THE RELATIONSHIP BETWEEN MENTOR, SELF-EFFICACY, JOB SATISFACTION AND CAREER SUCCESS.

By

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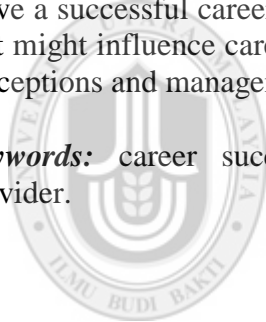Universiti Utara Malaysia
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ABSTRACT

Career Success is an important element in an employee's career attainment. This is because one's achievement in their working life is determined on how successful they are. Career success does not only give an employee a sense of accomplishment but also gives the organisation an ownership on workforce retention. This study was carried out to examine the relationship between mentors, self-efficacy, job satisfaction and career success among healthcare providers in a private hospital in Kedah, Malaysia. There are three main objectives for this study, 1) to examine the relationship of mentor and career success, 2) to identify the relationship between self-efficacy and career success and 3) to examine the influence of job satisfaction in determining career success. A cross sectional study was chosen for this study. A total of 155 respondents took part in this study. Data were collected through a self-administered questionnaire. Gathered data were analysed using Statistical Packages for Social Sciences, version 19.0 (SPSS). This study applied descriptive analysis and inferential statistics to examine the relationship among the variables. Self-efficacy was found to be the most significant variable that determines career success among healthcare providers, followed by mentor. However, job satisfaction was found to be insignificant determinant for career success. The implication of this study is that attention should be given to create more opportunity for the healthcare providers to carve a successful career in their work environment. Future research on other factors that might influence career success like variation in working environment, employee perceptions and management system need to be carried out.

Keywords: career success, mentors, self-efficacy, job satisfaction, healthcare provider.

ABSTRAK

Kejayaan kerjaya adalah elemen penting dalam pencapaian kerjaya pekerja. Ini adalah kerana pencapaian seseorang dalam kehidupan kerja mereka ditentukan melalui pencapaian kejayaan mereka. Kejayaan kerja bukan hanya memberikan pencapaian kepada pekerja tetapi juga memberikan organisasi hak pemilikan dalam mengekalkan tenaga kerja. Kajian ini dijalankan untuk mengkaji hubungan antara mentor, keberkesanan diri, kepuasan kerja dan kejayaan kerjaya di kalangan penyedia penjagaan kesihatan di sebuah hospital swasta di Kedah, Malaysia. Terdapat tiga objektif utama kajian ini, 1) untuk mengenalpasti hubungan mentor dan kejayaan kerjaya, 2) untuk mengenal pasti hubungan antara keberkesanan diri dan kejayaan kerjaya dan 3) untuk mengkaji pengaruh kepuasan kerja dalam menentukan kejayaan kerjaya . Kajian keratan rentas telah dipilih untuk kajian ini. Seramai 155 responden telah mengambil bahagian dalam kajian ini. Data dikumpulkan melalui soal selidik yang dijawab oleh penyedia penjagaan kesihatan. Data dianalisis dengan menggunakan Pakej Statistik Untuk Sains Sosial, versi 19.0 (SPSS). Kajian ini menggunakan analisis deskriptif dan statistik inferensi untuk melihat hubungan di antara pembolehubah bebas dan bersandar. Keberkesanan diri adalah pembolehubah yang paling penting menentukan kejayaan kerjaya di kalangan penyedia penjagaan kesihatan, diikuti oleh mentor. Walau bagaimanapun, kepuasan kerja adalah penentu yang tidak mempunyai pengaruh terhadap kejayaan kerjaya. Implikasi kajian ini adalah untuk memberi perhatian penting dalam mewujudkan lebih banyak peluang kepada penyedia penjagaan kesihatan untuk mengukir kejayaan kerjaya dalam persekitaran kerja mereka. Kajian masa depan perlu memberi perhatian kepada faktor-faktor lain seperti perubahan dalam persekitaran kerja, persepsi pekerja dan sistem pengurusan yang mungkin mempengaruhi kejayaan kerjaya.

Kata kunci: kejayaan kerjaya, mentor, keberkesanan diri, kepuasan kerja, penyedia penjagaan kesihatan.

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List of Abbreviations	Description of Abbreviations
GTP	Government Transformation Plan
MOH	Ministry of Health
WHO	World Health Organisation
MSQH	Malaysia Standard for Quality in Healthcare
SCT	Social Cognitive Theory
CSS	Career Satisfaction Scale
MFQ	Mentoring Functions Questionnaire
NGSE	New General Self-Efficacy
JSS	Job Satisfaction Survey
SPSS	Statistical Package for Social Sciences
HR	Human Resources

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

Humans in healthcare require a compass to guide them through increasingly demanding, hastily changing and increasingly antagonistic working environments. Currently, most of the organisation are facing multiple challenges and difficulties in this competitive world especially those in healthcare industry. The most affected employees in healthcare are the healthcare providers, who must deal with great demands for improved healthcare quality, efficiency and cost reduction while at the same time managing burnout, workplace stress and exhaustion (Luthans, Lebsack & Lebsack, 2008). The increase in healthcare provider's demand is in line with the ageing population, speedy progression of medical technology and increased consumer activism (Simoens et al., 2005). The nature and excellence of the service provided to the patients mainly influenced by healthcare provider's performance that has made it as an important profession to be studied (Chen et al., 2009; Cohen & Golan, 2007; Purdy et al., 2010). By increasing the number of graduate of healthcare provider alone will not solve the shortages but the creation of better work environment with chances to move upward is vital in order to retain them within the Malaysian healthcare system. However, in future, whereby the expected use of health services increases, the demand for the healthcare profession will keep on rising in years to come (Ahmad, 2010; Saari & Judge, 2004; Siew, Chitpakdee & Chontawan, 2011).

Most of the healthcare providers around the world are undervalued despite their unlimited responsibilities that they take over from their medical supervisors and also doctors which make them the most important people in medical system (International Council for Nurses, 2007; Koonar, 2008). Healthcare providers portray an organization's competence since it is measured from the quality of the healthcare services provided at an anticipated professional standard. Therefore, healthcare organizations are in need of highly qualified healthcare providers who will work toward the organizational goals (Katrinli, Atabay, Gunay & Guneri, 2008).

According to the Malaysian Association of Nurses in Malaysia, till 2009, there were no initiatives taken to increase the incentive of healthcare providers. Nevertheless, in 2008 the Malaysian Prime Minister, Datuk Seri Abdullah Ahmad Badawi gave attention to the healthcare provider's profession by increasing the budget for them in Malaysia when the government realizes the importance of the profession to the country. This is in line with the thought that to increase the commitment among healthcare providers to stay focused in their career since Malaysia has the lowest density of healthcare providers in the region with the ratio 1:559 (Barnett, Namasivayam, & Narudin, 2010). In order to achieve equality with other neighbouring countries, Malaysia is predicted to increase its number of healthcare providers to 174,000 (Barnett et al., 2010).

Even though the recruitment strategies looks very promising, but steps in order to retain these healthcare providers need to be enhanced. That is exactly the phenomenon that is undergone by this private hospital in this study. Many of the healthcare providers have either moved out to a better healthcare environment or migrated to other countries. Currently, Malaysia is facing with the migration of healthcare providers to other countries which promises better career path and also

better salary with advanced work-life balance with an attrition rate of 400 per year and around 25,000 healthcare providers are working in Middle East and overseas (Kosmo Online, 2009). The number of healthcare providers in private hospitals has also decreased about 8 % in 2013 compared to its previous years (Ministry of Health, 2014). Women commence healthcare career due to the system whereby it gives them a chance to move away from home since most hospitals provide accommodation and allowance during period of training (Masroor & Fakir, 2010). In this period, healthcare providers learn how to perform effectively in their workforce by advancing their knowledge and skills in this field.

Healthcare organizations don't take responsibility in "spoon-feeding" healthcare providers in career development and encourage them to act actively to manage their own career path successfully. This means they are advised to enrich their usefulness rather than relying upon the organization in providing knowledge and skills. Healthcare providers should have plan in developing and carving their own career path and also strive to achieve it successfully. Career success should come as a feeling of attachment an individual has towards their profession and the strong obligation one has to stay put in this caring profession that not only gives personal satisfaction but also as a service to the outside community while enhancing one's personal career attainment.

Healthcare provider's profession which has a structured career allows a favourable career outcome for those who are the most skilled and most willing to put forward their effort. The yearning for upward mobility among the younger generation has created a need for advancement, higher salary recognition and power to dominant which leads to furthering their career (London, 1983). This kind of

opportunity is vastly exposed in overseas countries and their career success importance expands to an extensive array of career elements.

The healthcare provider's profession needs to adjust to this increasing diversity in its own workforce by supporting all of them to reach their highest potential within the profession. Career success serves as a mechanism that supports healthcare provider's quality through the combination of higher clinical status to those who meet the requirements. In order for healthcare providers to advance through the career ladder, they must show indication of enhanced or new competency in their practice. More significantly, with emerging evidence to suggest that inconsistency exist in levels of participation among healthcare providers in career success based on their region of healthcare education, it is necessary for this profession to identify the factors responsible for the differences and address them. However, evolving evidence also suggests that healthcare providers do not have equivalent access to professional expansion opportunities and do not advance through career ladders as equals with their indigenous counterparts (Hawthorne, 2001; Alexis, Vydelingum, & Robbins, 2006; Edwards & Davis, 2006; Alexis, Vydelingum, & Robbins, 2007; Henry, 2007; Xu & Kwak, 2007; Zizzo & Xu, 2009; Nichols & Campbell, 2010).

Career scholars have been concerned with the antecedents of career success for almost a century (Parsons, 1909; Hughes, 1958; Boudreau, Boswell, & Judge, 2001). In general, there is more to be explored in the management literature on how working Malaysians in different occupations and career stages conceptualize career success. Past studies on career success in Malaysia have been mostly on women and academics (Ismail & Rasdi, 2006; Ismail & Ibrahim, 2007; Arokiasamy, Ismail, Ahmad, & Othman, 2011).

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Understanding the factors that influence career success of healthcare providers', particularly in private hospitals in Malaysia, may facilitate the development of determinants that can lead to a better integration in the healthcare workforce and facilitate them to enhance their professional growth and career development opportunities.

1.2 Problem Statement

In current situation in Malaysia, to support the country to attain a 'high income society' status, the private healthcare sector is given the charge to be one of the catalysts in the Government Transformation Plan (GTP) (Prime Minister's Department, 2010). There are currently 89,167 healthcare providers of all categories and grades in Malaysia where 56,503 of them worked with the Health Ministry and 26,653 work in private while the rest in non-ministry sector (Health Facts, 2014). Malaysia was once with a healthcare workforce of close to 39,000 and an average of 1.69 healthcare providers per 1,000 populations in the year 2000, has been placed in the low-density cluster in the world (Chua, 2006). This indicates that Malaysia has the lowest healthcare provider density in the region or cluster and is believed to be suffering from excessive migration, low job satisfaction, poor retention and high turnover (Casey, Fink, Krugman, & Propst, 2004; Chua, 2006). The shortage of healthcare providers has been an issue whereby there are very slim chances in upgrading and developing their ability and also their career successfully in the health care industry (Global Health Workforce Alliance, 2008). It also stated that the need for specialised healthcare providers is escalating in line with increased medical practice specialisations. Many new public hospitals were not able to open their

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intensive care unit, wards and operating theatres due to the shortages in the number of healthcare providers and doctors. As a result, to meet the shortages, Malaysia has resorted to recruit contract foreign healthcare providers from Pakistan, Myanmar, India and Indonesia (MOH, 2006).

The recommended ratio for healthcare providers in a country like Malaysia is 1:200 (World Health Organisation (WHO), 2012) but healthcare authorities in Malaysia have recorded 1:329 and it is said that Malaysia needs at least 150,000 healthcare providers to meet the healthcare demand (Bernama, 2011). Majority of them have taken the decision to leave certain organization or migrate to other countries due to low level of self-esteem in upgrading their knowledge and skills, minimised guidance from mentors and also dissatisfied with their current job and healthcare environment. This has caused a serious drop in the number of healthcare providers who are willing but unable to upgrade themselves successfully in their career. Malaysia has been quite persistent in developing its human capital, not only through education, but also training, and life-long learning. Globalization, the need for experienced and skilful workforce and the danger of over relying on foreign workers were realised by the government. However, for Malaysia, some issues are tougher to solve, and at times, are thought to be impossible. This is especially true in association to foreign workers issue in Malaysia (Azizah, 2012; Durrishah 2012). A number of actions have been taken to minimize over-dependency towards foreign workers in Malaysia who are less in cost to be employed but not much progress has been achieved.

