting are delivered. This study assessed nursing students' perception of the academic coaching relationship after a structured coaching intervention in North-West Nigeria. The manuscript reports the post-intervention perception component of a quantitative quasi-experimental study conducted in two public schools of nursing. The study involved 128 students from both intervention and control group, however, the perception analysis involved the 64 second-year nursing students in the intervention school. Four clinical instructors were trained for three days and delivered a six-week academic coaching programme. Students were organised into four groups of 16, and each group received weekly coaching sessions lasting approximately 60–90 minutes. Sessions addressed goal setting, learning strategies, stress management, practical clinical procedures, progress review, feedback and accountability. Perception was measured after the intervention with the 30-item Perceptions of the Coaching Relationship instrument, scored on a seven-point Likert scale. Descriptive statistics were analysed using SPSS version 23; a mean score below 4 indicated a negative perception, while a score of 4 or above indicated a positive perception. All assessed dimensions were rated positively. The highest mean score was recorded for coach attitude (5.6), followed by time-management support (5.5), coach expectations (5.2) and assistance received (5.1). The aggregate mean was 5.4 out of 7, indicating an overall positive perception of the coaching relationship. The findings suggest that nursing students accepted the structured coaching relationship and perceived their coaches as supportive, accessible and helpful in managing academic and clinical demands. Academic coaching programmes in nursing education should therefore prioritise coach preparation, trust, empathy, clear expectations, regular contact and practical assistance. Further qualitative studies are needed to explain which relational features students value most and how these features influence sustained academic and clinical outcomes.

Keywords: academic coaching; coaching relationship; nursing students; perception; North-West Nigeria

INTRODUCTION

Academic coaching is a learner-centred educational intervention designed to help students recognise barriers to achievement, clarify goals, select appropriate strategies and remain accountable for agreed actions. In health-professions education, coaching has been described as a process that combines assessment, constructive feedback, identification of performance gaps, goal setting and continuing support [1,2]. Unlike conventional advising, which may focus mainly on providing information or correcting immediate academic problems, coaching seeks to promote reflection, self-regulation and ownership of learning.

The effectiveness of coaching is closely connected to the relationship between the coach and the student. A coaching relationship should provide a psychologically safe space in which the student can discuss difficulties,

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XIII Issue VII July 2026

acknowledge weaknesses, test alternative strategies and receive feedback without fear of humiliation or punitive judgement. Academic coaching may address organisational difficulties, poor time management, ineffective study habits, weak self-monitoring and limited confidence [3–5]. For nursing students, these concerns are especially important because learning occurs across demanding classroom and clinical environments, and students must integrate theoretical knowledge with practical procedures, professional conduct and timely decision-making.

Relational qualities such as trust, empathy, active listening, approachability, encouragement, honest feedback and respect can influence whether students engage meaningfully with coaching. Students who perceive a coach as invested in their progress may be more willing to disclose learning difficulties, accept corrective feedback and attempt challenging goals. Conversely, an impatient, inaccessible or judgemental coach may weaken openness and reduce participation. Evidence from medical students indicates that valued coaches are encouraging, affirming, genuinely interested in the learner, attentive to personal priorities and able to provide resources, accountability and skill-building support [6].

Perception is therefore an important implementation outcome. Even when an intervention is well designed, students may not use it effectively if they regard the relationship as irrelevant, coercive or unsafe. Positive perception may indicate that the programme is acceptable to learners and that its relational processes are compatible with their needs. In a study of baccalaureate nursing students, Brown-O'Hara reported generally positive perceptions of academic coaching relationships and developed the Perceptions of the Coaching Relationship instrument used to examine these experiences [7]. The instrument reflects practical assistance, coach attitude, expectations and relational support, including problem solving, identification of strengths and weaknesses, time management, clear expectations, feedback, trust and encouragement.

In Nigerian nursing institutions, structured academic coaching has not been routinely integrated into diploma nursing education. Existing student support may resemble mentoring or examination revision and may not systematically address individual goals, learning strategies, academic stress and clinical performance. The parent study from which this manuscript was extracted introduced a structured six-week coaching programme to second-year nursing students in North-West Nigeria. The intervention used trained clinical instructors, small coaching groups, weekly goals, practical demonstrations, stress-management guidance and regular review of progress.

