

A Thesis Submitted for the Degree of PhD at the University of Warwick

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Chinese Women in White
A Study of Nurses in Taiwan

A thesis

by

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of

Department of Sociology

Presented for the degree of Doctor of Philosophy
at the University of Warwick

January 1989

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For my children:

Xiao Wen and Xiao Jun

The work described in this thesis was carried out between April 1985 and January 1989 under the direction of Professor M. Stacey in the Department of Sociology of Warwick University. The work is original and no part has been submitted for a degree at any other University.

Preface

The work started when I first registered as a part time Postgraduate student at Warwick, after finishing my MSc degree in medical sociology at Bedford College, London University in October 1982. Some preliminary investment had been done and a few essays written while I was in Taiwan teaching in a medical school. But it was only after April 1985, when I secured a grant from the Chinese Central Government in Taiwan to come over England again and switched to full time study, that the real work could really start. Since then, many parts of the work have been changed, such as the target problems and the methodology to tackle them. The whole working process was dynamic. Ideas exchanged, floating to and fro between my supervisor, Professor Margaret Stacey and me over years to find out results, as well as problems and methods. Only the original purpose of the study (Chinese women) and the sample group (nurses) have remained the same and still fascinate me.

The problems were focussed gradually. The process of emergence of the problems and the conceptual framework used in the study will be described in part 1: introduction.

The methodology changed in response to the focusing of the problems. Both the original plan and the evolving current design will be presented in Part 2: the research process. The field work and data analysis will be also dealt with in the same part. Some further but small alterations away from the research plan were made to adjust to the situation of the field work as it happened in practice.

Part 3 will be the results of the historical and literature review. The literature review gave me a more clear and closer look at my sample against

their background of Chinese women's life in the past (chapter 8) and at the present day in Taiwan (chapter 10). Also, traditional Chinese women healers and carers and the modern nursing history (chapter 9) were brought to light to elucidate the problems in nursing today.

Part 4 will be the emergent themes which were attained through analysis of the field work. From these themes, a general profile of the life of these women in our sample in present day Taiwan gradually emerged.

In part 5 conclusions are drawn concerning 'the new patriarchy', in which our respondents' lives are formed, as always around their menfolk - father, husband and son - although with certain differences from the situation in the past.

My special thanks are due to my supervisor for her encouragement, support, challenge and inspiration in the past years. I also owe a particular debt to my respondents in this study, especially those who accepted my interview, for their trust and allowing me insight into their lives. I also want to thank my friend Dr. Michael Rand Hoare who took great pains over the correction of my English throughout and provided invaluable criticism.

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Glossary

- AH : Army Hospital
- FMC : Female Military College (a pseudonym for one college)
- JNC : Junior Nursing College (one training program in Taipei, part of
TPCN)
- NAC : Nurses' Association of China
- NAROC: Nurses' Association of Republic of China
- NDMC : National Defence Medical Centre
- OBS : Obstetric
- OPD : Out patient department
- PUMC : Peiping Union Medical School
- ROC : Republic of China
- TPCN : Taipei Provincial College of Nursing
- TSGH : Tri-service General Hospital, part of NDMC
- TUMC : Taiwan University Medical School

Note on the romanization of Chinese

As always, there are problems in giving a consistent romanization of Chinese terms. Where authors' names are concerned, I have preserved their own spelling, if given, whether in the older Wade-Giles system or the more modern 'pin-yin'. When transliterating, the pin-yin system has been used as far as possible, with the usual exceptions of very common place-names.

List of non-pinyin terms

Names:

Chiang, Lan-hung Nora
Chiao, Chien
Chin, C. H.
Chou, Bih-er
Chow, Mei-yu
Chow, Tse-tsung
Hsia, C.T.
Hsu, Francis L.K.
Hsu, Mei-Chih
Lin, Tsair-yuan
Lo Lee, Mei-li
Lu, Yu-hsia
Pao, Chia-lin
Shih, Y.T.
Tsai, S.L.
Tu, Tsung-ming
Wang, Mamie Kwoh
Yen, Ching-ping
Yu, T.C.

