

UNIVERSITI PUTRA MALAYSIA

EFFECTS OF A FINANCIAL CAPABILITY INTERVENTION PROGRAM ON FINANCIAL WELLBEING OF MEDICAL PRACTITIONERS IN SELANGOR, MALAYSIA

RAJNA A/P R.ANTHONY

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Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfillment of the Requirements for the Degree of Doctor of Philosophy

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DEDICATION

This Thesis Is Specially Dedicated to

.....the Pillars of the Study, the One hundred Medical Practitioners from Tengku Ampuan Rahimah General Hospital in Klang and Serdang General Hospital in Serdang, Selangor who willingly shared their personal financial information and made time from their busy work schedule to attend the one on one four-month coaching sessions for the benefit of their Peers...

I am indebted to every one of you for the invaluable contribution made.

Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Doctor of Philosophy

EFFECTS OF A FINANCIAL CAPABILITY INTERVENTION PROGRAM ON FINANCIAL WELLBEING OF MEDICAL PRACTITIONERS IN SELANGOR, MALAYSIA

By

RAJNA A/P R. ANTHONY

March 2018

Chairman : Associate Professor Mohamad Fazli Bin Sabri, PhD

Faculty : Human Ecology

The practice of medicine though rewarding is extremely demanding and stressful. With such high level of stress, compounded by poor work-life balance, many medical practitioners fail as competent money managers. In today's financial market, the financial service sector has created more accessible and greater financial services that require smart decision making interactions. This expectation has heightened the requirement for a financial capability intervention program on the financial wellbeing of the medical practitioners. This study adopted a sequential explanatory mixed methodology with randomized controlled pre-test-post-test experimental design. The Family Resource Management Model and the Financial Capability Model were integrated into a Logic Model Framework to serve as the proposed research conceptual framework. The Theory of Planned Behaviour and the theory of Transtheoretical Model of Behaviour Change were utilised to measure the outcome effect and to identify the Stages of Behavior Change of the participated medical practitioners before and after a financial capability intervention program.

A total of 100 medical practitioners were randomly assigned into intervention and control groups in equal proportion after both groups completed the pre-test questionnaire. The intervention group participants attended a series of five two hour one on one coaching session while the control group did not. After a four-month duration both the groups completed the post evaluation (post-test). In-depth interviews were conducted on seven selected participants based on criterion sampling. Parametric statistical techniques and thematic analysis were used to analyse the quantitative and qualitative data respectively.

Impact indicators revealed statistically significant increase in the levels of financial knowledge (30%), skill (24%), confidence (9%), practice (20%), financial capability (20%) and financial wellbeing (20%). There was also large magnitude of change (on Cohen's interpretation) in the effect sizes of within subject (pre and post) and between subjects (intervention and control) of financial knowledge (d=2.15), skill (d=2.53), practice (d=1.960), financial capability (d=2.4) and financial wellbeing (d=1.68) whereas financial confidence showed medium effect (d=0.63). The control group did not show any significant changes. No significant relationship was found between financial knowledge and financial wellbeing as well as between financial skill and financial wellbeing of the medical practitioners before and after the intervention program. However, financial confidence, financial practice, and overall financial capability showed positive linear correlation with financial wellbeing. Significant desirable positive financial behaviour stages of change were found in managing money, planning ahead, making choices and staying informed domains between those medical practitioners who were coached (intervention group) and those who were not (control group). The pre-test and post-test data of the control group showed that their financial behavioral stage remained unchanged. Alternatively, the medical practitioners who attended the four-month coaching program showed a distinct forward movement from one financial stage to another.

The findings of this study have implications for policy makers, financial educators, financial counsellors and coachers, workplace administrators, financial planners and medical practitioners themselves. Similar to coaching sport athletes, financial coaching have implications to enhance financial capability by building financial confidence. Hence, strategic financial activities for healthcare workers by opening staff financial wellness resource centres in the hospital to give coaching and counselling need to be considered. It is recommended that prior to designing appropriate financial literacy initiatives and undertake policy interventions it is vital for policy makers to understand consumer behavior and identify their weak financial areas based on initial assessment. Collaborative public-private partnership to drive financial capability programme at national level as an essential life skill from early age to adulthood is recommended. Finally, financial capability intervention programmes need to be promoted and complemented with coaching and counselling with regular follow up to motivate behaviour change.

