

CHAPTER 4

Findings and Discussion

This chapter consists of the research findings followed by the related discussion focusing on the research objectives. This descriptive correlation study is designed to answer three research questions. The findings are presented in four parts: (1) the demographic characteristics of the sample; (2) the core self-evaluation of the sample; (3) the subjective career success of the sample; (4) the relationship between core self-evaluation and subjective career success of the sample. Discussion is conducted based on research objectives of this study.



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Findings

Part I: Demographic Characteristics of the Sample

Table 4-1

Frequency and Percentage of the Nurses Categorized by Demographic Data (n=288)

Characteristics	Frequency (n)	Percentage (%)
Gender		
Female	286	99.31
Male	2	0.69
Age (years) (\bar{X}=30.35, SD=8.47, Range=21-55 years)		
20-30	194	67.36
31-40	51	17.71
41-50	34	11.81
51-55	9	3.12
Marital status		
Single	88	30.56
Married	172	59.72
Divorced	21	7.29
Separated	7	2.43
Educational status		
Diploma (3 year program)	57	19.79
Associate degree (3 year program)	123	42.71
Bachelor degree (4 year program)	108	37.50
Professional Title		
Junior nurse	174	60.42
Senior nurse	60	20.83
Nurse-in-charge	44	15.28
Assistant chief senior nurse	10	3.47
Employment status		
Temporary nurse	197	68.40
Permanent nurse	91	31.60

Table 4-1 (continued)

Characteristics	Frequency (n)	Percentage (%)
Work Department		
Medical	81	28.13
Surgical	78	27.08
Gynecology and Obstetrics	27	9.38
Pediatric	7	2.43
Operating Room	20	6.94
Intensive Care Unit	31	10.76
Emergency Room	5	1.74
Out Patient Department	39	13.54
Years of working experience (\bar{X} =9.66, SD=8.76, Range=1-38years)		
1-10	211	73.26
11-20	33	11.45
21-30	34	11.81
31-40	10	3.48

As shown in Table 4-1, the majority of the sample (99.31%) was female. Among the sample, the age ranged from 21-55 with an average age of 30.35 years old (SD = 8.47), more than half of the sample (67.36%) were in the age group of 20-30 years and were married (59.72%). Most (42.71%) hold an Associate degree and are junior nurses (60.42%), and most of them (68.40%) were working in a temporary position. The majority of nurses were from the medical department (28.13%). Most of nurses (73.26%) had worked for 1-10 years with the range 1-38 years and mean of 9.66 years (SD = 8.76).

Table 4-2

Level of Core Self-evaluation (n=288)

	Range	Mean	SD	Level
Core Self-evaluation	2.00-5.00	3.71	0.52	High

As shown in Table 4-2, the mean of core self-evaluation of nurses was at a high level (\bar{X} = 3.71, SD = 0.52).

Part III: Level of Subjective Career Success

Table 4-3

Level of Each Factor and Overall Subjective Career Success (n=288)

Subjective career success	Range	Mean	SD	Level
Job success	1.88-5.00	3.81	0.59	High
Inter-personal success	2.00-5.00	3.93	0.71	High
Financial success	1.00-5.00	2.39	1.10	Moderate
Hierarchical success	1.00-5.00	3.18	0.82	Moderate
Life success	1.00-5.00	4.12	0.82	High
Overall subjective career success	1.78-5.00	3.48	0.58	Moderate

As shown in table 4-3, the overall subjective career success as perceived by nurses was at a moderate level ($\bar{X} = 3.48$, $SD = 0.58$). Financial success and hierarchical success which subscales of subjective career success perceived by nurses were also at a moderate level ($\bar{X} = 2.39$, $SD = 1.10$; $\bar{X} = 3.18$, $SD = 0.82$, respectively), while job success, inter-personal success and life success perceived by nurses were at a high level ($\bar{X} = 3.81$, $SD = 0.59$; $\bar{X} = 3.93$, $SD = 0.71$; $\bar{X} = 4.12$, $SD = 0.82$, respectively).