Malaysia is now facing a new challenge which is job-hopping by the younger generation, which is caused by many factors. In the past, most Malaysians believe in lifetime employment, where individuals stay at a job until their retirement.

These days, young people in Malaysia job-hop more frequently in search of better career advancement to be successful. It may be caused by boredom (looking for challenging pursuit), monetary advancement, career development opportunities or office politics (The Star, 2012). The effect is on healthcare sector, where healthcare providers and other health sciences practitioners have no doubt of changing jobs, when they have the prospect and opportunity to do so. Healthcare providers seek to advance their career successfully in order to be satisfied with their achievements; however more studies need to be explored on how to determine the career success among them in Malaysia. Therefore this research examines the perceived level of mentoring, self-efficacy and job satisfaction on career success among Malaysian healthcare providers in one of the selected private hospital in Kedah.

Specialisation in healthcare provision needs enhancement and recognition from the working organization. It can only be identified through the success of the healthcare providers in their career. But it is alarming to know that career success among them is still not taken as a serious agenda or issue by health organization. Healthcare provider's base for their success in work comes directly and also indirectly through the organization itself. However, sad to say that health organization does not emphasize on healthcare provider's internal problems, but focuses more on their profit outcome and patient's satisfaction on the services provided. The problem faced by the healthcare providers in achieving their careers successfully need to be explored even though all kind of facilities and advances have been provided to them. Healthcare providers will need to make personal, professional and cultural shifts in themselves to apply their theoretical knowledge into clinical practice.

In 1994, the healthcare system in Malaysia has been recognized by World Health Organization among the best in the region and a fitting model for the developing country (Bernama, 2009). In extension of that, Malaysian government has given thoughtfulness and emphasis in achieving better healthcare systems under the Ninth Malaysian Plan as it recognizes health as an important asset in developing human capital (Malaysian Economic Planning Unit, 2008). To date, Ministry of Health is vigorously promoting Malaysia as medical tourism hub and shows increasingly number of health-tourist which mostly from neighbouring countries such as from Indonesia and Singapore since 2008. Many companies are now recognising this healthcare sector again, corresponding with the increased number of foreigners entering Malaysia for medical care and the recent government focus on developing the health tourism industry. This gives the healthcare industry a boost to enhance the healthcare provider's care in order to attract more patients looking for medical treatment. In that case, the healthcare providers should be equipped with the necessary competency which they have gained all these years in their career that made them successful.

Career scholars have generally paid slight consideration to the extent to which individuals assess their careers relative to other people (Hall, 2002; Gunz & Heslin, 2005). Regardless of the reason for it, the relative neglect of other-referent comparisons (satisfaction with their income relative to their career peers) in the career success literature is problematic as the referent chosen for assessing one's attainments has a substantial influence on how successful people conclude that they have been (Adams, 1965; Bandura, 1986; Heath, Larrick, & Wen, 1999; Wood, 1989), since career success is a self-referent comparison. Many studies show that factors such as mentor (Peluchette & Jeanquart, 2000; Fagenson, 1989; Eby, Butts &

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Lockwood, 2003; Joiner, Bartram & Garreffa, 2004), self-efficacy (Saks, 1995; Day & Allen, 2004; Lubbers et al., 2005; Frieze et al., 2006; Valcour & Ladge, 2008; Kim et al., 2008; Higgins et al., 2008) and job satisfaction (Ahmad & Oranye, 2010; Masroor & Fakir, 2009; Tang & A.Ghani, 2012) as an individual factors that determine career success (dependent variable) but there is a need to study the combination of these three independent variables (mentor, self-efficacy and job satisfaction) with the mentioned dependent variable in the context of healthcare providers. This study is to determine about the correlation determinants of all three factors that mainly contribute to the career success of healthcare providers.

Previous studies have focused more on a single factor or as a combination of either two factors that influences career success (Ismail et al., 2009; Yu & Chen, 2012). Many studies was carried out on career success in the education field (Van Emmerik, 2004; Maimunah & Roziah, 2006; Supa`ad et al., 2013) and financial institution field (Burke et al., 2006; Van Emmerik et al., 2006). Even though there are studies that were carried out in Malaysia on healthcare providers, it focused more on different dimension (Chong et al., 2014; Poon et al., 2015) and studies specifically focusing on career success of healthcare providers need to be carried out more to learn on the studied matter. This study is carried out to fill the gap by studying the relationship between mentor, self-efficacy, job satisfaction and career success among healthcare providers.

Consequently, to ensure that dynamic human resources for healthcare are available to meet the needs of the populations that they serve, migration management and retention approaches need to be integrated into ongoing efforts to strengthen health system in South East Asia (Kanchanitra et al., 2011). Thus, this study tries to look at the relationship between mentor, self-efficacy, job satisfaction and career success among healthcare providers as part of their achievement to make Malaysia the best healthcare system in South East Asia.

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1.3 Research Questions

To understand more on the relationship between mentor, self-efficacy, job satisfaction and career success, the researcher comes up with these research questions as below:

1. Is career success determined by mentors?

2. Does self-efficacy influence career success?

3. Does job satisfaction influence career success?

1.4 Research Objectives

The objectives of this study are as follows:

1. To examine the relationship of mentor and career success.

2. To identify the relationship between self-efficacy and career success.

3. To examine the influence of job satisfaction on career success.

1.5 Scope of the Study

This study was carried out in a healthcare industry mainly focusing on healthcare provider's field. It is to determine and gain a better understanding on the relationship of mentor, self-efficacy and job satisfaction towards career success of healthcare providers. The target group of this study is basically healthcare providers (Sister, Staff Nurse, Assistant Nurse and Clinic Assistant) because other than doctors, they also serve as the most contributing asset to a healthcare organization. They play an important role and sometimes as equal as doctor's duty in the fast growing healthcare

services. Healthcare providers are chosen for this study due to their active involvement in healthcare profession but their level of career success is undetermined and also to discover how far they think they are successful in their career taking into consideration the determinants like mentor, self-efficacy and job satisfaction which can affect their career success. The number of healthcare providers leaving this country has also seen some increase in search of better opportunity in earning better salary and fringe benefits due to the high demand in healthcare for healthcare providers and the probable cause is lack of career success in the country.

The study was carried out in a private hospital in Kedah, northern region in Malaysia. Malaysia with a large number of private hospitals (Health Facts, 2014), plays an important role as host to lots of foreign patients who come in seeking best medical treatment. Kedah, being the tourist attraction to lots of foreigners after Penang has emerged as having a lower cost of expenditure in many sectors including healthcare. Being only 45 minutes of drive from Penang International Airport has made Kedah as an easy access to seek medical treatment. Focusing on this particular private hospital, which serves a great number of patients and considered as one of the finest private hospital in Kedah, is well-resourced and accredited hospital in the region (MSQH accreditation- Malaysia Standard for Quality In Healthcare), gives a depth on the career success of the healthcare providers who have been working there, some as pioneers and also the junior ones. For this study only three independent variables are tested which are mentor, self-efficacy and job satisfaction against the dependent variable which is career success.

1.6 Significance of the Study

This study surveys the correlation among mentor, self-efficacy and job satisfaction in enhancing the career success among the healthcare providers. Each and every factor discussed is inter-related to each other in developing a successful career in healthcare provider's profession. This study will begin to bridge that gap by exploring the association among mentor, self-efficacy and job satisfaction in determining career success among healthcare providers. It is an innovative study because this is the initial attempt in healthcare provider's study to determine the relationship of mentor, self-efficacy and job satisfaction in determining career success that justifies the need to conduct the study.

This study will assist healthcare industry in determining the career success of their healthcare providers by taking into consideration the determinants of the above mentioned factors in enhancing the likelihood of the healthcare providers to serve better professionally in terms of their career and also patient care. This will also help healthcare providers to progress their career level to a higher and professional level in upgrading themselves to become leaders in healthcare profession. By enhancing the areas that need to be emphasized in upgrading the career success among healthcare providers, this will not only benefit the health organization in particular, but also the country in whole. This can reduce the intake of foreign healthcare providers to replace the local ones who intend to migrate to overseas in search of better career success.

Given the significance of this study towards an individual's career success, it is essential to investigate the relationship between mentor, self-efficacy, job satisfaction and career success in order to obtain a comprehensive understanding of

its contributions to healthcare provider's career success. Besides that the findings from this research will enable healthcare organisation to focus on healthcare providers since they are one of the most contributing factor in healthcare institution by taking into consideration the needs and benefits for their future undertakings and thus find ways to implement new intervention to improve the current situation. Furthermore, research on career success of healthcare providers from private hospitals in Malaysia is still lacking. Therefore, the purpose of this research is to examine the relationship between mentor, self-efficacy, job satisfaction and career success among the healthcare providers in a private hospital in Kedah.

1.7 Definition of Key Terms

Definition and key terms used in this study is presented as follow:

a) *Career success*. As per Judge et al. 1995, career success is defined as the accumulated positive work and psychological outcomes resulting from one's work experience.

b) *Mentor*. Mentor is an individual who are senior in the profession and has advanced experience and knowledge and are committed to provide upward mobility and support to the mentee's career (Ragins & Cotton, 1999). They serve both as a formal and also as an informal mentor.

c) *Self-efficacy*. According to Bandura (1989), individual's self-efficacy beliefs determine their level of motivation, as reflected in how much effort they will exert in an endeavour and how long they will persevere in the face of obstacles.

d) *Job satisfaction*. Job satisfaction is defined as an attitudinal variable that represents the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Spector, 1997).

e) *Healthcare provider*. In this study, healthcare provider refers to individuals who provide preventive, curative, promotional or rehabilitative healthcare services in a systematic way to patients, families or communities (Wikipedia, 2016). They are categorised as Sister, Staff Nurse, Assistant Nurse and Clinic Assistant.

1.8 Organization of the Thesis

This thesis comprise of five main chapters. It begins with an overview on the study in the introductory part of Chapter 1 which consists of background of the study, problem statement, research questions, research objectives, scope of study, significance of the study and definition of key terms. Chapter 2, which is the literature review part, gives an insight on the critical reviews of literature and theories related to the topic of the thesis. Chapter 3 illustrates the methodology and techniques applied on the current study which encompasses the design of the study, population and sample, measurement of variables/instrumentation, questionnaire design, pilot study, data collection procedure and data analysis technique. Results and discussion are highlighted in Chapter 4 with complete analysis of the data and the findings of the research in the form of figures and tables. Lastly, in Chapter 5, summarization of the whole research is concluded highlighting the relationship of the variables discussed and ended with recommendation for future research.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This research is to study the relationship between mentor, self-efficacy, job satisfaction and career success among healthcare providers in a private hospital in Kedah. This chapter views the relationship of the literature review with the variables presented in this study. Hence, this chapter will identify and discuss the variables that present in this research in depth eventually helps in forming the hypotheses. This chapter is divided into three sections. Firstly, it starts with the definition and conceptualization of variables (career success, mentor, self-efficacy and job satisfaction). Secondly, the underpinning theory which is connected with the study is explored. Thirdly, the construction of the research framework and finally the development of hypotheses are formed.

2.2 Definition and Conceptualization of Variables

2.2.1 Career Success

The term career success has become a worldwide signifier for broadly distinct measures of achievement, ranging from very specific measures of salary rises to very common measures of psychological well-being (Hall, 1976; Ng et al., 2005). In recent years, career success has become the focus of an increasing number of career scholars in their theoretical and empirical works (Lawrence, 2011; Lirio et al., 2007). Career success is divided into two words namely career and success. Mondy et al.

(2002) delineates career as a general course of action undertaken by an individual throughout his/her working life, while Sonali (2005) defines success as the wealth attainment and desired aspiration accomplished. Thus, career success can be comprehensively described as one's accumulation of positive work and psychological outcomes achievement resulting from their work experiences (Judge et al., 1995, 1999; Lau & Shaffer, 1999; Seibert et al., 1999; Seibert & Kramer, 2001; Ng et al., 2005; Quigley & Tymon Jr, 2006; Rode et al., 2008; Abele & Spurk, 2009). Career success is an assessing and personal concept between someone's present growth and his/her future models of occupation (Najjari et al., 2014).