In summary, this financial capability intervention program effectively brought about significant positive effect on the financial capability of the medical practitioners and subsequently on their financial wellbeing. As such, a logic model framework for financial capability intervention program was proposed through this study. Hence, this financial capability intervention program sets groundwork and stronger foundation for future research among other target population.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia sebagai memenuhi keperluan untuk ijazah Doktor Falsafah

KESAN PROGRAM INTERVENSI KEUPAYAAN KEWANGAN KE ATAS KESEJAHTERAAN KEWANGAN DI KALANGAN PEGAWAI PERUBATAN DI SELANGOR, MALAYSIA

Oleh

RAJNA A/P R.ANTHONY

Mac 2018

Pengerusi : Profesor Madya Mohamad Fazli Bin Sabri, PhD

Fakulti : Ekologi Manusia

Walaupun pengamal perubatan memperoleh ganjaran yang tinggi namun mereka berhadapan dengan cabaran dan tekanan. Selain itu, ketidakseimbangan masa kerja dan kehidupan peribadi meningkatkan tahap tekanan yang diterima menyebabkan kebanyakan pengamal perubatan tidak mampu menguruskan kewangan dengan bijak. Pasaran kewangan pada ketika ini menyediakan perkhidmatan yang lebih mudah untuk diakses dengan menggunakan interaksi pintar. Oleh yang demikian, perkhidmatan yang bertambah baik ini telah meningkatkan keperluan untuk mengadakan suatu program intervensi keupayaan kewangan bagi meningkatkan kesejahteraan kewangan para pegawai perubatan. Reka bentuk kajian jenis penerokaan berturutan (sequential explanatory mixed method) dan reka bentuk kajian eksperimental jenis randomized controlled pre-test-post-test digunakan dalam kajian ini. Model Pengurusan Sumber Keluarga (Family Resource Management Model) dan Model Keupayaan kewangan (Financial Capability Model) digabungkan dengan rangka kajian Model Logic (Logic Model) untuk berfungsi sebagai rangka kerja konseptual kajian yang dicadangkan. Ini menggunakan Teori Tingkahlaku Terancang (Theory of Planned Behaviour) dan theori Model Transteoretikal Perubahan Tingkahlaku (Theory of Transtheoretical Model of Behaviour Change) untuk mengukur kesan dan untuk mengenal pasti tahap perubahan tingkahlaku pegawai perubatan sebelum dan selepas intervensi program keupayaan kewangan.

Seramai 100 orang pegawai perubatan dipilih secara rawak ke dalam kumpulan intervensi dan kawalan dalam kadar sama rata. Ini dilakukan selepas kedua-dua kumpulan ini selesai menjawab soalselidik pra-ujian. Peserta kumpulan intervensi telah menghadiri sejumlah lima sesi latihan keupayaan kewangan selama dua jam bagi setiap sesi manakala kumpulan kawalan tidak dilatih. Kedua dua kumpulan ini telah

menyelesaikan soalselidik pasca ujian (*post-test*) selepas empat bulan. Seterusnya, seramai tujuh orang peserta dipilih berdasarkan persampelan kriteria untuk ditemubual dengan lebih mendalam oleh penyelidik. Kemudian, teknik statistik parametrik dan analisis tematik digunakan untuk menganalisa data kuantitatif dan kualitatif.

Berdasarkan analisis kajian, statistik yang signifikan meningkat bagi tahap pengetahuan kewangan (30%), kemahiran (24%), keyakinan (9%), amalan (20%), keupayaan kewangan (20%) dan kesejahteraan kewangan (20%). Nilai Cohen turut menunjukkan perbezaan kesan saiz dalam subjek (pra dan pasca) dan antara subjek (intervensi dan kawalan) pengetahuan kewangan (d = 2.15), kemahiran (d = 2.53), amalan (d = 1.960), keupayaan kewangan (d = 2.4) dan kesejahteraan kewangan (d = 1.68) manakala keyakinan kewangan menunjukkan kesan sederhana (d = 0.63). Namun, kumpulan kawalan tidak menunjukkan sebarang perubahan signifikan. Tiada hubungan signifikan juga dilihat di antara pengetahuan kewangan dengan kesejahteraan kewangan dan di antara kemahiran kewangan dengan kesejahteraan kewangan para pegawai perubatan sebelum dan selepas program intervensi. Walau bagaimanapun, keyakinan kewangan, amalan kewangan, dan keseluruhan kemampuan kewangan menunjukkan korelasi linear positif dengan kesejahteraan kewangan. Perubahan tingkah laku kewangan yang signifikan dan positif diperoleh di antara pegawai perubatan yang dilatih (kumpulan intervensi) dan mereka yang tidak dilatih (kumpulan kawalan) dalam domain menguruskan wang, merancang masa depan, membuat pilihan dalam keadaan bermaklumat. Data pra-ujian dan pasca ujian kumpulan kawalan menunjukkan bahawa peringkat tingkah laku kewangan mereka tidak berubah. Selain itu, pegawai perubatan yang menghadiri program latihan empat bulan ini menu<mark>njukkan perubahan yang le</mark>bih baik dari satu peringkat ke peringkat yang lain.