Part IV: The Relationship Between Core Self-evaluation and Subjective Career Success

This part reveals the relationship between core self-evaluation and subjective career success among nurses. Data of subjective career success showed normal distribution, however, the data of core self-evaluation as not a normal distribution, thus, Spearman's Rank-order correlation coefficients was used. The results are shown in Table 4-4.

Table 4-4

The Relationship Between Core Self-evaluation and Subjective Career Success Among Nurses in two People's Hospitals, Dali

	Core Self-evaluation		Level of relationship between CSE & SCS
	r	p	
Job success	.38	.000	Moderate
Inter-personal success	.36	.000	Moderate
Financial success	.03	.564	No relationship
Hierarchical success	.17	.000	Weak
Life success	.42	.000	Moderate
Overall subjective career success	.32	.000	Moderate

P < 0.01

In Table 4-4, the results of Spearman's Rank-order correlation coefficient shows that the relationship between core self-evaluation and subjective career success was statistically significant. There was a moderate significant positive correlation between core self-evaluation and overall subjective career success ($r = .32, p < 0.01$); job success ($r = .38, p < 0.01$); inter-personal success ($r = .36, p < 0.01$) and life success ($r = .42, p < 0.01$). It showed that core self-evaluation had a weak significant positive relation to hierarchical success ($r = .17, p < 0.01$), while there was no significant relationship between core self-evaluation and financial success as perceived by nurses from the two People's Hospitals in Dali.

Discussion

The findings of this study are discussed in three parts according to the objectives of this study: the core self-evaluation of nurses; the subjective career success of nurses; and the relationship between core self-evaluation and subjective career success of nurses in the People's Hospitals of Dali, the People's Republic of China.

Part I: Core Self-evaluation as Perceived by Nurses

In this study, the results showed that the mean score of core self-evaluation of the nurse sample was at a high level ($\bar{X} = 3.71$, $SD = 0.52$) (Table 4-2). The results of this study was consistent with previous studies in China by Peng et al. (2016) ($\bar{X} = 3.55$, $SD = 0.45$) in Guangxi, and Zhou et al. (2014) in Xi'an ($\bar{X} = 3.56$, $SD = 0.45$). However, this result was inconsistent with other previous studies findings which shown a moderate level of core self-evaluation of nurses in China (Yang et al., 2014) in Xi'an ($\bar{X} = 3.41$, $SD = 0.48$), Xu et al. (2011) in Harbin ($\bar{X} = 3.65$, $SD = 0.54$), and Zhong et al. (2012) in Guangzhou ($\bar{X} = 3.42$, $SD = 0.14$), Cai et al. (2012) in Zhejiang ($\bar{X} = 3.46$, $SD = 0.49$), X. Li et al. (2014) in Shenyang ($\bar{X} = 3.37$, $SD = 0.45$), as well as a study from Canada of Laschinger et al. (2013) ($\bar{X} = 5.39$, $SD = 0.77$).

These results of inconsistency indicated that nurses who participated in this study were optimistic when evaluating themselves. Persons with an optimistic core self-evaluation are more likely probably to be interested in their life than persons who hold a pessimistic core self-evaluation (Lian, Sun, Ji, Li, & Peng, 2014). Specifically, people who have a positive self-evaluation on themselves can look at life positively and find happiness and satisfaction in their daily lives. Findings (Appendix M) in this study demonstrated a high percentage of samples were rated with high scores (score 4) on the items of *"I am confident I get the success I deserve in life"* (57.30%); *"I complete tasks successfully"* (53.82%); *"Overall, I am satisfied with myself"* (63.54%) and *"I am capable of coping with most of my problems"* (61.46%).

Nurses may be optimistic in evaluating themselves because nurses could receive adequate support from their coworkers as findings of this study showed that the nurses perceived inter-personal success at a high level ($\bar{X} = 3.93$, $SD = 0.71$) (Table 4-3). So

nurses who have good relationships with colleagues or healthcare professionals, are respected, or accepted or recognized by colleagues, receive good performance evaluations, as well as have a manager's confidence (Gattiker & Larwood, 1986). This level was higher than that of Yin's study (2012) in Kunming which found that the nurses perceived inter-personal success was at a moderate level ($\bar{X} = 3.47$, $SD = 0.80$). In other words, the nurses who are working in the People's hospitals received sufficient support from their coworker. As suggested by Karatepe et al. (2010), access to job resources, such as coworker support, may activate employees' core self-evaluation.