Researchers often conceptualize career success into extrinsic or external (Gutteridge, 1973) and intrinsic or internal components (Judge et al., 1995). Career researchers like Gattiker (1985), Gattiker and Larwood (1988), Judge et al. (1995), Nabi (1999; 2001; 2003), Callanan (2003), Bozionelos (2003; 2004b; 2004c), Baruch (2004), Heslin(2005), Ng et al.(2005), and Breland et al. (2007) found two components of career success as objective (external) and subjective (internal) forms. Objective career success is defined as external and observable perspective that view career accomplishments or outcomes, such as pay, promotions, ascendancy and occupational status (Jaskolka et al., 1985; Nabi, 1999; Seibert et al., 2001; Bozionelos, 2003) while subjective career success is defined as individual's own feelings and reactions towards their accomplishments and satisfaction in their career (Greenhaus et al., 1990; Judge et al., 1999; Markiewicz et al., 2000; Seibert & Kraimer, 2001; Heslin, 2005; Nicholson & de Waal-Andrews, 2005; Hennequin, 2007). Career satisfaction is the variables which captures individuals' subjective judgments about their career attainments (Judge et al., 1999; Burke, 2001).

The overall understanding is that objective career success is related to subjective career success although it is still vague (Hall & Chandler, 2005; Nicholson & de Waal-Andrews, 2005). Career success research has given subjective criteria emphasis over the last decade (Hall, 2002; Greenhaus, 2003). Objective career success which is the source of subjective career success (Judge et al., 1995; Ng et al., 2005) was assumed by many authors as the imitative of objective career success (Nicholson & De Waal-Andrews, 2005). Without doubt, the effect of subjective career success over objective career success should not be taken lightly since it has greater effect than any other psychological indicators of career success.

Study by Abele and Spurk (2009) found strong evidence on the influence of subjective career success over objective career success. They found that in the long run, it will affect objective criteria accomplishments. Since subjective career success is the feelings and reactions of accomplishments of an individual in their career, it covers a longer time frame compared to objective career success because it is an individual's career till a certain point of time whereas the latter is more emphasizing the current salary and position. According to Abele and Spurk (2009), individuals who are successful subjectively become more objectively successful. It was also found that objective career success is clearly related to career satisfaction which is one of the predictors of subjective career success (Judge et al., 1995; Ng et al., 2005). Measuring individual's salary, position and power is not as important as individual's subjective career success (Ballout, 2008) since higher salary does not determine one's personal satisfaction and internal feeling towards their career success (Poon, 2004; Van Emmerik, 2004; Ng et al., 2005; Punnett et al., 2007).

Besides getting higher salary, the major aim of working individual is to attain subjective career success. It is not only a desirable state, but it may be also

important for a person's objective attainments. Individuals will be de-motivated and dissatisfied once their subjective career success is absent. Since subjective career success is focused on individuals and it is self-referent compared to objective career success which is other referent, evaluation of career progress should be done on self-perception. This study which categorise individuals as healthcare providers and their career success determinants thus, subjective career success is the appropriate concept which will reflect one's perception on their personal achievement and career progress.

2.2.2 Mentor

Once an individual joins on board in any organisation, the first step is to train the employee so that he/she will succeed in their new career. This is when a mentorship comes handy. A strong mentor for healthcare providers who are new to the field is likely to increase the job satisfaction for both parties involved – the mentee receiving beneficial advice and the mentor passing on his/her knowledge. According to a study published by Academic Medicine 2006 Journal, stated that a strong mentorship is essential in order for an individual to be successful in their career. Being open in giving and receiving advice and feedback, while spending time together are found to be the two ingredients which provide a successful mentorship. As mentioned by Ragins and Verbos (2007), mentorship serves as a positive relationship in familiarising one's learning and development growth.

Mentoring first began to appear in the healthcare literature in the 1970's (Vance, 1977; Yoder, 1990). Vance (1977) found to have contributed significantly to the mentoring literature in healthcare in her study which involves a sample of 71

senior healthcare providers who was categorised as mentors on playing an important role in the success, leadership and satisfaction among healthcare providers. The most regularly cited source for mentor definition was Kram (1985). According Kram (1985), the term mentor was found in Greek mythology which has a meaning that the relationship between an elderly individual with a younger one in helping the younger individual to survive in the adulthood working world. A mentor, based on Kram (1985), is a skilful and dynamic individual in facilitating a less skilful individual in his/her personal development in due benefit for both the individual and the organization. A mentee eventually develops specialised competency and confidence in achieving career success through a friendly relationship (Kram, 1985).

Ragins and Cotton (1999) defined mentoring as a process where a high positioned, significant individual, who has progressive skill and knowledge in their profession, makes an assurance to provide mentee with support and phase to move forward in their career. Mentors are considered as part of mentee's influential supporter, aiding them in profession progress by giving them a chance to confer, share and learn from an giving them a chance improve in the profession by giving them the opportunity to share, observe, discuss, and learn from a knowledgeable and skilful mentor (Alboim, 2002). In carving a career journey for the mentee, a mentor plays a role of an advisor in giving support (Wills & Kaiser, 2002). Based on Rustgi and Hecht (2011), mentoring is regarded as an energetic and satisfying relationship between reputable member with a new member preferably from the same department or discipline. Mentoring is also defined as a relationship between a senior in providing guidance and support in the advancement and upward career mobility and professional development which eventually enhances mentee's work performance

(Kram, 1985; Fagenson, 1989; Scandura, 1992; Scandura, & Ragins, 1994; Allen & Poteet, 1999).

The literature suggests that mentoring enhances career success (Roche, 1979; Scandura, 1992; Inouye, 1995; Cruz, 2000; Johnson et al., 2001; Gonzalez-Figueroa & Young, 2005). Mentorship is believed not only to simplify individual progression personally but also advancing the capability in facing difficulties by developing new proficiencies at personal and also organizational levels. According to York et al. (1988) and Borders et al. (2005), a positive influence in career choice and career success is by having a mentor. Baby boomers (those born in between 1946-1964) who have started to retire now have made healthcare industry to employ and maintain all their experienced employees in this challenging working world. Baby boomers are the so called "keepers" of knowledge and when they go, their knowledge also goes too unless the healthcare industry makes an effort to prevent knowledge loss by retaining them. Mentoring by senior healthcare providers is considered the most desirable technique since mentoring is the developmental network (Higgins & Kram, 2001).

Most senior healthcare providers are interested in their leadership legacy and in passing key organisational knowledge to the next generation of healthcare providers since mentors were also a healthcare provider who developed their expertise from a novice to expert continuum in terms of knowledge, skill and competence (Mariani, 2012). Kram (1983) believed the main function in the contribution of mentee's identification is the psychological function and is the important factors in most professional's social environment. Consequently the relationship between a mentor and mentee provides a mechanism in sustaining an individual's professional value and behaviour whereby this psychological back up

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and support provided by the mentor to the mentee helps him/her to study the reality of the current working life, the political influence, and the professional socialization by increasing the individual's sense of competence, effectiveness and this resulting to a higher motivational levels in acquiring their career successfully.

Mentorship serves as a factor for exchanging information and knowledge attainment because it is a critical matter in professional growth (Mullen, 1994). Stewart & Krueger (1996) discussed that in healthcare profession, mentoring not only distribute to one's career success but also in the development of new investigation and empowerment. Mentors assist mentees in accessing social networks that provides knowledge sources which are not available through normal networks (Dreher & Ash, 1990; Dreher, & Cox, 1996; Palgi & Moore 2004; Burt, 2005). Self-confidence, competence and self-esteem are enhanced by self-efficacy which is promoted in mentorship (Kram, 1983; Koberg et al., 1998; Day & Allen 2004).

According to a study carried out by Gray and Smith (2000), mentoring was found to be the major factor that influences the assimilation and collaboration of healthcare providers in their perception that influences success. Eventually, Koberg et al. (1994) found mentoring encourages not only career success but also promotion, compensation, and organizational achievement (Koberg et al., 1994).

2.2.3 Self-Efficacy

Self-efficacy is a concept evolved from Albert Bandura's Social Cognitive Theory (SCT) of behaviour (Bandura, 1977). Self-efficacy is separated by two words which is "self" that shows the identification of a person or individual and the other is "efficacy" which means the power to produce effect (Merriam-Webster's Online

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Dictionary, 2016). The combination of these two words denotes the meaning as one's ability to be effective and to control actions with conscious awareness. The underlying characteristics of self-efficacy contain cognitive and affective processes.

Generally, self-efficacy is defined as one's ability to execute certain given actions or tasks in dealing with difficult or prospective situations (Bandura, 1982). It can also be generalized as one's belief in performing a specific task within a given timeframe even in a difficult context. Bandura also stated that self-efficacy is significantly and positively related to individual's future performance. This can be reflected when one who has high self-efficacy will tend to belief on their ability in executing given task successfully. It is the choice of the individual to behave in the manner that they intend to perform. They will set a higher goal and persist in achieving the utmost difficult task (Bandura, 1986, 1997).

In addition, Bandura (1982) had identified four bases of self-efficacy which are; enactive mastery, modelling, verbal persuasion, and arousal. According to Lenz & Shortridge-Baggett (2002), the most important and significant predictor of changes in one's behaviour is their self-efficacy. All the four bases seem to have influence in one's behaviour in long term. According to Bandura (1977), self-concept such as self-esteem is one of the factors that reveal individuals' beliefs in their personal efficacy. In addition, a study by Carson et al. (1997) also reveals the relationship between self-efficacy and self-esteem. Development of self-esteem among employees enhances the strength in the matter of frustrated situation (Tjosvold & Tjosvold, 1995). Hence, this shows that self-efficacy does have an important role in influencing and changing one's behaviour. Likewise, it is found that self-efficacy motivates one's way on how they act, feel, and think (Bandura, 1997).

Chen, Gully and Eden (2001) defines self-efficacy as the individual's ability in being confident and performing any given difficult tasks successfully. This is applied in the search of individual's development in their career progression. The influence of self-efficacy beliefs one individual's career development and progression was empirically supported (Noe & Barber, 1993). Occupational self-efficacy was found to effect employee's salary and career satisfaction within seven working years (Abele & Spurk, 2009). The highly spirited individual will tend to set higher goals and will strive to successfully accomplish it by forming achievable strategies (Ransom, 2012).

Individual with high self-efficacy will put more effort in acquiring new ideas, knowledge and skills which serves as an investment for their future career success. They will change their attitude and behaviour which will suit the environment (Wood & Bandura, 1989) whereby the individual with high self-efficacy will have a positive learning attitude, with greater participation in career development activities and programs in knowing the importance of its awareness for their future undertakings (Johnson et al., 2013). One's enduring attitudes and behaviours enhance career success because career success is revealed and unfolds after a long time period (Seibert, Crant, & Kraimer, 1999; Boudreau et al., 2001). In acquiring one's career success it is vital to have a career development plan since it is mostly driven by one's internal characteristics (Feldman, 2002).

Poon (2004) found those highly self-efficacious individuals are willing to learn new skills to upgrade their expertise than those who have low self-efficacy. An individual's level of determination in his/her career success through self-efficacy not only influences how that individual sets professional goals or the initiation of

behaviour but also through the expanded effort and the persistence of behaviour in the presence of obstacle.

2.2.4 Job Satisfaction

The utmost goal of an individual in their career life is to ensure the individual finally achieve ultimate satisfaction towards his/her jobs. Judge and Church (2000) found job satisfaction as one of the most researched subjects in the field of job attitude in Industrial/Organizational Psychology. Job satisfaction is a multi-faceted concept which can be characterised into five factors which are individual factor, social factor, cultural factor, organizational factor and environmental factor (Mullins, 2005). Work satisfaction is a broader concept of job satisfaction since work itself is an organizational factor. One can be satisfied in one area which does not necessarily means satisfaction in all area (Kazi & Zadeh, 2011).

People's feelings of satisfaction are assessed through their work depending on their job as well as their place where they are working (Jex, 2002). The most extensively used concept for job satisfaction was proposed by Locke (1976) who defines job satisfaction as constructive emotional and enjoyable feelings or state subsequent from one's judgement of attaining the individual's job or through the values acquired from job experiences. Job satisfaction according to Bernstein & Nash (2008) has behavioural, emotional and cognitive constituents. The behavioural constituent is the individual's feedback or action relating to their work environment like lateness, violence and absenteeism to avoid work. The emotional component denotes the feelings one feels towards their current job like boredom, enjoyment and

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nervousness. Finally, the cognitive component refers to one's belief pertaining to their job whether it is challenging, fruitful or reputable (Bernstein & Nash, 2008).