The academic-stress and clinical-performance outcomes of the parent coaching intervention have been published elsewhere [8,9]; the present manuscript focuses specifically on nursing students' perception of the coaching relationship after the intervention. Understanding this perception is necessary because the feasibility and sustainability of coaching in nursing schools depend on students' willingness to participate and on the relational competence of the coaches. The objective was therefore to assess nursing students' perception of the academic coaching relationship after a structured coaching intervention in North-West Nigeria. The research question was: What was the students' perception of the academic coaching relationship after the intervention?

MATERIALS AND METHODS

Research Design

This manuscript presents the post-intervention perception component of a larger quantitative quasi-experimental study. The parent study used an intervention and a control school to evaluate the effects of academic coaching on nursing students' learning strategies, academic stress and clinical performance. Perception of the coaching relationship was assessed only among students who received the intervention. A quantitative approach was consistent with the study's positivist/post-positivist orientation and the intention to measure students' responses using a standardised instrument [11–13].

Study Setting

The parent study was conducted in two public schools of nursing in North-West Nigeria: the School of Nursing, Gusau, Zamfara State, and the School of Nursing, Sokoto, Sokoto State. The Sokoto school served as

the control site, while the Gusau school served as the intervention site. Both institutions offered basic nursing programmes regulated by the Nursing and Midwifery Council of Nigeria. The perception analysis reported in this manuscript was restricted to the intervention school.

Population and Sample

The target population comprised 190 second-year nursing students in the two selected schools: 85 in Zamfara and 105 in Sokoto. A multistage sampling procedure was used in the parent study. Sokoto and Zamfara States were randomly selected from the seven states in the North-West geopolitical zone; one state-owned nursing school was selected from each state; and systematic sampling was used to select students. A total of 128 students were recruited, with 64 assigned to the intervention school and 64 to the control school. The present analysis included all 64 students who completed the coaching intervention and the post-intervention perception instrument.

Second-year students were selected because they had sufficient exposure to clinical practice, were not occupied with initial entry requirements and were not yet preparing for final qualifying examinations. Eligibility for the parent intervention included being a second-year student, being available during the coaching period, attending all six mandatory sessions and meeting the study's pre-intervention criteria relating to clinical skills, academic stress and learning strategies.

Academic Coaching Intervention

Four qualified clinical instructors from the intervention school were recruited and trained to deliver the coaching programme. The instructors completed a three-day training programme covering the principles of academic coaching, effective communication, constructive feedback, student collaboration, clinical improvement, stress reduction, monitoring and evaluation. The training included presentations, round-table discussions and planning for implementation.

After baseline assessment, the 64 students were randomly organised into four groups of 16 and each group was assigned to a trained clinical instructor. Coaching was delivered weekly for six weeks. Each session lasted approximately 60–90 minutes and followed a consistent structure derived from established coaching processes [5,9,10]. During the first session, the coach explained the coaching process, established relational guidelines and discussed each student's interests, current clinical performance, academic stress, learning strategies and goals. Students developed three to five specific, measurable, attainable, realistic and time-bound goals with the coach acting as facilitator.

Subsequent sessions combined practical demonstration of selected nursing procedures with stress-management discussion, learning-strategy support, review of previous goals and planning for the following week. Students practised procedures during coaching, with peers and in clinical settings. Progress was reviewed through four recurring activities: reviewing goals, evaluating achievement, anticipating barriers and planning strategies. Coaches provided relevant resources, feedback and encouragement, while students documented goals, action steps, obstacles and proposed solutions. During the final session, the student and coach reviewed overall progress and goal attainment. The Perceptions of the Coaching Relationship instrument was administered after completion of the intervention.

Instrument

Students' perception was measured with the Perceptions of the Coaching Relationship instrument developed by Brown-O'Hara [7]. The instrument contains 30 statements rated on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Items assess students' experiences of problem identification and problem solving, recognition of strengths and weaknesses, motivation, referrals for support, time-management assistance, clarity of expectations, empowerment, genuine interest, goal setting, feedback, respect, scheduled contact, listening, approachability, trust, study skills and acknowledgement of achievement.

The source thesis reported a content validity index of 96% for the instrument and a Cronbach's alpha internal-consistency coefficient of .93, indicating high reliability. Responses were summarised under four dimensions:

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XIII Issue VII July 2026

assistance received, coach attitude, coach expectations and time management. A mean score below 4 was interpreted as a negative perception, while a mean score of 4 or above was interpreted as a positive perception.