Another possible explanation may be due to the organizational strategies for nurses' retention. Recently, in order to retain nurses, the hospitals try to provide an opportunity of nursing career development as findings of this study showed that 34.73% and 38.19% of nurses were rated as score 4 and score 5 on the items of "I am in a job which offers me the chance to learn new skills" ($\bar{X} = 4.04$, $SD = 0.95$). In Australia nurses perceived it could help retain nurses with positive core self-evaluation (Deery & Jago, 2015).

Part II: Subjective Career Success as Perceived by Nurses

The nurses in this study had an overall subjective career success score at a moderate level ($\bar{X} = 3.48$, $SD = 0.58$) (Table 4-3). This result was consistent with previous studies in nurses by Jeenkool (2004) ($\bar{X} = 3.49$) in Thailand; Yin (2012) in Kunming ($\bar{X} = 3.02$, $SD = 0.64$) and Ji, et al. (2012) in Harbin University Hospitals of China ($\bar{X} = 3.20$, $SD = 0.66$).

One possible reason for this finding is that in recent years the Chinese government, in an effort to reform the health system in China, has developed and implemented a Healthcare Reform Plan to deal with its nursing shortage. Though this is currently facing challenges, the health care system is improving, as well as the nursing work environment. More investment is made into the sustainable development in nursing education, and improving the image of the nursing occupation (Yun, Jie, & Anli, 2010). Unquestionably, these solutions improve the nurses' sense of accomplishment, enthusiasm, and motivation for their work and let them perceive subjective career success. The findings of this study showed that nurses received high scores in 8 items of job success ($\bar{X} = 3.81$, $SD = 0.59$),

4 items of inter-personal success ($\bar{X} = 3.93$, $SD = 0.71$) and 3 items of life success ($\bar{X} = 4.12$, $SD = 0.82$) among total 21 items of subjective career success (Appendix N).

However, nursing is a very hard and stressful profession (Sherring & Knight, 2009) and the Chinese nursing work environment is characterized by a heavy workload and a sizeable shortage of nurses (Yin, 2012). Nurses must do rotational shift work and finish a heavy workload lead them to have less time to contemplate and work professionally as well as a chance for improvement and career success (Lu, 2007). Previous studies indicated that nurses have a less opportunities to be promoted (Hu, 2015) and they believed that their income is not equal to their work efforts (Yin, 2012). So Chinese nurses are facing a lot of difficult situations, which indicates that there may be some problems to achieve subjective career success (Liu et al., 2012). Findings in this study demonstrated that 57.99 % of samples got low scores in 2 items of financial success ($\bar{X} = 2.39$, $SD = 1.10$) and in 4 items of hierarchical success ($\bar{X} = 3.18$, $SD = 0.82$) among total 21 items of subjective career success in their work (Appendix N).

In addition, the result of this study showed the overall of subjective career success of nurses was at moderate level that may be related to the following demographic factors of gender, age, and years of experience and employment status: In this study, 99.31% of nurses were female. Gender was significantly related to subjective career success (Seibert & Kraimer, 2001). Male nurses are positively impacted by subjective career success and they have higher subjective career success than female nurses (Asegid et al., 2014; Liu et al., 2015; Rhoades & Eisenberger, 2002). Further, in this study, the age ranged from 21-55 years old with the average age of 30.35 years old ($SD = 8.47$), and more than half of them (67.36%) were in the age group of 20-30 years. Asegid et al. (2014) showed that there was a positive relationship between age and subjective career success, the subjective career success of 31-40 year old nurses was three times that of 20-30 year old nurses; 41-50 years old nurses' occupational satisfaction was 15 times that of 20-30 year old nurses. Regarding number of years of work experience, in this study, most nurses (73.26%) had worked for 1-10 years with work experience ranging from 1-38 years with a mean of 9.66 years ($SD = 8.76$). Previous studies found that years of work experience greatly influenced subjective career success among nurses (Park et al., 2015; Seibert & Kraimer, 2001). Individuals who had less than 10 years of work experience had a lower level of

subjective career success (Altuntas, 2014), and 4) Employment status. In this study, most nurses (68.40%) were working in temporary positions. The temporarily employed nurses had lower level of subjective career success compared to permanently employed nurses (Allen, 2011). It seems that the nurses in this study find it hard to obtain higher level subjective career success. Accordingly, nurses perceived subjective career success at a moderate level.