Places:

Damshui
Fukien
Kaohsiung
Kinmen
Nanking
Taipei

Caveat

It has not been possible in every instance to distinguish between references to modern Chinese women in Taiwan and those to the totality of women in the Chinese homeland. When it is not otherwise clear from the context, references to 'Chinese women' in the present tense should be assumed to apply specifically to the women of the Republic of China (Taiwan).

Part 1: Introduction

Part 1: Introduction

Chapter 1. Aim of research

Chapter 2. The emergence of problems

Chapter 3. The conceptual framework

Chapter 1. Aim of research

Chinese women in Taiwan

The nurses

Anticipated contribution

Chapter 1. Aim of research

The aim of this study is to examine nurses as Chinese women as a step towards understanding Chinese women in present-day Taiwan. My hope is that its results may help in the understanding of woman's role and position in a changing oriental society, while also exposing at the same time other incompatibility phenomena in the society due to culture implantation and conflict from the west.

To be more specific, the research is an attempt to examine the middle class women's life both at home as daughters, wives and mothers, and also in public as professional workers; to see whether the persistence of the traditional expectation of women influences or interferes with women's life today in general and that of nurses in particular. The hope is that it can explain some of the problems and dilemmas that the nursing profession faces today in Taiwan. Thus there are two aspects to this work: Chinese women and nurses.

1. Chinese women in Taiwan

For thousands of years, Chinese women were confined at home, deprived and persecuted, notwithstanding repeated waves of feminist effected movement, in particular those associated with the Tai-ping Rebellion (1851-1864), the Republican Revolution (1911), the May Fourth Movement (1919), the promulgaion of the Civil Code (1931) (Davin 1978:15), and the revival of a neo Confucian during the New Life Movement (1934) (Norma Diamond 1975:3-45). To what extent have women in present-day Taiwan inherited this tradition?

In Taiwan recently, women's appearance and behaviour have changed considerably. For example they dress in the latest fashion, walking in the street and sitting in cafes; some of them work at least for a few years of their life before marriage; they go to school to pursue higher and higher

education. In consequence quite a few of them believe that they are even more privileged and freer than their western sisters, to the point where some men complain that things have gone too far. Arguments like this could go on forever. But what is the truth? Apart from their appearance, deep inside their mind, we may wonder whether the traditional Chineseness still works in a complicated way to influence their life.

Many works about Chinese women have been published, but very few are from the sociological point of view or using the empirical study method. Most of these works are on historical issues; some have been concerned with Chinese women in the past (Chen 1965, Guo 1983, Pao 1979, Li & Zhang 1981); some concentrated on the modern history of feminist movement (Li and Zhang 1976) and development of female education (Liao 1983); some upon special aspects of woman's life, such as law (Zhao 1977); some upon successful or distinguished women in history as women writers (Li 1980). Factory workers and the peasant women both in China and Taiwan attracted several western writers (Kristeva 1986, Davin 1978, Wolf 1972, Kung 1976). Women in Chinese Society (Wolf and Witke, 1979) included broader categories of the past and present, literacy and peasant women.

A few studies of Women in Taiwan have been done by American anthropologists before mainland China was opened up (Wolf 1972, Kung 1976). In regard to the middle class, Norma Diamond said that the woman's status in Taiwan is a case of "one step forward and two steps back" (Diamond, 1973), whereas most Chinese scholars would disagree with her. Even the leaders of many women's organizations and groups would disagree, however unsatisfied they might be with their situation.

In addition to all the above, given a strongly male dominated academic atmosphere, it happens as Weber pointed out about Confucianism's lack of esteem for women (1951:162). Weber said: 'Confucius viewed woman as a thoroughly irrational creature often as difficult to deal with as servants. condescension makes both women and servants forget their distance, strictness in turn makes them ill-humored (1951:161)'. Matters of women are trivial, therefore in Taiwan apart from a newly established women's study centre (Chiang, Lan-hung Nora 1985), (which is nearly out of money and likely

to be closed in the near future if no more financial aid is found), matters of women and children have had and still have very little attraction for the academic.