Stamps (1997) define job satisfaction as to which level or degree one likes his or her job. It is the overall feelings about their job which can be specific and includes the factors such as salary, benefits, work environment, opportunity to progress and rewards and recognition (Mueller & Kim, 2008). This is also agreed through the findings of Parasuraman & Simmers (2001) who posit job satisfaction as an affective, positive and emotional feeling towards his/ her work. Although high job satisfaction may be regarded as one's proof in advancement of their career success, this does not apply to all circumstances. But, those who actively accomplish their career are considered more satisfied than those who are passive in accomplishing their career attainment.

Job satisfaction is defined as the consequences following one's evaluation on their job situation (Dawis & Lofquist, 1984). Job satisfaction is not associated to how a work can be done well, or how much effort that was contributed (Hugnes et al., 2006). The outcomes of one's satisfaction from their work can be seen in the level of their job performance. A person may dislike the current job but is satisfied with the career progression it brings. So basically it is more connected to one's attitude towards their job on how positively or negatively one feels on the job aspect (Bhuian & Menguc, 2002; Hunt et al., 1985). Spector (1997) has similar agreement whereby job satisfaction is characterised as an attitudinal variable.

Lawler (2005) also refers job satisfaction as an attitude that describes on the happening that is gone through by an individual in their workplace. It is basically affected by the feelings of the individual in attaining the rewards that was provided by the organization. And, once this rewards and the individual's expectations comes

into integrated mode, then job satisfaction happens (Rose, 2003). Lu et al. (2005) reflected that job satisfaction is a global effect on various factors that is influencing one's job.

Job satisfaction is a concept which is defined within extrinsic values and intrinsic values which is similar to career success (Cowin, 2002). It encompasses the tangible aspects (wages, benefits, salary) and the intangible aspects (status, recognition, rewards). Healthcare provider's job satisfaction is considered a phenomenon that comprises career opportunity, salary and benefits, working environment and also organizational support (Archibald, 2006). Additionally, a study conducted by Meeusen et al. (2011) concluded that it is essential to improve job satisfaction among healthcare providers by constructing a positive work climate and work context. In addition, increase in organizational support will improve job satisfaction. Increased support may empower employees to carry out direct work more effectively and definitely will result in increasing healthcare provider's career success.

2.3 Gaps in the Literature

In relation to the factors that determine the career success, there are number of studies that have covered the area of these three factors such as mentor, self-efficacy and job satisfaction and this study is focused on those factors as a combined determinant which is related to career success. Previous studies have focused exclusively either as one factor or a combination of two of those factors mentioned.

As mentioned above, the studies carried out previously focused on one factor either it is mentor or self-efficacy or job satisfaction that influences one's

career success. For example many studies have been carried out on the effect of mentoring as a single predictor on career success (Allen et al., 2006; Dougherty & Dreher, 2007; Ismail et al., 2009). Self-efficacy was also studied as predictors of career success in a few other studies (Yu & Chen, 2012; Abele & Spurk, 2009; Winslow et al., 2014; Day & Allen, 2004). In the studies of the influence of job satisfaction, many studies only focused on the intent to stay, career commitment and occupational stress rather than career success (Moneke & Umeh, 2014; Moradi et al., 2011; Masroor & Fakir, 2010; Suhaime et al., 2011; Coogle et al., 2007; Saleh et al., 2014; Mohd Bokti & Abu Talib, 2009; Zeytinoglu et al., 2010). Furthermore, job satisfaction was also found to be correlated to pay or salary in certain studies (Tang & A. Ghani, 2012; Young et al., 2014; Judge et al., 2010). Hence, this study seeks to contribute to the literature on the relationship of all three variables which is mentor, self-efficacy and job satisfaction on career success.

Furthermore, most of the studies on career success have been carried out in the education field (Judge & Bretz Jr., 1994; Judge et al., 1999; Turban & Dougherty, 1994; Nabi, 1999; 2000; 2001; 2003; Lau & Pang, 2000; Poon, 2004; Van Emmerik, 2004; Maimunah & Roziah, 2006; Supa`ad et al., 2013) and also in the financial institution field (Greenhaus et al., 1990; Burke et al., 1998a; 1998b; Guthrie et al., 1998, Burke et al., 2006; Van Emmerik et al., 2006). However, there is a need of carrying out researches on career success which is focus on healthcare industry particularly in healthcare provider's profession. Additionally, a few of the studies that were carried out in Malaysia on healthcare providers were focused in different dimension (Chong et al., 2014; Poon et al., 2015) rather than specifically focusing on the career success of healthcare providers. Thus, this study intends to fill the gaps in the career success studies by examining the relationships between mentor,

self-efficacy, job satisfaction and career success among healthcare providers in a private hospital.

2.4 Underpinning Theory

This section reveals the connection between a selected theory with the current study that is carried out. The appropriate theory which is relevant to this study is Social Cognitive Theory (SCT) proposed by Albert Bandura (1989). It is the foundation of Bandura's (1986) conception of *reciprocal determinism*, that views personal, behaviour, and environmental which influences the creation of interactions that result in a *triadic reciprocality*. This is reflected in Bandura's Triadic Reciprocal Determinism Model (Wood & Bandura, 1989) as in Figure 2.1.
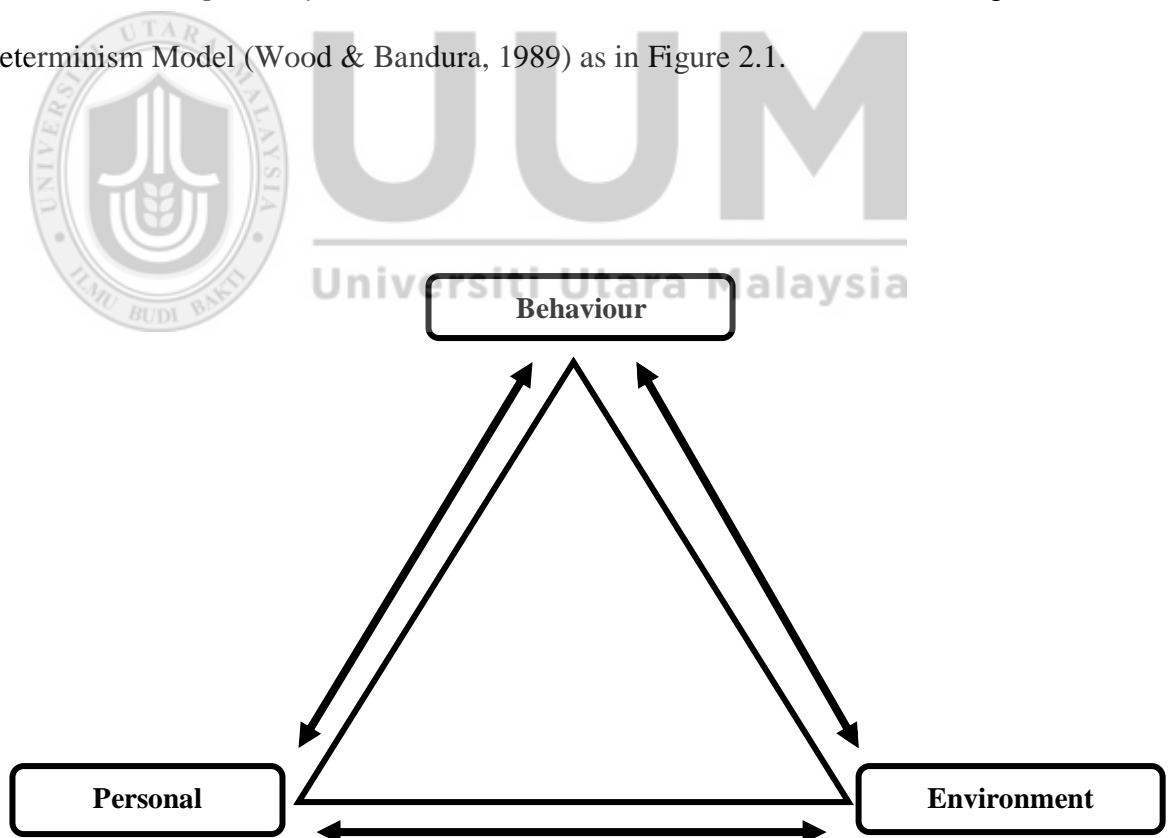
Figure 2.1   *Bandura's Triadic Reciprocal Determinism Model*

Social Cognitive Theory views that behaviour determines many potential environmental influences that might take place and in turn altered by the circumstances it creates. Sequentially, environmental factor influence which forms of behaviour that are developed and activated. At the personal level, it is the cultivation of thoughts, feelings and action one will act in response of diversified environments which in turn develops and modifies social influences that transfers information and activate emotional reactions in an individual. In this study it is essential to take into account the relationship between mentor, self-efficacy, job satisfaction and career success.

Individual forms a basis of career success through their knowledge values and beliefs for their career decisions in future and cultivates suitable approaches for developing their career (Aryee, Chay, & Tan, 1994). According to Rajabi, Papzan & Zahedi (2012), the career outcome probability also stresses the relation between convenient career behaviours which is the knowledge of jobs, interests, and personal abilities, and career success in the future. So it can be concluded that cognition plays a serious role in individual's capability to create reality, self-regulate, encode information, and perform behaviours within social construct. For example, in order to achieve the intended career success (personal, environment, and behaviour), the influence from mentor (environment), individual's self-efficacy (personal, behaviour) and their job satisfaction (behaviour, environment) all are functionally dependent and influence one another. This is the philosophy behind Bandura's Triadic Reciprocal Determinism.

Mentor which is the environmental element provides information and political influence, which supports career progression (Coleman, 1988). Mentoring relationships provides cognitive development through several mechanisms which

include exposure to new prospects for learning, provision of knowledgeable guidance and promotion in career success. People learn not only from their own experiences but also through observing the actions of others which is the basic premise of Social Cognitive Theory. In this process, knowledge is gathered from those highly expertise and skilled in the relevant field. This is then used as a guide for future undertakings.

Self-efficacy is the element that portrays one's personal and behavioural determinants. A strong sense of self-efficacy is a significant contributor to the achievement of further competencies and success. The very core of Social Cognitive Theory which is the self-efficacy beliefs provides the fundamental for human motivation, well-being and personal accomplishment because individual with high self-efficacy tends to believe they are able to perform any given task in any kind of circumstances. The ability to apply self-efficacy provides the foremost cognitive mechanism of self-directedness. Self-efficacy beliefs can enhance human accomplishment and well-being in countless ways. Individuals tend to choose the task that they are confident and competent in but whatever the factors are to influence behaviour, they are all embedded in the primary belief that individual has the capability to accomplish the behaviour.

Job satisfaction is influenced by the personal, behaviour and environmental elements. One of the most essential traits of self-referent and noticeable construct in work and organizational psychology is one's job satisfaction. It can be meant that an individual's behaviour is determined by the necessities of each and every circumstance where they are placed in. According to Nevid (2009), Social Cognitive Theory proposes that individuals usually seek and makes inference on gained situation and information before simply responding to the matter. For example, an individual will try to get information on certain matter like the reason why he/she

was not promoted. The feeling of dissatisfaction will be incurred if he/she gets to know that there was some favouritism in the selection and evaluation phase for promotion. The assessment of their behaviour will then determine which activity they are likely to pursue to satisfy them. It is up to the individual by using their cognitive factors to determine which situation that needs to be conferred by evaluating whether it leaves any lasting effects which will impact their emotion and feeling and how this can be informational for their future use (Bandura, 1989). The power of unexpected influences to initiate permanent changes is determined by the mutually influenced personality and social aspects (Bandura, 1982b).

2.5 Research Framework

Based on the problem statement and the literature reviewed, the following research framework will be developed. The research focuses on the relationship between mentor, self-efficacy, job satisfaction and career success among healthcare providers. Therefore, the independent variables in this study are 1) mentor, 2) self-efficacy and 3) job satisfaction. In this study, the dependent variable is career success. Figure 2.1 below illustrates the research framework for this study. This figure exhibits the relationship between the independent variables (mentor, self-efficacy and job satisfaction) with the dependent variable (career success).