Data Collection and Analysis

The perception instrument was completed by the intervention students after the six-week coaching programme. Data were entered and analysed using the Statistical Package for the Social Sciences, version 23. Frequencies and percentages were used to describe the participants, while means were used to summarise the four perception dimensions and the aggregate perception score. Because the purpose of this component was to describe post-intervention acceptability among the coached students, no between-group comparison was undertaken for perception.

Ethical Considerations

Ethical approval for the parent study was obtained from the Zamfara State Ministry of Health Ethics Committee (approval number ZSHREC0308202). Administrative permission was obtained from the participating schools. The study purpose and procedures were explained to prospective participants, written informed consent was obtained, participation was voluntary and students were informed that they could withdraw. Identifying information was separated from research data and stored securely.

RESULTS

All 64 students in the intervention school completed the coaching programme and the post-intervention perception assessment. The students were predominantly female (54.7%), aged 18–22 years (51.6%), unmarried (78.1%) and of Hausa ethnicity (93.8%). Slightly more than half had attended public secondary schools (56.3%). The characteristics of the intervention group are presented in Table 1.

Table 1. Socio-demographic characteristics of intervention students (n = 64)

Characteristic	Frequency	Percentage
Gender		
Male	29	45.3
Female	35	54.7
Age (years)		
18–22	33	51.6
23–27	18	28.1
28–32	10	15.6
Over 33	3	4.7
Marital status		
Unmarried	50	78.1
Married	14	21.9
Type of secondary school attended		
Private	28	43.8
Public	36	56.3
Ethnicity		
Hausa	60	93.8
Yoruba	4	6.3
Igbo	0	0.0

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XIII Issue VII July 2026

Students reported a positive perception across every assessed dimension of the coaching relationship. Coach attitude had the highest mean score (5.6), followed by time-management support (5.5), coach expectations (5.2) and assistance received (5.1). The aggregate mean was 5.4 out of 7, which exceeded the decision mean of 4 and indicated an overall positive perception of the academic coaching relationship (Table 2).

Table 2. Nursing students' perception of the academic coaching relationship after intervention (n = 64)

Dimension	Mean score (1–7)	Interpretation
Assistance received	5.1	Positive perception
Coach attitude	5.6	Positive perception
Coach expectations	5.2	Positive perception
Time-management support	5.5	Positive perception
Aggregate perception	**5.4**	**Positive perception**

Note. A mean score below 4 indicated negative perception, while a mean score of 4 or above indicated positive perception. The source thesis table displayed standard-deviation strings without decimal separators; only the unambiguous mean scores are reproduced here.

The pattern of scores suggests that students valued both the interpersonal and practical components of coaching. The high rating for coach attitude indicates favourable experiences of the coaches' manner and engagement, while the time-management score indicates that students perceived useful support in organising academic and clinical responsibilities. Positive ratings for expectations and assistance further suggest that the coaches communicated goals clearly and provided relevant help during the intervention.

DISCUSSION

This study found that nursing students had an overall positive perception of the academic coaching relationship after a six-week structured intervention. The aggregate mean of 5.4 on a seven-point scale was well above the decision point of 4, and all four dimensions were rated positively. These findings indicate that the relational approach used in the programme was acceptable to the students and that trained clinical instructors were able to establish supportive coaching interactions within small groups.

The finding is consistent with Brown-O'Hara's study of baccalaureate nursing students, in which participants reported positive perceptions of the academic coaching relationship [7]. It also agrees with the medical-student findings reported by Margaret and colleagues, where students valued coaches who were invested, encouraging, affirming, empathetic, trustworthy and willing to provide resources and accountability [6]. Although the present study used a quantitative measure and did not collect narrative explanations, the positive scores suggest that similar relational qualities may have been experienced by the nursing students.

Coach attitude received the highest mean score. This result is important because the coach's interpersonal conduct can determine whether a student feels safe enough to discuss weaknesses and accept feedback. The intervention prepared coaches in communication, feedback, collaboration and monitoring before they interacted with students. Regular contact, small group size and repeated review of goals may also have helped establish familiarity and continuity. Coaching literature emphasises that relationships characterised by listening, empathy, encouragement and respect are more likely to support engagement and development [2,8,14].