Penemuan kajian ini mempunyai implikasi terhadap pembena dasar, pendidik penasihat dan pembimbing kewangan, pentadbir pekerja, perancang kewangan, kewangan dan pengamal perubatan sendiri. Sama seperti membimbing atlet sukan, bimbingan kewangan mempunyai implikasi untuk meningkatkan keupayaan kewangan dan membina keyakinan kewangan. Oleh itu, aktiviti kewangan strategik untuk pekerja kesihatan dengan membuka pusat sumber kesejahteraan kewangan kakitangan di hospital untuk memberi bimbingan dan nasihat perlu dipertimbangkan. Adalah disyorkan bahawa sebelum merekabentuk inisiatif celik kewangan yang sesuai dan melaksanakan intervensi dasar adalah penting bagi pembuat dasar untuk memahami tingkah laku pengguna dan mengenal pasti kelemahan kewangan mereka berdasarkan penilaian awal. Disyorkan kerjasama rakan kongsi awam-swasta untuk memacu program keupayaan kewangan di peringkat kebangsaan sebagai kemahiran hidup penting dari peringkat awal hingga ke dewasa. Akhirnya, program intervensi keupayaan kewangan perlu dipromosikan dan dilengkapi dengan bimbingan dan kaunseling yang kerap untuk memotivasi perubahan tingkah laku.

Secara ringkas, program intervensi latihan keupayaan kewangan ini telah membawa kesan positif yang signifikan ke atas keupayaan kewangan para pegawai perubatan dan seterusnya kesejahteraan kewangan mereka. Oleh itu, model kerangka kajian

dicadangkan untuk program intervensi keupayaan kewangan menerusi kajian ini. Justeru, program intervensi ini merupakan kayu ukur yang kukuh untuk kegunaan penyelidikan masa depan dalam kalangan populasi sasaran yang lain.



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I believe I have made everyone proud.

RAJNA ANTHONY

I certify that a Thesis Examination Committee has met on 20 March 2018 to conduct the final examination of Rajna a/p R. Anthony on her thesis entitled "Effects of a Financial Capability Intervention Program on Financial Wellbeing of Medical Practitioners in Selangor, Malaysia" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Doctor of Philosophy.

Members of the Thesis Examination Committee were as follows:

Rahimah binti Ibrahim, PhD

Associate Professor Faculty of Human Ecology Universiti Putra Malaysia (Chairman)

Ismi Arif bin Ismail, PhD

Associate Professor Faculty of Educational Studies Universiti Putra Malaysia (Internal Examiner)

Syuhaily binti Osman, PhD

Associate Professor Faculty of Human Ecology Universiti Putra Malaysia (Internal Examiner)

Maurice Macdonald, PhD

Professor Kansas State University United States (External Examiner)

All S

NOR AINI AB. SHUKOR, PhD Professor and Deputy Dean School of Graduate Studies Universiti Putra Malaysia

Date: 24 May 2018

This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Doctor of Philosophy. The members of the Supervisory Committee were as follows:

Mohd Fazli Bin Sabri, PhD

Associate Professor Faculty of Human Ecology Universiti Putra Malaysia (Chairman)

Laily Haji Paim, PhD

Professor Faculty of Human Ecology Universiti Putra Malaysia (Member)

Husniyah Binti Abdul Rahim, PhD

Senior Lecturer Faculty of Human Ecology Universiti Putra Malaysia (Member)

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Signature:	
Name of	
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Committee:	Associate Professor Dr. Mohd Fazli Bin Sabri
	I == 2+ = 10+,
Signature:	
Name of	
Member of	
Supervisory	
Committee:	Professor Dr. Laily Haji Paim
Signature:	
Name of	
Member of	
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Committee:	Dr. Husniyah Binti Abdul Rahim

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LIST OF ABBREVIATIONS

FCAP Financial Capability

FCIP Financial Capability Intervention Program

UPM Universiti Putra Malaysia

NMRR National Medical Research Registry

MOH Ministry of Health Malaysia

MREC Medical Research Ethics Committee

CRC Clinical Research Centre

IHBR Institute for Health Behavioral Research

CHAPTER 1

INTRODUCTION

1.1 Background of the Study

The practice of medicine is extremely challenging. Medical practitioners are required to undertake the responsibility for patient management, stay current with medical knowledge and practice, continuously improving skills and competency, showing care, courtesy and be compassionate professionals (Malaysian Medical Council, 2006). With rapid changes in the medical advancement, these medical doctors are not only expected to know about every disease, they are also required to be able to treat every single patient they manage with the right treatment, putting aside all their own personal, family and financial issues (Fisher, Garside, Brock, Gibson, Hunt, Wyrko and Gordon, 2017). With such high level of stress, compounded by poor work-life balance, these medical practitioners fail as competent money managers to achieve financial wellbeing.