Regarding each dimension of subjective career success, the results of this study showed that the nurses perceived job success, inter-personal success, and life success at a high level ($\bar{X} = 3.81$, $SD = 0.59$; $\bar{X} = 3.93$, $SD = 0.71$; $\bar{X} = 4.12$, $SD = 0.82$, respectively) (Table 3). The results were higher than those of the tertiary university hospitals in Kunming which revealed that nurses perceived a moderate level of job success, inter-personal success, and life success ($\bar{X} = 3.20$, $SD = 0.76$; $\bar{X} = 3.47$, $SD = 0.80$; $\bar{X} = 3.63$, $SD = 1.01$, respectively) (Yin, 2012).

This may be because Appendix N showed that more than half of nurses (56.60%) selected the item of *"I am having enough responsibility on my job"* and got a high score ($\bar{X} = 4.44$, $SD = 0.76$) and 38.19 % of nurses considered *"I am in a job which offers me the chance to learn new skills"* ($\bar{X} = 4.04$, $SD = 0.95$). 66.32% of nurses rated to the item of *"I am receiving positive feedback about my performance every year"* ($\bar{X} = 4.04$, $SD = 0.84$). Nearly half of nurses (49.65 %) considered that they have opportunities for further education ($\bar{X} = 3.85$, $SD = 0.88$) and 64.24 % nurses feel fully backed up by management in their work. And most of the nurses felt happy and liked when they were at work. Thus, nurses in this study have a high level of job success.

The reason for the results of this study may be nurses have a good interpersonal relationship with others. The findings of this study showed that the inter-personal success was at a high level ($\bar{X} = 3.93$, $SD = 0.71$) (Table 4-2), which suggests nurses could feel happiness or well-being with their life. A previous study suggested that interpersonal relationships positively related to life satisfaction since individuals who had high interpersonal relationships have high levels of life satisfaction (Gilman & Huebner, 2003). With the current change in the healthcare system, patients have been more demanding of quality nursing care. The nurses realized the importance not only to be

more knowledgeable and have more skills, but they also have the capacity to have harmonious interpersonal relationships with doctors, colleagues, and patients. They believed that the most important competence is getting along with their coworkers, understanding each other, and maintaining group concord (Wang, Tao, Ellenbecker, & Liu, 2011). The managers of hospitals also realized that interpersonal relationships are important factors influencing the nurses' subjective career success (Chen & Lee, 2015). It is in their best interest to create a harmonious nursing work environment. Therefore, there was a high level of inter-personal success perceived by nurses in this study.

Moreover, the possible explanation of this finding may be nurses received more support and benefits from working. With the development of hospitals, the managers gradually realized the vital role of nurses in a hospital. In order to retain nurses and improve the quality of nursing care, policies and regulations of people's hospitals have been made so nurses can enjoy more benefits from hospitals (Hospitals Report, 2016). That is, all nurses are covered by Urban Employee Basic Medical Insurance Scheme, thus, they do not need to pay for basic medical service. Child-bearing female nurses enjoy a generous maternity leave of at least 98 days of maternity leave, an increase of 15 days if there is dystocia or when there are multiple births. Hospitals also offer a free physical examination as a benefit to nurses every two years. In the people's hospitals of Dali, trade union often organize sports matches, performances, speech competitions and other kinds of activities to enrich nurses' lives. Most head nurses will try to create a flexible schedule to take into account the workload demands and the personal needs of nurses as much as possible to keep a balance between the nurses' job and personal life. Therefore, there were a high level of job success perceived by nurses in this study.