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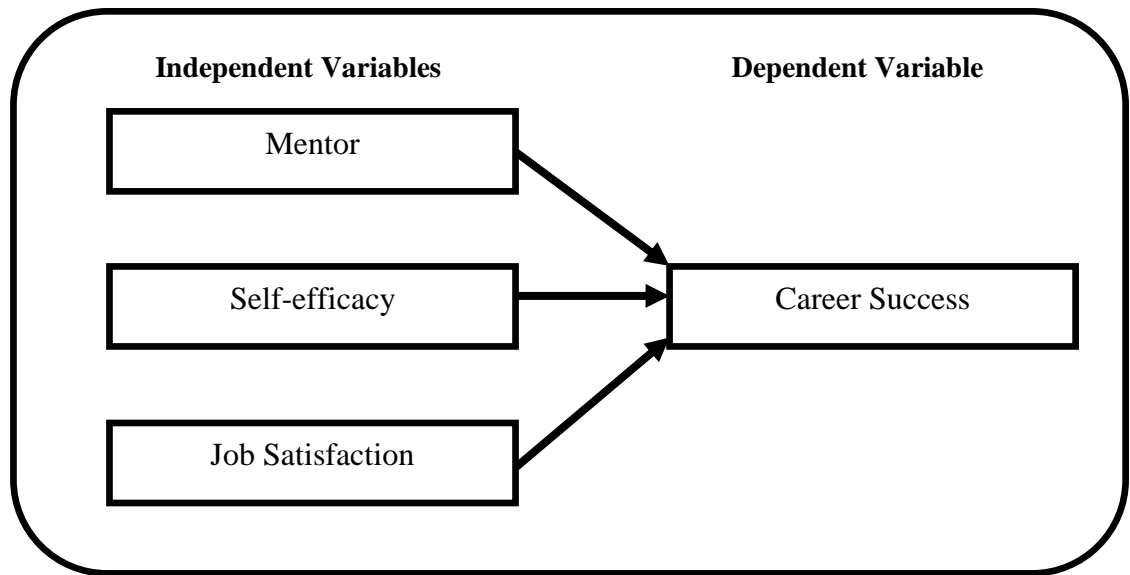
Figure 2.2 *Research framework*

2.6 Development of Hypotheses

Based on the literature that was reviewed earlier, the next section explains the relationship between mentor, self-efficacy and job satisfaction with career success that was done by earlier researchers, thus bringing it to the hypotheses development.

2.6.1 Mentor and Career Success

Mentoring has received a significant attention in the leadership and management literature as one of the way one can achieve career successfully (Kanter, 1977; Collins & Scott, 1978; Levinson et al., 1978; Adams, 1979; Collins, 1983; Phillip-Jones, 1983; Hunt & Michael, 1983; Kram 1983, 1985; Kram & Isabella, 1985; Zey, 1985; Noe, 1987, 1988). The presence of a mentor in the internal process as a coach, social support, guide who provides mentee with technical knowledge and interpersonal skills, offers an opportunity for the mentee to succeed in their career

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(Whitely, Dougherty & Dreher, 1991). The mentees receive higher income (Chao et al., 1992) and gets to a higher position ((Dreher & Ash, 1990; Scandura, 1992) while having greater upward mobility and also satisfaction in their career.

For a new comer in an organisation, mentoring has provided new skills to learn in accordance with the changes in the competitive market (Kram, 1985). There is a positive correlation between mentoring with higher salaries and career advancement (Ragins & Cotton, 1999; Girves et al., 2005; Allen & Eby 2007). This guidance from mentor gives the mentee a clearer picture about their future career and position advancement (Fawcett, 2002; Gibson & Heartfield, 2005; Tourigny & Pulich, 2005). Healthcare providers with the guided knowledge from a mentor will be able to strive and carve a path towards their perceived future career success. Empirically, mentoring is related to subsequent career success (Peluchette & Jeanquart, 2000) and also found to be positively related to subjective career success (Fagenson, 1989; Eby, Butts & Lockwood, 2003; Joiner, Bartram & Garreffa, 2004).

While mentoring was utilised long ago in other profession, it is now gaining more attention and acceptance as an effective career development and advancement among healthcare providers (Lee, 2000; McCloughen et al., 2009). Healthcare providers who are under a guidance of a mentor significantly reported great influence in their early years of their career progression (Boyle & James, 1990). Mentorship provides a mechanism in knowledge and information exchange in the process of acquiring new knowledge and skills while expanding the social networks which is absent in formal communication (Dreher & Ash, 1990).

Mentoring enhances career success in a positive way in influencing job performance and expertise in work which eventually leads to career progression (Ramaswami & Dreher, 2007; Kammeyer-Mueller & Judge, 2008). This is the

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relationship outcomes that justify the acceptance of mentoring and career success (Wanberg, Welsh, & Hezlett, 2003; Ramaswami & Dreher, 2007). A mentored individual would achieve greater career success compared to those who have not been mentored, and with a greater amount of career related mentoring one will realise the subjective career success in the form of career satisfaction.

On the basis of the above mentioned discussion about mentor and career success, hence the below hypotheses can be constructed:

H1: Mentor significantly influences career success.

2.6.2 Self-Efficacy and Career Success

Individual who has a high level of self-efficacy tends to set high achievable goals, persist in challenging and difficult task and makes an attempt to achieve those targeted goals. It all depends on the individual himself/herself to interpret and act upon the career stimuli. According to Tice and Wallace (2003), it is from the view of personal perceptions on how they perceive their career progress and its impact towards self-concept that eventually influence their future career behaviour.

In order to achieve the goals that individual sets for themselves, self-efficacy is understood to affect their behaviour (Lippke et al., 2009). Hence, the higher one's self-efficacy, the higher the achievable chance on what they want. Day and Allen (2004) posited that attainment of salary, promotions, subjective career success and effective performance are all relates to high self-efficacy. Moreover, there are positive correlations between salary and self-efficacy (Abele & Spurk 2009). Naturally, self-efficacy helps in one's outcome expectation determination whereby a confident individual positively expects successful career outcome.

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Individuals with high self-efficacy utilise greater effort, set more goals which are challenging, uses efficient task strategically, higher obligation towards their goals and achieve greater extrinsic and intrinsic career success (Mitchell & Daniels, 2003; Day & Allen, 2004; Abele & Spurk, 2009). Several other researchers also found the influence of self-efficacy on career success (Annelies & Van, 1999; Day & Allen 2004; Schyns, 2004). So it can be stated that self-efficacy can easily act as motivational stimulator for an individual to adapt to a difficult situation and strive to accomplish the job (Lippke et al., 2009). Motivated individual will compare his own competence with other's success (Bandura, 1977) and will increase their self-efficacy to do it similarly.

Individual's self-efficacy in their early years of their career was found to have impact on salary and status change. The higher their self-efficacy at entry levels in their career path, the higher their objective career success (Abele & Spurk, 2009). An individual feels that they will continue to succeed all the time after their first success compared to those who fail (Bandura 1997, Zeldin & Pajares 2000). Studies by Lin (1999), Pajares and Valiante (1999), Buchanan and Likness (2008), Martin, et al. (2008), Weng et al. (2008), Pekmezi, Jennings and Marcus (2009) and Heale and Griffin (2009) show how one utilises the available resources in achieving their goals and thus their career success. These studies have a great impact of self-efficacy on one's life achievement.

Besides that, several other studies also show the correlations between self-efficacy and career success (Saks, 1995; Day & Allen, 2004; Lubbers et al., 2005; Frieze et al., 2006; Valcour & Ladge, 2008; Kim et al., 2008; Higgins et al., 2008). Based on the review given, the hypotheses as below are postulated:

H2: Self-efficacy significantly influences career success.

2.6.3 Job Satisfaction and Career Success

Job satisfaction is a positive feeling that is enjoyed by an employee upon achieving something valuable in his/her career life. A satisfied individual are relatively more successful in their workplace. Carver (2003) mentioned that a person who is satisfied will tend to pursue higher and achievable goals successfully in their career life. Studies by Lyubomirsky, King and Diener (2005) also mentioned the same whereby a satisfied person will extend their job to a greater extent and will strive to achieve the targeted goals in order to attain career success.

Job satisfaction gives one a sense of achievement and fulfilment in their working life. Swift (2007) and Bright (2008) in their articles reported that job satisfaction leads to a better work-life balance and a brighter career success for the employee. Satisfied employee will give their best in order to achieve their own career success and also to excel in the organization as a whole. Grant et al. (2010) found that employees who are satisfied with their job will undergo any kind of changes that happens in an organization and will tend to attend any kind of training in order for them to achieve fulfilment in the work they do which will benefit them through a successful career in the future. In a study conducted by Punnett et al. (2007) on women found that there is a relationship between job satisfaction and career success.

Apart from attaining job satisfaction through earning high salary, pay and income, the criteria one subjects to job satisfaction is the self-referent subjective success (Judge et al., 1995; Boudreau et al., 2001; Seibert et al., 2001; Bozionelos, 2004; Ng et al., 2005; Boehm & Lyubomirsky, 2008; Abele & Spurk, 2009). Self-referent is judged with the respect to the self. Job satisfaction indicates one's assessment on his/her working conditions and also the developmental of the career.

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So, job satisfaction is no doubt the essential aspect of subjective career success (Judge et al., 1999; Cable & DeRue, 2002).

Low job satisfaction according to Davey et al. (2001) was due to lack of progression in career and also lack of support and recognition in an organization. High job satisfaction contributes to an impression that one has a successful career. A study that was conducted in Canada by Lamarche & Tullai-McGuinness (2009) found the healthcare providers are highly satisfied with their job which provides them with professional growth. Job satisfaction is the significant determinant of the accomplishment in career success levels throughout an individual's career development (Sidek, 2002).

A study by Ramoo et al. (2013) among the healthcare providers in a teaching hospital in Malaysia found the healthcare providers were satisfied with professional development. Al-Enezi et al. (2009) also found that professional growth contributes to healthcare providers' job satisfaction. Therefore, the following hypotheses can be proposed which states:

H3: Job satisfaction significantly influences career success.

2.7 Summary

This chapter has presented the literature review focusing on the relationship between mentor, self-efficacy, job satisfaction and career success. The following chapter will discuss in detail the procedures and the methodology used for data collection and analysis of this study.

CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter presents the research methods and techniques approach that is used in conducting this study. The aim of this research is to find an answer for the research questions on whether mentor, self-efficacy and job satisfaction is related to career success among healthcare providers in a private hospital in Kedah. With this in regard, this chapter deliberately consist of design of study, population and sample, measurements, questionnaire design, pilot study, data collection procedure and data analysis techniques.

3.2 Research Design

A design of a research gives the researcher a guide in guiding to retrieve and gather information systematically. The chosen method will determine the intended output of the research findings and the results in relating to the studied phenomenon, in this case the career success of healthcare providers.

Basically there are two types of approaches in carrying out a research, namely qualitative and quantitative. In this study a quantitative research design was used in which descriptive research was used to collect data to answer questions regarding nursing career success. A quantitative method was used for the data gathering in order to identify the relationship among the variables. Quantitative study involves numerical data and the data is analysed by using statistical methods, which

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are descriptive statistics and inferential statistics (Chua, 2012). It was also found from his study that a quantitative method provides "answers" to the questions pertaining to the relationship among the measured variables with the purpose of predicting, controlling and explaining certain phenomena. Furthermore, this method is easier to be conducted and saves not only cost but also time in analysing the data collected. Therefore, a set of close ended questionnaires was used as an instrument for this study.

This study will use a cross-sectional research design that allows integrating literature review, interviews and survey questionnaires as a major procedure to gather data. In this study, survey questionnaire was carried out as cited by Creswell (1994) whereby its purpose was a generalization from a sample to a population so that a presumption can be made about some characteristic, attitude, or behaviour of the respective population. This not only increases the speed of administration but also low in cost and uses previously validated scales (Zikmund, 2003). A cross sectional design uses measurement at a single time point to draw conclusions from the research data. As supported by many researchers, the use of such methods may gather accurate and less bias data (Cresswell, 1998; Sekaran, 2000) and it allows the researcher to create differences among the variables studied, and relatively simple and inexpensive.

This study also adapts correlational survey design and content analysis of open-ended questions to examine differences in levels of mentoring functions, self-efficacy and job satisfaction of individual healthcare providers. Cavana, Delahaye and Sekaran (2001) stated that, correlational study is a study that specifically appropriate to identify relationship between independent variable and dependent variable. Moreover, for this study, the purpose is to determine the relationship

between mentor, self-efficacy and job satisfaction (independent variables) on career success (dependent variable).