In Malaysia, it is a public perception that medical practitioners are well-informed consumers and excellent money managers due to their earning capacity and impressive lifestyle (Cheah, 2005). They are rated as one of the highest paid professionals (Youn, 2012; Khalid, 2016). Nevertheless, every year approximately three hundred highly trained and experienced medical doctors are leaving public hospitals to private healthcare services for greener pastures to generate higher income. Though there is no conclusive evidence that the migration to greener pasture could be due to their mismanagement of personal finances and lack of financial capability that lead them in search of extra income, 81 percent left due to low pay and 86 percent of these doctors migrated because of dissatisfaction with benefits (Aidalina & Aniza, 2015).

Many of these executives are good at earning money and good at their jobs but are poor at managing and investing as medical schools do not teach finance as a subject (Farber, 2001b; Hacker, 2011; Lieber, 2011). The Medical Economics Financial surveys in the year 2001 and 2004 indicated financial instability in physicians particularly doctors younger than 35 years old (Lowes, 2005). Some physicians are having problems with credit card debt. 80 percent of their debt are in mortgage loans and 30 percent indebtedness for medical education loans for physicians age 34 or younger. They lack the knowledge and capability to manage their money prudently. Many of these physicians are only successful in the later part of their lives (Farber, 2001b). There are several factors contributing to this. New to the world of finance, young physicians take charge of their own financial future with little or no experience. They model their parents, peers, and friends. They often rely on the front desk officers in the financial institutions for products and advice as they do not have the time, knowledge or skill to compare products (Farber, 2001a). They are tempted with credits (credit card, hire purchase loans, contracted long term so called, investments) without

being educated on the pros and cons of using these facilities. They take advice from commissioned base single service providers such as insurance and mutual fund intermediaries as they do not have time to survey for products. They acknowledged that they lack the know-how and guidance to manage their money and they admit making terrible financial mistakes (Medical Economics, 2001).

In today's financial market, financially capable individuals can contribute to the financial sector development, which in turn is strongly related to economic growth. Financially capable individuals are the ones who make good financial decisions, interact effectively with financial service providers and are more likely to achieve their financial goals and therefore improve their households' welfare (the World Bank, 2013). The effective and efficient use of information communication technologies (ICT) by today's busy individuals like the medical practitioners, who have the skills and understanding to interact with the technology accessibility, financial services sector has created greater and more convenient access to financial services and retail products like credit cards, deposit banking, mortgages, brokerage, and insurance. While it requires the individuals to be more financially capable and be more informed consumers to control their finances, a base level of financial ability to understand, determine and differentiate the benefits of such various competing products in a more complicated financial environment is a must. This expectation to interact with financial services with smart decision making has heightened the requirement for a financial capability intervention program that will enable consumers (medical practitioners) to make effective personal financial decisions.

1.2 Problem Statement

The Malaysian National Credit Counselling and Debt Management Agency (CCDM) or better known as Agensi Kaunseling dan Pengurusan Kredit (AKPK) has recorded a total of 380,433 individuals had attended their debt counseling services, and from that, 140,671 have been enrolled in the agency's debt management program (Malaysia Department of Insolvency, 2015). An average of 41 Malaysians go bankrupt every day and 58.7 percent of them are young adults between the age group of 25-44 years old (Selvaraj, 2011). The number of bankruptcy among the Malaysian civil servants in year 2013 recorded to be 1638 out of which 262 (16 percent) of them are profesionals including medical practitioners in the public hospitals (Department of Insolvency Malaysia, 2013).

The number one reason these civil servants became bankrupt was due to failure to pay hire purchase loans (Nair, Paim, Sabri, & Abdul Rahim, 2016). Overspending has become a nationwide concern. Credit card debt is another reason these young adults become bankcrupt within the first five years of their working life (Mun & Rahim, 2011). Young public service executives like the house-officers and medical officers from the public hospitals are generously offered credit cards by the financial institutes but are not provided with sufficient information pertaining to the credit card usage as they are unaware of the negative impacts that can make them to be declared bankrupt

(Noordin, Zakaria, Zool, Mohamed, & Ngah, 2012). Financial missteps early in the career of individuals can extend to the economic challenges faced during their later years. Malaysian Central Bank (BNM)'s study on financial inclusion and capability found that only 18 percent of Malaysians can survive up to three months if they lost their main sources of income (Suhaimi, 2013).

The constant inability to afford the basic necessities of life, is a source of depression and is related to poor mental and physical health outcomes in the population (Mental Health Daily, 2014). There is a rising tendency of young adults getting into financial difficulties as a result of lifestyle pressure and lack of financial management skills. Although most financially troubled individuals eventually work their way out of debt, some others find it difficult and afraid to deal with the situation. They become embarrassed and miserable about their debt that they seek suicidal as an escape route (Mental Health Daily, 2014). Low financial capability has significant and substantial psychological effect for both gender. The size of the effect for men was that similar to being unemployed while for women the magnitude of the psychological effect is similar to that of being divorced. However, high financial capability was associated with higher levels of psychological health for both sexes. Nevertheless, improving financial capability will also improve psychological wellbeing (Taylor et al., 2011).