In addition, this may be due to nurses received more support from family. Previous studies identified family support was a significant predictors of life satisfaction (Edwards & Lopez, 2006). More than half of the nurses who participated in the study (67.36%) were married. In China, most parents are willing to help their children by taking care of their grandchildren while both parents working. In this study, 67.36% of nurses were in the age group of 20-30 years. Due to the influence of Chinese family planning policy since 1982, most nurses are the only child in their family. The parents could focus all

their attention on their only child and provide care. Thus most nurses could receive good care and support from their parents.

Regarding others dimensions of subjective career success, the results of this study showed that the nurses perceived financial success and hierarchical success at a moderate level ($\bar{X} = 2.39$, $SD = 1.10$; $\bar{X} = 3.18$, $SD = 0.82$, respectively) (Table 4-3). More than half of the nurses (58%) disagreed with the item of “*I am drawing a high income compared to my peers*”; and 55% of them disagreed with the item of “*I am earning as much as I think my work is worth*” (Appendix N). However it was better than Yin’s (2012) results which showed that the financial success was at a low level ($\bar{X} = 2.17$, $SD = 1.02$) with 62% of nurses considering their income as not high, and 59% of the nurses reported that their income does not equal their work effort. It did not mean that the nurses in this study received a higher salary or more benefits than the nurses in Yin’s study (2012) but only shows that the nurses in this study feel that their salary and benefits from their career is more equitable compared with their colleagues at the same level than the nurses who participated in the previous study. The results of hierarchical success ($\bar{X} = 3.18$, $SD = 0.82$) is similar with Yin (2012) in Kunming which was at moderate level ($\bar{X} = 2.62$, $SD = 0.85$). From the results of the previous study and this study indicated that the nurses are dissatisfied with their income or bonus distribution and their promotion in hospitals.

The reason may be because of the characteristic of nurses’ position. In this study, the results showed that more than half (68.40%) of the nurses were working in a temporary position (Table 4-1). In China, nurses can be categorized into two types: formally employed nurses (permanent nurses) and contract supernumerary employed nurses (temporary nurses). Compared with permanent nurses, most temporary nurses don’t receive equal pay but less pay for the same work (Yun et al., 2010). Therefore, most nurses don’t feel financially successful. In addition, nurses have to work overtime in the people’s hospitals with no extra or little money. Thus, the perception of financial success was at a moderate level.

The possible explanation may be that nurses lacked of opportunities to be promoted. In China, most nurses always believed that in order for them to advance in their career they would have to take a position in management. Within the traditional mode of nursing

organization structure, the number of head nurses or nursing department managers is very limited, so most nurses cannot achieve their goal to be promoted (Hu, 2015). Administrative title nurses are divided into five levels: director of nursing department, associate director of nursing department, supervisor, and head nurse. However, in the People's hospitals of Dali, there is a lack of supervisor of nurse administrative titles which means there are a limited number of positions for the head nurse or nursing department managers, so nurses have less opportunity to be promoted. Professional title nurses are divided into five levels: junior nurse, senior nurse, nurse-in charge, assistant chief senior nurse and chief senior nurse. In this study, the percentage of professional titles are follow as: junior nurse (60.42%), senior nurse (20.83%), nurse-in charge (15.28%), assistant chief senior nurse (3.47%) and no chief senior nurse. The higher the level, the more limited the number of professional titles. The findings further proved that only few nurses have the opportunity to be promoted. According to the current Chinese professional title promotion standards, nurses must obtain a cereal level of education, number of years of work experience, research skills, and published articles in order to be promoted to the next level. (Ministry of Health, 2011). However, it is difficult for nurses to do any research since they are too busy with nursing work which makes hierarchical success less likely. Therefore, nurses have the perception of hierarchical success at a moderate level.