3.3 Population and Sample

This study has employed unit of analysis as individual. This is to help the researcher to study the individual healthcare providers' perceptions on how mentor, self-efficacy and job satisfaction affect their career success. The population for this study are healthcare providers since basically in healthcare industry they are the largest group and they occupy more than half of healthcare industry's job characterisation (Health Facts, 2014). But the number of healthcare providers in private hospitals has decreased about 8 % in 2013 compared to its previous years (Ministry of Health, 2014). Thus, it can be concluded that healthcare providers play a vital role in healthcare industry and there is a necessity to carry out a study to determine their career success and prolong their service in healthcare industry. The study is conducted in a private hospital in Kedah involving healthcare providers (Sister, Staff Nurse, Assistant Nurse, Clinic Assistant) with different position and from various department and disciples.

Based on the sampling frame, there are a total of 270 healthcare providers from various department and disciples. According to the guidelines for sample size decisions provided by Krejcie and Morgan (1970), the appropriate sample size for the given population of 270 is 155 (n). According to Piaw (2012), the purpose of sampling is to use a relatively small number of cases in contrast with a larger number of cases. Purposive sampling method was used to focus on particular characteristics of a population that are of interest. In this study, healthcare providers are chosen to

represent the sample since they occupy majority of the departments in a healthcare. Healthcare providers are the target group chosen since they are the main group that are directly involved and plays an important role in a healthcare organisation. So, the sample was selected from a group of healthcare providers who works within the days during the data collection period. Thus these 155 sample size draws a conclusion about the entire healthcare providers' population in the hospital.

3.4 Measurements

Variables which are classified as objects or property which are not literally measured are identified as indicants by researchers to be measured (Cooper & Schindler, 2003). In this study, the indicants are identified as dependent variable which is the career success and independent variables which are mentor, self-efficacy and job satisfaction. The following section describes the instrument measured and their respective operational definition that is used to measure the variables in this study.

3.4.1 Career Success

The instrument for career success is adapted from Greenhaus, Parasuraman and Wormley (1990) and is known as Career Satisfaction Scale (CSS) which consists of five items. The instrument that was constructed is one of the most used in more than 240 studies (Hofmans et al., 2008). CSS is chosen as an indicator and acts as an essential component of career success in the current labour market generations (Hall & Chandler, 2005; Ng et al., 2005). Previous researchers like Spurk et al. (2014), Volmer and Spurk (2011) and Abele et al. (2011) have used this instrument in their

studies. The Cronbach Alpha that was found in their studies is .90, .84, and .84. The high Cronbach's Alpha value shows that the instrument is valid and reliable and is suitable to use for the study (Chua, 2012). The five-point Likert Scale (1 = strongly disagree to 5 = strongly agree) was used in this questionnaires. Table 3.1 indicate the operational definition and items for career success.

Table 3.1
Operational Definition and Items for Career Success

Variable	Operational Definition	Items
Career Success	Evaluation of an individual's progress toward meeting different career related goals and global career related successes	1. I am satisfied with the success I have achieved in my career. 2. I am satisfied with the progress I have made towards meeting my overall career goals. 3. I am satisfied with the progress I have made towards meeting my goals for income. 4. I am satisfied with the progress I have made towards meeting my goals for advancement. 5. I am satisfied with the progress I have made towards meeting my goals for the development of new skills.

Source: Greenhaus, Parasuraman and Wormley (1990)

3.4.2 Mentor

The instrument for mentor was adapted from Scandura and Ragins (1993) which comprise of 15 items. It consists of three dimensional Mentoring Functions Questionnaire (MFQ) which measure the career, psychosocial and role modelling. In their studies they have obtained a Cronbach Alpha value of .93. Castro and Scandura (2004) have used these items in their studies. However, they found that certain items in the instrument was not applicable to their studies and was reduced to 9 items.

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Scandura and Pellegrini (2007) in their handbook have mentioned that the MFQ has the sufficient evidence supporting its 3 dimensional factor structure (Scandura and Ragins, 1993), concurrent validity (Baugh et al., 1996; Nielson, Carlson and Lankau, 2001) and convergent and discriminant validity (Castro and Scandura, 2004). The five-point Likert Scale (1 = strongly disagree to 5 = strongly agree) was used in this questionnaires. Table 3.2 exhibits the operational definition and items for mentor.

Table 3.2
Operational Definition and Items for Mentor

Variable	Operational Definition	Items
Mentor	A good mentor acts as a wise consultant to support and promote the mentee's career journey	1. Mentor takes a personal interest in my career. 2. Mentor has placed me in important assignments. 3. Mentor gives me special coaching on the job. 4. Mentor advises me about professional opportunities. 5. I share personal problems with my mentor. 6. Mentor helps me identify professional goals. 7. I socialize with my mentor after work. 8. I try to model my behaviour after my mentor. 9. I admire my mentor's ability to motivate others. 10. I exchange confidences with my mentor. 11. I respect my mentor's knowledge of the Nursing profession. 12. I consider my mentor to be my friend. 13. I respect my mentor's ability to teach others. 14. My mentor has devoted special time and consideration to my career. 15. I often go to lunch with my mentor.

Source: Scandura and Ragins (1993)

3.4.3 Self-Efficacy

The instrument for self-efficacy was adapted from Chen, Gully and Eden (2001) which was the first generalized measurement that was used to measure self-efficacy and it was called The New General Self-Efficacy Index (NGSE). It is a unidimensional scale which comprise of 8 items. They carried out three different studies and reported the Cronbach Alpha ranging from .85 to .90. Reeb & Folger (2013) in his book has found that the Cronbach Alpha for his study was .88. Past researchers like Ng and Earl (2008) and Scherbaum et al. (2006) have used this instrument and found it to be finer compared to other self-efficacy scale. Ng and Earl (2008) found the reliability as .86 while Scherbaum et al. (2006) revealed the Cronbach Alpha as .85. The five-point Likert Scale (1 = strongly disagree to 5 = strongly agree) was used in this questionnaires. Table 3.3 indicate the operational definition and items for self-efficacy.

Table 3.3
Operational Definition and Items for Self-Efficacy

Variable	Operational Definition	Items
Self-Efficacy	The individual's tendency and successfully performing the duty even though in different circumstances.	1. I will be able to achieve most of the goals that I have set for myself. 2. When facing difficult tasks, I am certain that I will accomplish them. 3. In general, I think that I can obtain outcomes that are important to me. 4. I believe I can succeed at most any endeavour to which I set my mind. 5. I will be able to successfully overcome many challenges. 6. I am confident that I can perform effectively on many different tasks. 7. Compared to the other people, I can do most tasks very well. 8. Even when things are tough, I can perform quite well.

Source: Chen, Gully and Eden (2001)

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3.4.4 Job Satisfaction

The instrument for job satisfaction was adapted from Job Satisfaction Survey (JSS) by Spector (1985). The JSS was used in this study because of its high degree of reliability and validity and also its usage both in public and private sectors (Spector, 1985). The JSS contains 36 items which is divided into 9 different facets (each containing 4 items). It is defined as pay (item No 1, 10, 19, 28), promotion (item No 2, 11, 20, 33), supervision (item No 3, 12, 21, 30), fringe benefits (item No 4, 13, 22, 29), contingent rewards (item No 5, 14, 23, 32), operating conditions (item No 6, 15, 24, 31), co-workers (item No 7, 16, 25, 34), nature of work(item No 8, 17, 27, 35) and communication (item No 9,18, 26, 36). Approximately half of the items are worded negatively and must be reverse scored. The total Cronbach Alpha for this scale is .91. Several researchers have used this JSS and found it to be very reliable with high validity, for example Zeytinoglu et al. (2010) with Cronbach Alpha .91, Chin-Siang et al. (2014) with Cronbach Alpha .86 and Gholami Fesharaki et al. (2012) with Cronbach Alpha .86. In this questionnaire, five-point Likert Scale (1 = strongly disagree to 5 = strongly agree) was used. Table 3.4 indicate the operational definition and items for job satisfaction.

Table 3.4
Operational Definition and Items for Job Satisfaction

Variable	Operational definition	Items
Job Satisfaction	The extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs.	1. I feel I am being paid a fair amount for the work I do 2. There is really too little chance for promotion on my job. ® 3. My supervisor is quite competent in doing his/her job 4. I am not satisfied with the benefits I receive. ® 5. When I do a good job, I receive the

recognition for it that I should receive

6. Many of our rules and procedures make doing a good job difficult. ®

7. I like the people I work with.

8. I sometimes feel my job is meaningless. ®

9. Communications seem good within this organization.

10. Raises are too few and far between. ®

11. Those who do well on the job stand a fair chance of being promoted.

12. My supervisor is unfair to me. ®

13. The benefits we receive are as good as most other organizations offer.

14. I do not feel that the work I do is appreciated. ®

15. My efforts to do a good job are seldom blocked by red tape.

16. I find I have to work harder at my job because of the incompetence of people I work with. ®

17. I like doing the things I do at work.

18. The goals of this organization are not clear to me. ®

19. I feel unappreciated by the organization when I think about what they pay me. ®

20. People get ahead as fast here as they do in other places.

21. My supervisor shows too little interest in the feelings of subordinates. ®

22. The benefit package we have is equitable.

23. There are few rewards for those who work here. ®

24. I have too much to do at work. ®

25. I enjoy my co-workers.

26. I often feel that I do not know what is going on with the organization. ®

27. I feel a sense of pride in doing my job.

28. I feel satisfied with my chances for salary increases.

29. There are benefits we do not have which we should have. ®

	30. I like my supervisor.
	31. I have too much paperwork. ®
	32. I don't feel my efforts are rewarded the way they should be. ®
	33. I am satisfied with my chances for promotion.
	34. There is too much bickering and fighting at work. ®
	35. My job is enjoyable.
	36. Work assignments are not fully explained. ®

Source: Spector (1985)
R: Reverse coding

3.5 Questionnaire Design

The questionnaire was developed to construct a clear and understandable item. It is a set of questions for the target group to answer and allows the respondents to choose their favourable answer according to their own understanding and perceptions (Sekaran, 2003). When items were developed, special attention was given in the usage of language whereby simple and clear sentences were constructed to avoid any misunderstanding or misleading meaning of the whole questionnaire items. So the questionnaire was developed in two languages (English and Bahasa Malaysia) to ease the respondent in understanding the items and answering appropriately.

The questionnaire consists of close ended questions, and five-point Likert-Scale (1 = strongly disagree to 5 = strongly agree) was used to determine the level of likeliness on the items displayed in the questionnaire. Each part of the questionnaire measuring the dependent variables and the independent variables were developed based on the literature findings. The questionnaire is divided into five sections: section 1 consist of demographic information of the respondents, section 2 consist of measurement on career success, section 3 consist of measurement on mentor, section

4 consist of measurement on self-efficacy and section 5 consist of measurement on job satisfaction as shown in Table 3.5.

Table 3.5
Questionnaire Section and Description

Questionnaire Section	Description
Section 1	This section comprises 7 items of respondent's demographic profile such as gender, age, marital status, highest education qualification, current position, length of employment and number of years in current position
Section 2	This section comprises of 5 items measuring career success.
Section 3	This section comprises of 15 items measuring mentor.
Section 4	This section comprises of 8 items measuring self-efficacy.
Section 5	This section comprises of 36 items measuring job satisfaction.

3.6 Pilot Study

Before an actual data collection was carried out, a pilot study was conducted. This is to ensure the reliability and feasibility of the methods and measures that will be used for the study (Chua, 2012). It is actually a small scale pre-test of the larger scale of the research. One day was allocated to complete the pilot study. A total number of 30 respondents were randomly chosen from a group of healthcare providers who works in a private hospital in Sungai Petani, Kedah. The questionnaires were distributed by hand and were collected within 2 hours of the time of distribution.

After the pilot study was done, reliability analysis was carried out to check the validity of the instrument. The acceptable Cronbach Alpha values which are above .70 are considered good and reliable (Sekaran & Bougie, 2009). As shown in

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Table 3.6, the reliability results show each variable's Cronbach Alpha values. From this, it can be concluded that the instrument is valid and the actual data collection process can be carried out.

Table 3.6
Result of Reliability Analysis for Pilot Study

Variables	Number of items	Cronbach Alpha
Dependent Variable		
Career Success	5	.994
Independent Variables		
Mentor	15	.967
Self-efficacy	8	.976
Job Satisfaction	36	.943

3.7 Data Collection Procedure

Data for this study was collected through a self-administered questionnaire. Before the distribution of questionnaire, initial corresponding with the Human Resource Manager was made and an official cover letter together with an attached sample of questionnaire was sent to seek permission to carry out the survey.