Financial wellbeing is a key indicator of mental wellbeing (Hayes, 2014). Financial wellbeing and mental wellbeing are indivisible and that poor mental health is deepened by financial problems (Hayes, Parchman & Howard, 2011). There is a clear recurring link between mental and financial health. Poor financial health leads to poor mental health, including depression, anxiety, and some forms of psychosis, which in turn leads to further poor financial health, and the cycle repeats. These mental health issues are three times more likely to occur when an individual is in debt (Campbell, 2016).

In Malaysia, as of 31st December 2015, the total number of medical practitioners working in the country are 46,491 of which 33,545 were employed by the public sector health ministry (Ministry of health, 2015). It is common for a medical officer despite, having a monthly employment cash inflow of RM 8,500 (minus income tax and employer provident fund) at the age of 30, provide locum services to private general practitioners and private hospitals to earn extra income (Malaysian Medical Council, 2006). A medical officer who does five locum services in a month can earn an average of RM 2000 (Hafiz, 2010). Some medical officers do locum every other day, to cope up with the cost of living and their notable lifestyle (Cheah, 2005). Therefore, a medical officer at age 30 years old employed in the public sector can earn an average annual income of RM100, 000. In comparison to a 30-year-old other profession executives (lecturers, account executives, software engineer, mechanical engineer, civil engineer and marketing executive) the annual median salary scale ranges from RM40,000–RM60,000 (pay scale, 2016).

This raises a question. Why do medical officers from the public hospitals who earn twice the amount than their other professional peers, are in search of extra income even when they are struggling to balance between family-work busy lives?

Many young doctors said, money has significant impacts on their self-esteem and their work-related behaviour (Farber, 2001a). A study conducted by Al-Najjar (2008), revealed that financial difficulties are the primary source of distress for physicians and general practitioners while working in the public hospitals. These psychological symptoms not only affecting the physicians mentally, their professional image too is endangered with their patients' lives at stake (Bright, 2011). Therefore, there is obviously more to be uncovered in relation to their financial capability practice gap and their financial wellbeing.

The Malaysian Economic Transformation Programme's (ETP) progress report 2013, acknowledges that Bank Negara Malaysia, the Central Bank of Malaysia (BNM) uses a risk-based approach to consumer protection that is complemented by financial education and market intelligence to highlight products and practices posing undue risk to consumers, such as aggressive credit-card marketing or outsourcing debt collection (BNM, 2013). Financial capability is important for life-long financial sustainability (Suhaimi, 2013). The key for policymakers to design appropriate financial capability initiatives and undertake policy interventions is to understand consumer behaviour. Financial capability intervention program provide the necessary knowledge, skills and tools for consumers to make informed financial decisions with confidence. This allows individuals to build, accumulate, manage and preserve wealth (Suhaimi Ali, 2013). Lack of financial capability is a critical issue that seeks attention. The more financially capable people are, the more effectively they can manage their finances. Financial education often associated with increasing knowledge, a combination of information, building skills, and motivation to make the desired changes in behaviour. There is evidence that financial capability strongly influenced by financial behaviour (Mandigma, 2013). Providing financial education alone is not enough (OECD, 2010). Building financial capability goes beyond classroom teaching. Its ultimate aim is to increase financial knowledge, skills and confidence that results in behaviour modification in a positive direction which ultimately contributes towards the individual's financial wellbeing (Kareen Smith, 1995).

Visa Malaysia has teamed up with AKPK to raise the level of financial literacy in the country. Despite the number of programs, initiatives and various strategies being introduced by educators, private and public agencies, the number of individuals who had attended debt counseling services had also increased from 229,334 individuals in the year 2013 to 380,433 individuals as of October 2015 (Malaysia Department of Insolvency, 2015). This alarming 65.89 percent increase in seeking financial counseling raises a question: Are the efforts to educate the Malaysian public on financial literacy truly improving the participants' overall financial wellbeing?

In answering the above research gap question, almost all financial literacy programs were funded by funding agencies and the educators are liable to report the number of programs delivered, the number of participants attended and the impact it created (Lyons, Palmer, Jayaratne, & Scherpf, 2006). Impact assessments need educators' capability to carry out the intervention effectively and to analyse the degree of the program impact. It needs time intervals, manpower and additional resources to do pre and posttest evaluations. Because these resources and the evaluation ability are limited, it's a challenge for educators to conduct more effective and rigorous intervention studies (Lyons, Chang, & Scherpf, 2006).