Part III: Relationship Between Core Self-evaluation and Subjective Career Success

In this part, the relationship between core self-evaluation and overall subjective career success and each dimension were discussed as follows,

Relationship between core self-evaluation and overall subjective career success. As illustrated in Table 4, the results showed that there was a significant positive correlation between core self-evaluation and overall subjective career success ($r = .32$, $p < 0.01$). These results were consistent with many previous studies, for instance, in Germany, Stumpp et al. (2010) ($r = .42$, $p < 0.01$); in USA, Ng and Feldman (2014) and Judge and Hurst (2008) ($r = .53$, $p < 0.01$; $r = 0.104$, $p < 0.01$, respectively); Wei and Lee (2016) in Shanghai, China ($r = .36$, $p < 0.01$); Wang and Sun (2012) in Beijing ($r = 0.12$, $P < 0.05$). So nurses who had a high level of core self-evaluation tended to have a high level of subjective career success. However, it was found that there was no significant relationship between core self-evaluation and subjective career success ($r = 0.0008$, $p >$

0.7) in the study conducted by Ganzach and Pazy (2014) in Israel. This result may be because core self-evaluation as a successful strategy to individually manage subjective career success. Individuals with higher levels of core self-evaluation carry out their jobs better, are more successful in their careers, and are more satisfied with their jobs and personal lives (Judge, Hurst, & Simon, 2009). Individuals who have high scores on core self-evaluation are well adjusted, positive, self-confident, and believes in his or her own agency. Those with low core self-evaluation may set lower resource acquisition goals (Erez & Judge, 2001) and for this reason perceive their careers as less successful. Therefore, core self-evaluation is an important relating factor of subjective career success because it plays an important role in enhancing employee's subjective career success.

Relationship between core self-evaluation and job success. The results showed that there was a moderately positive significant relationship between core self-evaluation and job success ($r = .38, p < 0.1$) (Table 4-4). Therefore, nurses who had a high level of core self-evaluation tended to have a high level of job success with all positive results obtained from a job, like job satisfaction, career satisfaction, job performance, receiving developmental opportunities, management support as well as an emotional attachment with the job (Gattiker & Larwood, 1986). The results of this study were similar to the results from Wu and Griffin (2012) study and suggested that higher core self-evaluation predicted higher job satisfaction. A review of Meta-analytic results support the positive relation of core self-evaluation with job satisfaction, life satisfaction, and job performance (Chang, Ferris, Johnson, Rosen, & Tan, 2012); and the study (Grant & Wrzesniewski, 2010) findings suggest that high core self-evaluation is most likely to provide effective job performance. Nurses who have high scores on core self-evaluation are well adjusted, positive, self-confident, efficacious, and believes in their own agency. Those with low core self-evaluation may set lower resource acquisition goals (Erez & Judge, 2001) and for this reason perceive their careers as less successful. Therefore, core self-evaluation plays an important role in enhancing the job success of nurses.

Relationship between core self-evaluation and inter-personal success. The results showed that there was a moderately positive significant relationship between core self-evaluation and inter-personal success ($r = .36, p < 0.01$) (Table 4-4). It means that the nurses who have a higher of level core self-evaluation have a good relationship with

others, have a good performance evaluations and have a superior's confidence (Gattiker & Larwood, 1986). These results are similar with the study that found that people with high self-esteem had better relationships with others (Baumeister, Campbell, Krueger, & Vohs, 2003). Communication is important to develop a good relationship with others. Individuals could have a better understanding of each other and lead them to resolve conflicts easily through communication (Koprowska, 2014). People with high self-esteem claimed to be more likable and attractive, more willing to give suggestions. This can create better relationships with others. (Baumeister et al., 2003). According to the definition of core self-evaluation (Judge et al., 1997) self-esteem was a trait of core self-evaluation. Therefore, it supports that nurses who have a high level of core self-evaluation tend to have a high level of inter-personal success.

Relationship between core self-evaluation and financial success. The results show that there was no significant relationship between core self-evaluation and financial success ($r = .03$, $p > 0.05$) (Table 4-4). The result was consistent with the study of Gattiker and Larwood (1986) found that there was no significant predictive effect of occupational self-concept on financial success. It seems that whether the level of core self-evaluation changed, the feeling of nurses' financial success did not change. Gattiker and Larwood (1986) suggested that financial success is achieved when individuals feel that material acquisition or benefits from their career are fair and equitable. When compared with colleague who are at the same level, all incomes are appropriate for the amount of work, dedication and performance. However, managers pay less attention to financial success and instead pay more attention to the personal support and satisfaction of the personals' job characteristics (Gattiker, 1985). Financial success is related to the extend reward, the benefits that are in addition to the regular salary and bonuses. This may not relate to core self-evaluation. The amount of the reward and the method of distribution of the reward is likely to significantly impact the financial success of an employee (Gursoy & Swanger, 2007). However, because of the developing economic situation of Dali, the limited budget of Dali hospitals means that only a small number of nurses have the opportunity to obtain the extend reward even for those who have high core self-evaluation. However, nurses could not obtain financial success. Thus, there was no significant relationship between core self-evaluation and financial success.