Once the permission was granted, researcher started by getting the list of healthcare providers who are working in various departments in the studied private hospital to determine the number of questionnaire to be distributed in each department. A senior supervisor was appointed from each department to distribute and collect all the response from the healthcare providers. Since some of the

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healthcare providers work in three different shifts, some will be on off days and some on medical leave, the senior supervisor requested a time period of one month for the questionnaire to be collected. In order to obtain a good result, the questionnaire was printed in English and Bahasa Malaysia. To ensure the level of confidentiality and to maintain ethical guidelines, the answered questionnaires are inserted in an envelope. Information gathered were then used to do further analysis.

3.8 Data Analysis Techniques

The data collected for this study were analysed using the Statistical Package for Social Sciences (SPSS version 19.0). All the items and variables were coded before being entered to the computer. The results were then summarized using Descriptive Analysis (frequency, percentage and mean) and Inferential Statistics (Cronbach's Alpha, Pearson Correlation and Multiple Regression).

Descriptive Analysis were carried out to see the demographic characteristics of the respondents such as gender, age, marital status, highest education qualification, current position, length of employment and number of years in current position. Reliability testing using Cronbach's Alpha, which is the most accepted reliability tool (Cavana et al., 2001) was computed to examine the consistency and reliability of the instrument used. Moreover, Pearson Correlation Analysis was used to assess the relationship linkage between independent variables (mentor, self-efficacy and job satisfaction) and dependent variable (career success). Ultimately, Multiple Regression Analysis was used to determine which independent variables that significantly influence the dependent variable. By employing Multiple

Regression Analysis, enables the researcher to analyze and predict relationships between independent and dependent variables (Hair et al., 1998).

3.9 Summary

This chapter has reviewed the whole process of how the research was carried out systematically which covers research design, population and sample, measurements, questionnaire design, pilot study, data collection procedure and data analysis technique.

CHAPTER 4

FINDINGS

4.1 Introduction

This chapter covers the results of the data analysis. It encompasses the descriptive analysis (frequency, percentage and mean) and inferential statistics (Cronbach's Alpha, Pearson Correlation and Multiple Regression). The analysis started off with descriptive analysis whereby it presents the respondent's demographic characteristics such as gender, age, race, marital status, highest education qualification, current position, length of employment in the organization years in current position and monthly income. This is followed by reliability analysis and correlation analysis. Finally to analyse the relationship between the dependent variable (career success) and the independent variables (mentor, self-efficacy and job satisfaction), multi regression analysis were used.

4.2 Response Rate

Questionnaires were distributed to 155 healthcare providers working in various departments in a private hospital in Kedah. Out of the 155 questionnaires that were distributed, all of it was received back with total of all questions answered. This shows a response rate of 100% which is used for the analysis of this study.

4.3 Respondent's Demographic Characteristics

The respondent's demographic characteristics are shown in Table 4.1. The frequency analysis shows that majority respondents involved in this study are females with 142 respondents (91.6%), while the male constitute 13 respondents (8.4%). The age group that dominates this study were between 20-30 years with a total of 96 respondents (61.9%). Most of the respondents involved in this study were Malays with 109 respondents (70.3%).

As for marital status, most of the respondents were married (63.2%). Respondents with Diploma as their highest education qualification mark 79.3% while 13 respondents (8.4%) have Degree as their highest education qualification. The result also shows that most of the respondents are Staff Nurses with a total of 119 respondents (76.8%).

Most of the respondents were attached to the organization for 3-6 years (36.8%) while followed by those who have been there for less than 3 years (32.3%). 77 respondents (49.6%) were in the current position for 1-5 years. In terms of monthly income, majority were drawing salary in between RM 1,501-RM 2,000 (34.2%) while only 2 respondents (1.3%) were receiving between RM 4,001-RM 4,500 as their monthly income.

Table 4.1
Respondent's Demographic Characteristics

Demographic	Characteristics	Frequency	Percentage (%)
Gender	Male	13	8.4
	Female	142	91.6
Age	20-30 years	96	61.9
	30-40 years	46	29.7
	40-50 years	8	5.2
	50-60 years	5	3.2
Race	Malay	109	70.3
	Chinese	14	9.0
	Indian	30	19.4
	Others	2	1.3
Marital Status	Single	57	36.8
	Married	98	63.2
	Widow	0	0
Highest Education Qualification	Master	2	1.3
	Degree	13	8.4
	Diploma	123	79.3
	Certificate	6	3.9
	SPM	11	7.1
Current Position	Sister	12	7.7
	Staff Nurse	119	76.8
	Assistant Nurse	8	5.2
	Clinic Assistant	16	10.3
Length of Employment in the Organization	Less than 3 years	50	32.3
	3-6 years	57	36.8
	7-10 years	20	12.9
	10-15 years	11	7.1
	15 years above	17	10.9
Years in Current Position	Less than 1 year	28	18.1
	1-5 years	77	49.6
	6-10 years	26	16.8
	11-15 years	11	7.1
	15 years above	13	8.4
Monthly Income (RM)	≤ 1,500	34	22.0
	1,501-2,000	53	34.2
	2,001-2,500	25	16.1
	2,501-3000	11	7.1

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3,001-3,500	17	10.9
3,501-4,000	13	8.4
4,001-4,500	2	1.3
4,501-5,000	0	0
TOTAL	**155**	**100**

4.4 Descriptive Analysis

Descriptive analysis denotes the mean and standard deviation for the dependent and independent variables as shown in 4.2.

All the variables are evaluated based on 5-point scale (1 = strongly disagree to 5 = strongly agree). Based on the results, the independent variable with the highest mean value is self-efficacy (3.92), followed by mentor (3.63) and job satisfaction (3.34). The mean for dependent variable which is career success is 3.94.

The result analysis also shows the standard deviation for all the measured variables. Mentor has the highest standard deviation (0.73), while the lowest is job satisfaction (0.44). Self-efficacy and career success has a standard deviation of 0.63 and 0.77 respectively.

Table 4.2
Descriptive Statistics of Dependent and Independent Variables

Variables	**Mean**	**Standard Deviation**
Career Success	3.94	0.77
Mentor	3.63	0.73
Self-Efficacy	3.92	0.63
Job Satisfaction	3.34	0.44

4.5 Reliability Analysis

Reliability analysis was carried to test the consistency, reliability and stability of the variables. This is done by computing the Cronbach's Alpha. Cronbach's Alpha mentions about the coefficient of reliability and according to Sekaran and Bougie (2010) it designates the positive relationship of the items tested and the internal consistency of the instruments used in the study.

According to Sekaran and Bougie (2009), the standard Cronbach's Alpha is 0.70 and those above 0.80 is reflected as good and reliable. The reliability analysis results as shown in Table 4.3 portrays that Cronbach's Alpha for all the items are reliable whereby career success indicates 0.959, mentor indicates 0.960, self-efficacy indicates 0.961 and job satisfaction indicates 0.912 as the Cronbach's Alpha respectively. Generally, the reliability analysis done shows the measurements of all items are reliable and internally consistent.

Table 4.3
Summary Of Reliability Analysis

Variables	Number of Items	Cronbach's Alpha
Dependent Variable		
Career Success	5	0.959
Independent Variables		
Mentor	15	0.960
Self-Efficacy	8	0.961
Job Satisfaction	36	0.912

4.6 Correlation Analysis

This section discusses the analysis of Pearson Correlation results which identifies the inter-correlations or relationship between the dependent variable (career success) and the independent variables (mentor, self-efficacy and job satisfaction). Summarisation of the correlation analysis results is shown in Table 4.4.

As can be seen from Table 4.4, there is a significant and positive relationship between mentor, self-efficacy, job satisfaction and career success. Self-efficacy is the highest variable that correlates with career success (r = .675**, n = 155, p ≤ 0.01), followed by mentor (r = .607**, n = 155, p ≤ 0.01) and lastly job satisfaction (r = .433**, n = 155, p ≤ 0.01).

Table 4.4
Correlation Results between Career Success, Mentor, Self-efficacy and Job Satisfaction

Variables	CS	M	SE	JS
Career Success (CS)	1			
Mentor (M)	.607**	1		
Self-Efficacy (SE)	.675**	.451**	1	
Job Satisfaction (JS)	.433**	.370**	.428**	1

** Correlation is significant at the 0.01 level (2-tailed); n=155

4.7 Regression Analysis

Regression analysis was carried out to predict the value of dependent variable (career success) and independent variables. The results of the analysis are tabulated in Table 4.5. As shown in Table 4.5, which reveals mentor, self-efficacy and job satisfaction

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are able to explain 57.8% variance of career success. This was shown by the R

Square value of .578 (refer to Table 4.5).

Mentor is found to be significant to career success with a value of (β = .358,

p $\leq$ 0.05) while self-efficacy is found to be significant to career success with a value

as (β = .470, p $\leq$ 0.05) respectively. Job satisfaction seems to be not significant to

career success. This indicates that mentor and self-efficacy predicts the career

success of healthcare providers compared to job satisfaction.

Table 4.5
*Multiple Regression Results of Mentor, Self-Efficacy and Job Satisfaction on Career
Success*

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	-.280	.344		-.813	.417
Mentor	.379	.064	.358*	5.911	.000
Self-Efficacy	.576	.076	.470*	7.562	.000
Job Satisfaction	.175	.105	.100	1.667	.098

Dependent Variable: Career Success
R Square = .578
F = 69.336
*p$\leq$ 0.05

4.8 Summary of Hypotheses Testing

Table 4.6 displays the summary of hypotheses testing for this study. Earlier, in

Chapter 2, the hypotheses were already been proposed. But after obtaining the

results, it reveals that only mentor and self-efficacy influences career success among healthcare providers.

Table 4.6
Summary of Hypotheses Testing

Hypotheses Statement	Findings
H1: Mentor significantly influences career success	Supported
H2: Self-efficacy significantly influences career success	Supported
H3: Job satisfaction significantly determines career success	Not Supported

4.9 Conclusion

Generally, this chapter covers the overall result analysis of this study. To summarise, the findings show that mentor and self-efficacy significantly determine the career success among healthcare providers while job satisfaction is insignificant determinant of career success. The results also illustrates that out of the three hypotheses that was proposed only two were accepted (H1 and H2). The next chapter will discuss the objective based on the findings, contribution of the study, limitation and also recommendation for future study.

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CHAPTER 5

DISCUSSION

5.1 Introduction

This chapter examines the relationship that was highlighted as objectives in Chapter 1 and the findings that were presented in Chapter 4 which highlights the analysis of the study together with its implications. Limitations and recommendations for future study will also be discussed and concluded with the conclusion.

5.2 Relationship between Variables

5.2.1 Mentor and Career Success

The primary objective of this study is to examine the relationship of mentor in determining the career success. Referring to Table 4.5 Multiple Regression results shows that there is significant relationship between mentor and career success which shows (β = .358, p $\leq$ 0.05). Hence, there is a significant relationship between mentor and career success among healthcare providers.

Healthcare provider's profession being a practical based on theoretical job is a fast moving profession in healthcare industry. In order for a junior healthcare provider to perform in real life healthcare industry, they definitely will need a guide or a coach to show and teach them the correct procedures. This comes handy with the presence of a mentor. Many researchers have pointed out that a mentor does not only transmit knowledge but also serves as back-up in developing competency in

providing a medium for organizational learning (Allen, Poteet, & Burroughs, 1997; Burke, 1984; Kram & Hall, 1996).

Since the main age group in this study is around 20-30 years old with majority holding a Diploma qualification and are within the working years 1-5 years, it is crucial to be guided by a mentor due to today's fast moving working environment with high technological system which are likely to influence the need of a social support and a mentor serves in guiding these younger generations towards achieving their career successfully in future (Boyle & James, 1990). This guidance is not specific to a particular area of job which in the long run might vanish but widened to a larger economic, professionalism, labour market and also sociological aspects in order to be versatile in all kinds of skills and expertise.

Current young generation healthcare providers are still fresh in the healthcare field. In order to make them at ease to learn the trade they need a guide or so-called teacher in the form of a mentor to relate and to bring out the best in them by adaptations of the working environment demands. Mentors are the individuals that will give constructive feedback who corrects the healthcare providers when they do not meet the expectations and at the same time operates as a person who will congratulate and cherish the moments where expectations are met. This kind of positive relationship will enhance the mentee's career success because of the positive impact that mentor has on a mentee. Mentors also serve as the motivator in helping healthcare providers to boost their hidden talents and also on ways to overcome the most difficult situation in working life.