The 2008 National Research Symposium on Financial Literacy and Education in Washington DC, focused on behavioural and consumer economics, financial risk assessment, and financial education evaluation. Twenty nine experts were call in to the symposium to summarize the existing research findings in financial literacy and education, to identify gaps in the literature. Two amongst the few suggestions made during the Symposium was 1) to apply theory-based financial education programs focusing on behaviour modifications and 2) to use mixed method design to explore important issues and factors on consumer financial behaviors that are not addressed by quantitative research (Financial Literacy and Education Commission, 2008).

According to Lyons and Palmer (2008), though a number of theoretical frameworks have been drawn to explain how financial education can be applied to facilitate behavior change, yet there is still disconnect between theory and practice. They further explained that theory provides perception, and a baseline, for what consumers should be doing in practice. They also reckoned that educators are likely abandoning theories to the disadvantage of consumers' financial well-being even though opportunities are aplenty for researchers to test different theories to see if these tested theories can be used to predict future financial behavior to identify more appropriate educational interventions (Lyons & Palmer, 2008). Therefore, in order to better understand the decision making process by the consumers' financial behaviour and to bridge the gap between theory and practice, a Family Resource Management Logic Model study framework incorporating the theory of Planned Behaviour and the Transtheoretical Model of Behaviour Change (TTM) is proposed to act as a guide to understand how consumers develop positive behaviors through financial capability interventions.

To fulfill the second suggestion by the Financial Literacy and Education Commission Symposium, 2008, to explore the issues and factors on consumer financial behaviors, an explanatory mixed method (quantitative and qualitative) design was used to supplement the quantitative data.

In an attempt to tackle the above practical, research and theoretical gaps, this study adapted the pragmatic (practical) philosophical worldview assumptions which focused on problem solving and reforms that may change the lives of the participants (Creswell, 2009). Applying the financial coaching process in a multi-session financial capability intervention program, may improve the financial management practice of

the respondents to achieve financial wellbeing (Collins, 2012). The initial assessment and evaluation of the financial planning process determined the baseline financial capability and financial wellbeing of the respondents. The outcome effect is measured with the combination of participatory action research, and randomized controlled pretest-post-test experimental design. Improvement in financial knowledge, competency and confidence concluded the effectiveness of the program.

Hence, this research intended to evaluate the impact of a financial capability coaching program bearing in mind all the research priorities and the critical research gaps in the literature.

1.3 Research Questions

Based on the problem statements of this research, the following research questions were formulated.

- 1. Is there any significant difference in the levels of financial capability constructs (knowledge, skills and confidence) of the medical practitioners in the intervention group compared to those in the control group before and after a four-month financial capability intervention program?
- 2. is there any significant difference in the levels of financial capability of the medical practitioners (intervention and control groups) before and after a fourmonth financial capability intervention program?
- 3. Is there any significant difference between the levels of perceived financial wellbeing of the medical practitioners (intervention and control groups) before and after a four-month financial capability intervention program?
- 4. Is there any significant difference between the levels of financial practice of the medical practitioners in the intervention group compared to those in the control group before and after a four-month financial capability intervention program?
- 5. Is there any relationship between the levels of financial capability constructs (knowledge, skills and confidence), financial capability and financial practice of medical practitioners with their level of perceived financial wellbeing before and after a financial capability intervention program?
- 6. Is there a change in the financial behavioural stage (pre-contemplation, contemplation, preparation, action, and maintenance) of the medical practitioners before and after attending a four-month financial capability intervention program?
- 7. To what extend does the qualitative exploring support the quantitative findings on the effect of a financial capability intervention program on the financial wellbeing of medical practitioners?

1.4 Research Objectives

The main objective of this study is to determine the effect of a financial capability intervention program on the financial wellbeing of medical practitioners in public hospitals in Selangor.

1.4.1 Specific Objectives

The specific aims of the study are:

- 1. to determine the significant difference in the levels of financial capability constructs (knowledge, skills and confidence) of the medical practitioners in the intervention group compared to those in the control group before and after a fourmonth financial capability intervention program.
- 2. to identify the statistically significant difference in the levels of financial capability of the medical practitioners (intervention and control groups) before and after a four-month financial capability intervention program.
- 3. to determine the significant difference between the levels of perceived financial wellbeing of the medical practitioners (intervention and control groups) before and after a four-month financial capability intervention program.
- 4. to determine the significant difference between the levels of financial practice of the medical practitioners in the intervention group compared to those in the control group before and after a four-month financial capability intervention program.
- 5. to examine the relationship between the levels of financial capability constructs (knowledge, skills and confidence), financial capability and financial practice of medical practitioners with their level of perceived financial wellbeing before and after a financial capability intervention program.
- 6. to identify the change in the financial behavioural stage (pre-contemplation, contemplation, action, and maintenance) of the medical practitioners before and after attending a four-month financial capability intervention program.
- 7. to explore to gain further descriptive elaboration on the effect the financial capability intervention program created on the financial wellbeing of the medical practitioners.