Relationship between core self-evaluation and hierarchical success. The results showed that there was a significant weak positive relationship between core self-evaluation and hierarchical success ($r = .17, p < 0.01$) (Table 4-4). Nurses have little opportunity to be promoted when they have higher core self-evaluation. This result is different from an earlier study which reported that occupation self-concept was considered to be a strong predictor of individual self-perceived level (Gattiker & Larwood, 1986). Occupational self-concept can be defined as a subset of one's overall self-concept and refers to people's beliefs about themselves in the workplace (Anderson, 1981). The possible explanation for this difference may be related to “career plateau” (FERENCE et al., 1977) in China. Career plateau is a state in that people have a very small chance of further promotion in this stage.

In China, it is generally believed that for nurses to advance in their career they need to take a position in management. Since the number of the head nurse or nursing department managers is limited in the traditional mode of the nursing organization structure, most nurses can't expect to be promoted (Hu, 2015). According to the current Chinese Professional title promotion standards and hospital policies, if nurses apply for a promotion, they have to have a certain level of education, number of years of work experience, a number of published articles, and pass the annual examination given by the Ministry of Health which corresponds to the level of professional title. (Ministry of Health, 2011). The Ministry of Health (2011) announced different requirements for different levels. For the primary level: nurses must hold a diploma degree and have five years of work experience; nurses who hold an associate degree should have two years of work experience, and nurses who hold a bachelor's degree should have one year of work experience after their practicum. Nurses can get the certificate for the level they wish to obtain if they earn these diplomas and pass the examination. For the middle level: nurses with doctoral degree can apply to take the examination directly, but nurses who hold a master's degree, a bachelor's degree, associate degree or a diploma must have two, five, six and seven years of work experience. For the high level: nurses not only must follow the requirement presented above, but also must publish articles in journals approved by the Ministry of Health. Additionally, nurses with a doctoral degree should have two years of middle level experience; nurse with master or a bachelor's degree should have five years of middle level experience. So it seems that the most important factors which

affects the ability for nurses to be promoted are the policies of a country and hospitals and not the nurses' own situation. In addition, several studies reported nurses who have reached career plateau in hospitals of China (Fu & Li, 2014; Liu, Chang, & Zhou, 2013). Therefore, even though nurses have a high level core self-evaluation which gives them more confidence, but they still have very little opportunity to be promoted. It support that there was a weak significant positive relationship between core self-evaluation and hierarchical success.

Relationship between core self-evaluation and life success. The results showed that there was a moderate positive significant relationship between core self-evaluation and life success ($r = .42, p < 0.01$) (Table 4.4). Nurses who have higher levels of core self-evaluation feel happy satisfied with their overall life (Gattiker & Larwood, 1986). This result is consistent with earlier studies reporting the moderate positive relationship between core self-evaluation and life satisfaction (He, Shi, & Yi, 2014) ($r = .33, p < 0.01$) and Stumpp et al. (2010) ($r = .42, p < 0.01$). However, the results from the study of Wang and Sun (2012) indicated that core self-evaluation were weakly positively correlated ($r = 0.12, P < 0.05$) with life satisfaction. And another study found that self-esteem has a strong relation to happiness, the benefits of high self-esteem enhanced initiative and pleasant feelings (Baumeister et al., 2003). These studies results indicated that there was a significant interaction between core self-evaluation and life success. In conclusion, nurses who have high scores on core self-evaluation, are more likely to be well-adjusted, positive, self-confident, and believe in their own agency which makes happiness more likely. Therefore, the recognition of core self-evaluation plays an important role in enhancing nurses' life satisfaction and wellbeing.