Moreover, mentees regard mentors who does the work diligently, communicate in a manner which attracts and also being friendly and interacts socially, will indirectly motivate the mentees. The values and characteristic which is

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portrayed by the mentor leads to similarity to have the equal criteria as to the mentor which gives the mentee a sense of satisfaction and also positively leads to increased mentees' career in future (Turban et al., 2002; Okurame & Bologun, 2005; Niehoff, 2006). In other words, this study supports the various studies that have been done on the positivity of the mentor relationship in enhancing career success (Roche, 1979; York et al., 1988; Scandura, 1992; Inouye, 1995; Cruz, 2000; Johnson et al., 2001; Gonzalez-Figueroa & Young, 2005; Borders et al., 2005).

5.2.2 Self-Efficacy and Career Success

The second research objective of this study is to examine the relationship of self-efficacy in determining career success. Results shown in 4.5 exhibits the Multiple Regression that shows there is significant relationship between self-efficacy and career success ($\beta = .470$, $p \leq 0.05$). Therefore, there is a significant relationship between self-efficacy and career success among healthcare providers. The results also indicate that self-efficacy is the highest variable that correlates with career success.

Self-efficacy is significantly relates to the career success because those healthcare providers with high level of self-efficacy believe that whatever goals that are targeted to be achieved are strived using their capabilities to accomplish it. Generally, individual with high self-efficacy are more likely to exert effort in completing a given task compared to those who have lower self-efficacy. Previous experiences of an attempted task or situation in personal accomplishment are the sources for self-efficacy. Each success of the experience faced heightens individual's self-efficacy.

From the findings, majority healthcare providers are females and are considered the younger generation (20-30 years old) who are young, enthusiastic and highly spirited individual. Overall healthcare provider profession is a female dominated profession whereby females are multi-talented and are considered multi tasked individuals. But in order to accomplish the given responsibility, one has to have high self-efficacy. Schunk & Zimmerman (1994) states that particular goals stipulate the amount of effort needed to achieve success and at the same time boost self-efficacy since progression is measurable. When the progress made is accepted, and then one will have self-efficacy and will be motivated to move forward continually to achieve their goals.

In the verge of difficulties especially during emergency situations, healthcare providers need to have belief in their capabilities in handling the most dangerous and crucial circumstances. The younger ones who are well trained whereby most of them are Diploma holders' belief that they have their knowledge and capability and with that they are able to carry out any traumatic situation excellently. With the Diploma qualification, one should be able to handle any kind of situation and perform well in their job and eventually accomplish career success in future.

The findings are hoped to increase the understanding on how self-efficacy determines career success among healthcare providers. Studies by Day & Allen (2004) and Abele & Spurk (2009) show positive correlation between self-efficacy and career success. Even though both the studies show participants from different working background and different country, the results of the studies concludes that self-efficacy is significantly related to career success. This shows that self-efficacy not only beneficial to the individual but also to the organisation as a whole.

Employers shall find ways to boost the self-efficacy in their employees to enjoy more efficiency and productivity.

5.2.3 Job Satisfaction and Career Success

The third research objective of this study is to examine the relationship of job satisfaction in determining career success. Results shown in 4.5 exhibits the Multiple Regression that shows there is insignificant relationship between job satisfaction and career success ($\beta = .100$, $p > 0.05$). Therefore, there is no significant relationship between job satisfaction and career success among healthcare providers. Thus, generally it can be concluded that job satisfaction does not influence career success among healthcare providers.

Over the years, there have been reports on mixed findings regarding this area of research. Since job satisfaction is depending more on the individual's personality, there is some job characteristics that individual enjoy doing with some added responsibility and flexibility which others may dislike doing it. Naturally when an individual is happy and satisfied with his/her job, their job performance increases thus contributes to their successful career. Nevertheless, majority research does not support or borne out this association, with studies showing more of a weaker to moderate connection between job satisfaction and career success (Dunham & Hawk, 1977; Adams & Beehr, 1998; Price, 2002).

Furthermore, this is mainly because it looks like the association between job satisfaction and career success may or may not change over the course of an individual's career attainment in future. Since career success does not happen immediately and has a few stages in the progression, it can change any time and so

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does the perception of an individual on their job satisfaction. In this study, since most of the participants are in the younger generation, when they feel dissatisfied with any kind of changes or lack of promotion without pay increase, they will just leave the organisation and find a better job with a better prospect and career mobility.

Pay, salary, benefits and promotion seems to be the factors that enhances one's job satisfaction and predicts the upward mobility (Judge et al., 2010; Tang & A. Ghani, 2012; Chin-Siang et al., 2014). A study carried out by Ahmad & Oranye (2010) and Masroor & Fakir (2010) in Malaysia among the healthcare providers found that most of the majority female healthcare providers reported money is the factor that encourages job satisfaction in their general contribution to their family life which gives them satisfaction. So in this case the organisation should be alert in identifying the factors that contributes to healthcare providers' job satisfaction in order to retain the best, talented and experienced ones. They should be given the opportunity to grow professionally, be fairly rewarded with a better and friendlier working environment (Seo, Ko, & Price, 2004; Khowaja et al., 2005; Smith et al., 2005; Duffield et al., 2009).

5.3 Implication of the Study

The findings of this study have several theoretical and practical implications that can be related to the career success of healthcare providers in Malaysia. With the known fact of healthcare provider's shortage in Malaysia, the implication can somehow or rather affect the profession practices and gives a better insight on the framework of healthcare provider's career success in future.

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5.3.1 Theoretical Implications

The results of the study provide a significant implication towards the career success of healthcare providers in private hospital. The purpose of the study was to examine the relationship between mentor, self-efficacy and job satisfaction towards career success among healthcare providers in one of the private hospital in Kedah. From the findings, it is verified that mentor and self-efficacy has significant relationship with career success among healthcare providers. Thus, this study has supported previous studies that indicate mentor and self-efficacy as the predicators of career success (Kram, 1985; Noe & Wilk, 1993; Boudreau et al., 2001; Noe et al., 2002; Godshalk & Sosik, 2003; Allen et al., 2004; Brown, Jones, & Leigh, 2005; Abele & Spurk, 2009; Kay et al., 2009).

The results of the study depicted that self-efficacy is the most significant determinant of career success (Table 4.4). This indicates that individual with high self-efficacy will strive hard and put extra effort to acquire the intended career attainment. This serve as a motivator since the results of their hard work can be evaluated from their attainment of higher position or better salary obtained. A series of positive behaviour will strengthen their upward mobility in their career ladder in future (Day & Allen, 2004; Shaffer et al., 2006). Since majority of the respondents are within the age 20-30 years old, most of them will surely need a guide and coach in the form of mentor to help healthcare providers identify their competence level to support their career success throughout their professional life especially for the new comers who will require support in their healthcare profession practices and professional development (Gibson & Heartfield, 2005).

From another viewpoint, this study has given an insight of the Social Cognitive Theory's application on career success. The career outcome one has is based on their behaviour, environment and personal (Bandura, 1982). To create a

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self-regulated behaviour, cognition plays an important role. Cognitive process allows one to initiate changes using the resources available and mutually influencing personality and also the social construct. In this study, not only it is accustomed with Social Cognitive Theory but also the mutuality of the variables in determining individual's career success.

Nevertheless, even with the presence of numerous studies on healthcare provider's career success, this study has managed to fill the gap concerning healthcare provider's career success in Malaysian context. With this study, it is believed that deeper understanding on determinants like mentor, self-efficacy and job satisfaction that influences career success of healthcare providers in private hospitals will be thoroughly understood and taken into consideration in the implementation of methods to increase the strategies to upgrade and develop healthcare provider's career success in future.

5.3.2 Practical Implications

The findings of the study provide a vital influence not only to the healthcare providers in the hospital but also to the healthcare industry in general. With the current trend of job hopping and high turnover among healthcare providers due to various factors like economic situation, rapid technology growth and low employment rate, does not only effect the healthcare providers but also the organization. From the present study, the possibility of healthcare providers to achieve career success is determined by high self-efficacy. So those with higher self-efficacy will tend to construct their own belief and judgement based on their ability that they think they can accomplish.

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From another viewpoint, this study also provides approaches for Human Resource (HR) practitioner in healthcare industry on outlining the approaches to achieve career success among healthcare providers in Malaysia. The findings from the study portrays that healthcare providers with high self-efficacy achieve higher level of career success. This is due to healthcare providers who have high level of self-efficacy will be more determined and firm during the encounter of challenging and adverse situation as they take any new challenges as their opportunity to move forward successfully. The better their self-efficacy on an outcome, the greater will be their career success. So it is the duty of HR practitioner to identify and evaluate each healthcare provider from the process of recruiting and selection to retaining the best talent.

Besides that, it is also clear from the study that mentor also plays an important role in healthcare provider's career success. Mentors are the rich source of knowledge, expertise and skills in their related fields. In this case, HR practitioner should appoint and select the most qualified mentor in healthcare profession to provide their knowledge to the upcoming healthcare providers in order to increase the development of skills and also to progress in the career to a higher level which eventually will lead to skilled leadership in healthcare industry. Hence, HR practitioner should enhance the adequacy of training session between the mentor and mentee in advancing healthcare provider's career which will not only benefit the individuals but also the organisation as a whole.

Job satisfaction which is found to be insignificant in this study needs more attention from the HR and the management as a whole. Individuals who tend to leave the organization without experiencing any kind of upward career mobility need to be given more opportunity to show their ability and also recognise the work done. The

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HR should keep track on the employee's satisfaction by distributing survey to understand the feeling and their needs on how one can succeed in their career. A close knitted relationship will definitely get things going since this allows work engagement. Engaged individual will tend to show their potential due to their satisfaction because they are also included in a bigger and fruitful task.

Overall, the HR practitioner should make great effort in creating a friendly working environment by offering strategies in providing a chance and support to motivate healthcare providers to move upward in their career mobility. Such kind of advancement assists healthcare providers to upgrade their experience and will eventually initiate them to progress effectively towards a successful career.

5.4 Limitation of the Study and Future Suggestion

Upon completion of this study, several limitations were identified. First, this study was focused on only the healthcare provider's profession group, and excluding other employees either within the healthcare industry or from other industries as in manufacturing, teaching, marketing and hospitality. It might have been a different scenario of the determinants of career success in those industries other than healthcare profession. As a result, it could not be generalized to other industries in attaining their career success taking in account the variation in working environment, employee perceptions, different management system and so forth.

Second, this study was carried out in a private hospital in Kedah. Therefore the results obtained could not be generalized to other private hospitals all over Malaysia. It should be expanded to public healthcare or the government hospitals since there is also the existence of healthcare providers in those mentioned sectors. It

can be suggested that the sample includes not only private sector healthcare providers but also including the public sector healthcare providers so that the larger sample size can be generalized the findings of the study.

Third, the data were gathered through questionnaire. No interview session was conducted to get feedback from the healthcare providers personally. The reliability and honesty of the healthcare providers in answering the distributed questionnaire is unknown. Therefore to increase the reliability and significance of the findings, both quantitative and qualitative method should be used in order to examine the career success of the healthcare providers.

Fourth, this study only has three limited variables which are mentor, self-efficacy and job satisfaction which relates to career success. This results show that the independent variables tested is inadequate to explain the relationship that influences career success. Hence, other variables that influence career success should be incorporated in order to widen the scope and framework of the study in future studies.

Lastly, this study is a cross-sectional study. This set a drawback whereby it causes effect in the relationship among variables. Henceforth, a longitudinal study is recommended which will enhance the findings gathered since each individual's behaviours, perceptions and cognition changes over time.

5.5 Conclusion

This study was carried out with the purpose of investigating the relationship between mentor, self-efficacy, job satisfaction and career success among healthcare providers working in a private hospital in Kedah.

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The three objectives that were outlined in Chapter 1 were all met which are to examine the relationship of mentor in determining career success, to identify the relationship of self-efficacy in determining career success among healthcare providers and also to examine the relationship of job satisfaction in determining career success among healthcare providers. From the results that were obtained, the most influential determinant of career success was examined. The results of the study (Table 4.2 till Table 4.5) had either fully or partially supported the hypotheses that were proposed in this study.

The results discovered that mentor and self-efficacy are the most significant determinants of career success among healthcare providers. Thus, this indicates that in order for one to achieve their career successfully, one will need the help and guidance from a mentor and also the self-belief and capability one has on themselves to successfully perform and achieve their personal goals in their career.

Based on the findings, there are several limitations and future suggestions that was identified which in future will be a stepping stone for the upcoming researchers to study in order to widen their area of research and research framework. This will help the practitioners to gain in depth understanding in ways that will help them to achieve their knowledge and skills in the area through successfully achieving their intended career.

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