1.5 Research Hypotheses

In this study, alternate hypotheses were formulated in seeking to answer the above seven research questions.

- Ha1: There were three alternative hypotheses presented for the above research question (RQ1) as follows:
- Ha1 (i): There is a significant increase in the level of financial knowledge of the medical practitioners in the intervention group compared to those in the control group before and after a four-month financial capability intervention program.
- Hal (ii): There is a significant increase in the level of financial skill of the medical practitioners in the intervention group compared to those in the control group before and after a four month financial capability intervention program.
- Ha1 (iii): There is a significant increase in the level of financial confidence of the medical practitioners in the intervention group compared to those in the control group before and after a four month financial capability intervention program.
- Ha2: There is a statistically significant increase in the level of financial capability of the medical practitioners in the intervention group compared to those in the control group after a four month financial capability intervention program.
- Ha3: There is a significant increase in the level of perceived financial wellbeing of the medical practitioners in the intervention group compared to those in the control group after a four month financial capability intervention program.
- Ha4: There is a significant increase in the level of financial practice of the medical practitioners in the intervention group compared to those in the control group before and after a four month financial capability intervention program.
- Ha5: There were five alternative hypothesis presented for the research question 5 (RQ5) as follows:
- Ha5 (i): There is a significant relationship between the level of financial knowledge of the medical practitioners and their level of perceived financial wellbeing before and after a financial capability intervention program.
- Ha5 (ii): There is a significant relationship between the level of financial skill of the medical practitioners and their level of perceived financial wellbeing before and after a financial capability intervention program.
- Ha5 (iii) There is a significant relationship between the level of financial confidence of the medical practitioners and their level of perceived financial wellbeing before and after a financial capability intervention program.
- Ha5 (iv): There is a significant relationship between the levels of financial capability and perceived financial wellbeing of the medical practitioners before and after a financial capability intervention program.

Ha5 (v): There is a significant relationship between the levels of financial practice and perceived financial wellbeing of the medical practitioners before and after a financial capability intervention program.

Ha6: There was a significant desirable positive financial behaviour stages of change between those medical practitioners who participated in the financial capability program (intervention group) and those who did not (control group).

There is no hypothesis formulated for research question seven (7) as there are no hypotheses to be tested as the qualitative findings will serve as a descriptive elaboration to complement the quantitative data.

1.6 Significance of the Study

This study contributed to the field of family economics and management, personal financial management, economics and human resource by providing empirical evidence that financial wellbeing is influenced by financial knowledge and understanding, skills and competence, and confidence and attitudes (OECD & INFE, 2010). Besides these, practice and behavior are significant indicators of financial wellbeing. This study therefore identified that building financial capability through coaching improved medical practitioners' financial management skills which not only had immediate effects on their financial wellbeing, but also on their financial behaviours. The program promoted financial capability based on individual needs and financial situation rather than a 'fit for all program'. In this way each and every participant's pre-program (pre-test) evaluation outcomes acted as the baseline to set achievable goals within the four month coaching time frame and determined the factors influencing the financial decision making. Exploring and identifying the factors influencing the financial decision making positioned them to make more informed financial decisions. These financial decision making and control practices are ever more important today, due to changes in the financial environment, technology and the increasing number of dual-income families. Therefore, this research contributes to a deeper understanding of self, family and society.

Financial education programmes help change people's attitudes and behaviour to make more effective decisions about their personal finances in order to deal with financial challenges. In Malaysia, the youth lack formal financial education and this has resulted in an increase number of bankruptcy rate within the first five years of the start of their career. They spend more than they earn through the use of credit (AKPK, 2011). In tackling this issue, the Malaysian government has taken the initiative to integrate financial education into the national primary school curriculum to improve the relatively low level of financial knowledge and to develop sound personal financial management skills among the young (BNM 2013). This study has proven that financial education alone is not enough, it has to be incorporated with motivations and monitoring to build financial capability and positive financial behavior. The

baseline assessment and evaluation act as the starting point to identify weak areas of behavior and programs can be set to improve these targeted areas.

1.7 Limitation in the Study

The present study has certain limitations that ought to be addressed.

Time was the major limitation to this study. Be it, the four month duration of the study, recruitment of participants, the two hours allocated coaching time for each participant, the medical practitioners unpredictable working time schedule and the available resource room 8am to 5pm operating time, all can contribute to the limiting time factors of this study.

The second limitation concerned is the bias response to survey questions. The tendency of study participants to fill up the financial data (balance sheet) as well as answering the interview questions in a manner that will be viewed favourable by the interviewee pose a possible threat to the validity of this study. This social desirability bias response can lead to over-reporting favourable behavior or under-reporting undesirable behavior.

The third limitation was the attrition of the respondents in the treatment group. Medical practitioners are very busy individuals and constantly educating themselves. As they move up their rank or further their studies, they are transferred to other public hospitals for new positions or for further trainings. Therefore this is anticipated that attrition of the treatment group is unavoidable.