Time-management support was the second-highest dimension. Nursing students must coordinate classroom work, independent study, clinical practice and assessment preparation. The coaching package required students to define weekly objectives, specify action steps and deadlines, anticipate obstacles and plan strategies. These structured activities may explain why students evaluated time-management support positively. Academic

ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XIII Issue VII July 2026

coaching that converts broad aspirations into scheduled actions can make academic demands appear more manageable and can strengthen students' sense of control.

Positive perception of coach expectations suggests that the students generally understood what was required during the programme. Clear and attainable expectations are essential because coaching is not simply encouragement; it includes challenge, accountability and review of performance. The use of specific and time-bound goals, practical tasks and weekly follow-up provided observable standards against which progress could be discussed. When expectations are challenging but realistic and communicated without threat, students may interpret accountability as supportive rather than punitive.

Assistance received also scored positively, although it was the lowest of the four dimensions. The instrument covered several types of assistance, including problem solving, identification of strengths and weaknesses, referrals, study skills, test-taking skills and support when goals were difficult to meet. A mean of 5.1 still represents favourable perception, but its relative position may indicate scope to improve the range, individualisation or accessibility of support. Future implementation should ensure that coaches can link students promptly to counselling, tutoring and other learning services when needs extend beyond the coach's competence.

The positive findings have implications for nursing education in North-West Nigeria. Students' acceptance of coaching provides preliminary support for integrating structured coaching into student-support and clinical-learning systems. However, positive perception should not be treated as proof of long-term effectiveness or sustainability. The perception assessment was conducted only after the intervention and only among coached students; there was no pre-intervention perception score or comparison group for this outcome. The study also used a quantitative instrument, so it could not explain why students selected particular ratings or identify cultural and institutional factors that shaped the relationship.

Further research should use interviews or focus groups to explore which coach behaviours students found most useful, which aspects were difficult and whether perceptions differ by gender, age, academic need or coach. Longitudinal studies should assess whether positive perception is maintained and whether it predicts attendance, goal completion, reduced stress, improved learning strategies or clinical competence. Research should also examine coaches' experiences, workload and training needs because sustainable coaching depends on support for both members of the relationship.

CONCLUSION

Second-year nursing students who completed a six-week academic coaching intervention in North-West Nigeria perceived the coaching relationship positively. Coach attitude, time-management support, clarity of expectations and assistance all achieved mean scores above the positive-perception threshold, with an aggregate mean of 5.4 out of 7. These findings show that structured coaching delivered by trained clinical instructors in small groups was acceptable to the participating students. Nursing schools considering academic coaching should emphasise coach preparation, empathy, trust, clear goal setting, regular follow-up, constructive feedback and practical assistance. Qualitative and longitudinal studies are required to explain the sources of positive perception and determine how the coaching relationship contributes to sustained academic and clinical outcomes.

RECOMMENDATIONS

1. Nursing schools should pilot structured academic coaching as part of student-support and clinical-learning programmes, while adapting delivery to institutional resources and student needs.

2. Clinical instructors selected as coaches should receive formal preparation in communication, active listening, empathy, feedback, goal setting, boundaries, referral and monitoring.

3. Coaching should include regular scheduled contact, clear expectations, documented action plans and access to academic, counselling and clinical-learning resources.

4. Future studies should collect qualitative data from students and coaches and evaluate perception over longer follow-up periods and across additional nursing schools.

Ethical Approval and Informed Consent

Ethical approval was obtained from the Zamfara State Ministry of Health Ethics Committee (approval number ZSHREC0308202), and administrative permission was obtained from the participating schools. Written informed consent was obtained from all participants. Participation was voluntary, and confidentiality was maintained.

Data Availability

The source thesis does not identify a public data repository. Requests for access to the study data should be directed to the corresponding author and would remain subject to ethical and institutional permissions.

Conflict Of Interest

No conflict-of-interest declaration was reported in the source thesis. The corresponding author should confirm the final declaration before journal submission.

Funding

The author acknowledged financial sponsorship from Usmanu Danfodiyo University Sokoto and the Tertiary Education Trust Fund (TETFund) for the doctoral programme from which this manuscript was extracted.

ACKNOWLEDGEMENTS

The author acknowledges the supervisory support received from Dr. A. Muhammad, Professor Hayat M. Gomma and Dr. Akorede A.; the cooperation of the School of Nursing, Gusau, and the College of Nursing, Sokoto; and the assistance of the clinical instructors, research assistants and participating students.

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ISSN No. 2321-2705 | DOI: 10.51244/IJRSI |Volume XIII Issue VII July 2026

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