Apart from shortage of proper studies, there are two reasons which make Taiwan a special candidate for the study of the life of modern middle class Chinese women. It is a small changing society and it is culturally eccentric.

A small changing society

Taiwan has changed so much during its industrialization and urbanization in the last thirty to forty years, that many Chinese in Taiwan as well as westerners believe that it is rather Americanised than Chinese. A small country changing from an old agricultural society with long standing tradition to a modern industrialized one in a very short period is of particular interest. This rapid change of life style and impacts from Europe and America challenge its total attitudes and values. Hence Taiwan provides an unusually good example of a rapidly industrializing society within which to view the effects of modernization on women's role. It is also for such reasons that studies from the employment policy viewpoint (development and women workers etc) and of chinese women and social change are desirable (Barrett 1987, Chou 1987).

Culturally eccentric

Some Chinese scholars believe that, Taiwan is the 'treasure pot' of Chinese culture (Chen 1966), which survived the Japanese occupation (1895-1945). The isolation Japan imposed on her own people from the Taiwanese and on her colony from China, protected the Chinese traditional culture in Taiwan both from the Japanese and the western influences that provoked so much of the social upheaval in Mainland China during the 1920s, 1930s and also after 1949.

Some anthropologists such as Norma Diamond (1973) have taken the attitude that there is no feminist atmosphere at all in Taiwan. She seems to believe that the Americans were very isolated in Taiwan and did not leave much influence. Indirect impact through the media from America and Japan could, however, has been very significant in the recent years.

2. The nurses

The nursing profession was chosen as an example of middle and lower middle class women in Taiwan in this study for three reasons. First, because it stands at the intersection of west and east (a Chinese woman working in an imported western institution). Second, because it is an old occupation but a new profession. Third, because of its popularity in recent years as one of the most favourite and suitable occupations for young middle and lower middle class women in Taiwan (Lu 1980), although significantly, it involves close contact with men (doctors and patients) and the male body. It is assumed in this study that the problems faced by nurses probably represent a key instance of women's experience between her work and family life in present-day Taiwan. The problems encountered by the nursing profession could be explained by the problems of it being a woman's job in a changing Chinese society heightened by the particular character of the work. The following aspects are noteworthy in this respect.

The nursing image

It is supposed by some of the general public in Taiwan that nursing is a fashionable job for young women, and that nurses are generally more westernized and have more chance to get to know the opposite sex than women in other occupations, that they tend to marry doctors, and they have more choices and freedom in social activity and meeting their spouses. As to the nursing leaders, they insist on the pure and innocent image of their nurses. When a doctor or a patient boasts about his experience with nurses, some nurses, rather than fight for their sisters, admit and attack the 'corruption' and 'casual (i.e. promiscuous) behaviour' of the black sheep among themselves. What is the real life of nurses actually like? Do the dual images - of 'angel' and the 'easy' woman - have something to do with the persistence of the traditional value i.e. that of the carers in the past? or with what a 'good' Chinese woman should be.

This might be true both for nurses as individual women and nursing as a woman's profession. Therefore according to the hypotheses in this study,

nurses are seen neither as western, as some of the general public think, nor socialized into women who were [universal in sense of being] like all other nurses, believing themselves totally universal, objective and detached from Chinese culture, as most nurses and nursing leaders believe. Rather, they are 'good Chinese women' just like Gamarnikow notes about nurses in the western world that "the moral traits of the 'good nurse' were evidently seen within the profession itself as identical with the characteristics desirable in a 'good woman'" (1978:98). Chinese nurses behave like good Chinese women, with all the good nature and characteristics of an ideal Chinese woman in modern Taiwan, or are expected to behave in this way.