Detailed limitations in the current study that could serve as a guide for future research is discussed in Chapter 5 (subsection 5.6)

1.8 Definition of the Terms

The conceptual and operational terms used in this study are as follows:

1.8.1 Financial Capability

Conceptual Definition

Financial Capability is defined as "the capacity, based on knowledge, skills, and access, to manage financial resources effectively" (President's Advisory Council's 2015). Similarly, the Canadians defined financial capability as a three-dimensional construct covering: financial knowledge and understanding; financial skills and

competence as well as financial attitude and responsibility (Arrow smith, 2008). It is also defined in behavioral terms with an additional four discrete aspects (managing money, planning ahead, making choices and staying informed) by the The Financial Services Authority, United Kingdom (FSA, 2004).

Operational Definition

Financial capability is operationally defined as a three elemental construct (financial knowledge, financial skills and financial confidence) in four individual domains (managing money, planning ahead, making choices and staying informed). In its behavioural terms, the three constructs of financial capability are identified as knowledge and understanding; skills and competency; attitude and confidence. These constructs and domains are the key elements in this study.

1.8.2 Financial Practice

Conceptual Definition

Financial practices is a set of behaviours involving planning and implementing which involves cash, credit, investments, risk management, retirement and general management practices (Anderson, Zhan, & Scott, 2004). Sherraden, Courchane and Zorn conclude that financial difficulties arising from poor financial practices which not only affects a household's balance sheet, but it also affects the social, emotional and physical wellbeing of that family (M Courchane & Zorn, 2005; M. Sherraden, 2008)

Operational Definition

Financial practices in this study was defined as a set of behaviours involving managing money, planning ahead, choosing products and staying informed. It covers areas on budgeting, setting goals, making financial plans, investing, understanding and comparing products, seeking information and monitoring financial products.

1.8.3 Financial Behaviour Stages

Conceptual Definition

Behaviour change involves progressing through a series of stages (pre contemplating, contemplating, preparation, action and maintenance) with individuals commonly relapsing before successfully giving up negative behaviours and engaging in positive behaviours. To establish the key benchmarks (i.e., thirty days or six months) and to identify the stage at which individuals are ready and able to change their behaviour,

researchers and practitioners apply appropriate educational interventions tailored to meet individuals' specific needs at that stage (Prochaska, Diclemente, & Norcross, 1992).

Operational Definition

The impact of the financial capability program on the participants' financial behaviour is evaluated on four areas; managing money, planning ahead, making choices and staying informed. The stages of change (the readiness of a participant to take action to move from one stage to another) captures the participants' behavior stage before and after the four month financial capability intervention program.

1.8.4 Financial Wellbeing

Conceptual Definition

Joo (2008) defined financial wellbeing as a state of being healthy, happy and free from financial worries and the overall satisfaction with one's financial situation is often used as a measure of financial wellbeing. Subjective financial wellbeing measures satisfaction as perceptions.

Operational Definition

In this study, satisfaction in one's financial situation is used as subjective measures of financial wellbeing. Similar to other researchers (Mokhtar, Husniyah, Sabri, & Talib, 2015; Xiao, 2008), the term financial satisfaction and financial wellbeing are used interchangeably in this study. The research instrument for perceived financial wellbeing measure is a twelve item questionnaire that measures financial wellbeing in five scaled Likert scale (very dissatisfied, dissatisfied, neutral, satisfied and very satisfied). Higher scores indicate higher financial wellbeing level.

1.9 Organisation of the Study Chapters

The composition of this research is made up of five chapters. The following summarises each chapter as a point of reference.

Chapter One provides the overview of the study by detailing the background of the research, the aims and the rationale behind the study. It also elaborates the significance of the study and how it will contribute to the body of knowledge in the field of study. Formulation of research questions, the main and specific objectives of the study, the assumed hypotheses as well as the conceptual and operational definition of the variables used are all discussed in this chapter.

Chapter Two discusses the literature related to the theories, models, and concepts in the study. A range of literature on financial capability, evaluation and effectiveness on financial coaching, financial behaviour as well as financial wellbeing were synthesized to provide a core understanding of the study. In addition, this chapter explains the theoretical framework and the proposed 'logic model coaching and evaluation framework' in detail.

Chapter Three gives a description and justification of the research design, research methodology, detailed procedures of the study such as target sample, sample size, sampling techniques, data collection techniques, processing and analytical procedures.

Chapter Four presents the findings of the study and discusses the findings of the study on the literature.

Chapter Five presents the summary, the limitations, implications, recommendations and areas for future research.

1.10 Chapter Summary

This chapter provided a brief introduction of the background of the study, followed by problem statement, research questions, objectives and hypotheses of the study. The significance and limitations of the study as well as the organization of the study chapters are also discussed.

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