For Chinese, 'western' generally indicates concepts and practice which were brought to China by the westerners, for instance the 'Xi Yi' (western medicine). The ideas of science, democracy, individualism, independence, open social activity with both sexes, courtship, marriage based on love, were all western inputs. 'Western' or 'ocean style' as used in everyday language to describe a woman Chinese means simply more individual, more independent, freer in social relations with the male, in other words, 'wild'. By contrast 'Chinese' means more obedient to the parents, shy and introvert. The traditional Chinese woman will be detailed in chapter 7.

Nursing shortage? and the dichotomy of its reasons

As early as 1967 Baker and Perlman announced that compared with other southeast Asian countries, Taiwan had the least number of nurses both in relation to population size and to the number of doctors (1967:77). A series of studies followed this argument then, including the public health policy studies concerned with the early retirement of nurses - supposedly the reason for nursing shortage (Shih 1978) - and prediction of future nursing manpower according the nurses' training programs instituted for catching up to the international standard of health and development (Lin & Chen 1975). Whether there was or is a nursing shortage is, however, debatable - given that there are unemployed nurses and at the same time the nursing profession is talking about cutting down some training programs to pursue nursing quality. The nursing profession also paid attention to the short careers of their nurses, but attributed it to nurses' 'female character' - lack of loyalty towards their profession.

This researcher did not accept all of these phenomena in the simple manner they were stated in the examples above. They might only be the tip of the iceberg of the whole problem of women working as nurses and caring for patients in the Chinese culture.

A number of studies see nursing as a woman's job and the division of labour in the clinic coincides with the gender division of labour at home. Some writers see nursing history as an example of the sex struggle between men and women (Abel-Smith 1960, Simpson and Simpson 1969, Brown 1975, Ehrenreich and English 1974, Carpenter 1977, Gamarnikow 1978). Some other works try to connect the care work (the unpaid and paid) with women's ascribed role by the society (Stacey 1982, Finch 1983, Ungerson 1983). Gamarnikow for example pointed out that 'the sexual division of labour is a patriarchal ideological structure in that it reproduces patriarchal relations in extrafamilial labour process....Any analysis seeking an explanation for the fact that women's work under capitalism is different from men's - both within marriage or the domestic mode of production and in wage labour in the capitalist mode of production - must address itself to the pervasiveness of patriarchal relation' (1978:121). In the view of Ehrenreich and English: 'Nursing, our predominant role in the health system, is simply a workplace extension of our roles as wife and mother', while Hearn (1985:184) takes professionalization as a patriarchal process. Whether this is also true in another patriarchal society, for instance in a Chinese society, is really worth investigation.

Nurses are better trained in the skills of practical work than in research, consequently the few nursing studies there are in Taiwan tend to be more concentrated on the clinical and practical side of nursing. As for Chinese historians, in terms of Chinese history nursing history is too short and poor to be considered worthy of study by them, while for many sociologists, nursing and medicine is simply another world too far away from their main field of interest.

I agree with Dorothy Hall that nursing is part of the basic fabric of the society, hence nursing can only be understood and interpreted in terms of its position within the situation existing at any particular time in society (quoted Smith 1979:97).

Anticipated contribution

This is a piece of work both to look at nurses and the nursing profession through Chinese women and to study Chinese women through nurses, with the hope that its result may help in the understanding of women's role in a changing society. If possible, the result of this study may also reflect part of the difficulties of a society changing from an ancient toward a new country, but also under pressure to preserve something of its own culture from the inescapable impact of the west.

Chapter 2. The emergence of problem

Personal interest

The loss and reappearance of problems

Chapter 2. The emergence of problem

Personal interest

This work came from two motives: the compelling intention to know myself as a woman and Chinese and to study nurses as a profession. In other words, it was a parallel process of self-discovery and exploration in the Chinese culture on the one hand, and a piece of academic work on the other. At the starting point these two aspects seemed so far apart from each other that even the researcher did not really appreciate the connection between them.

From self, Chinese women to Chinese

Being one member of Chinese women I can not help being enchanted by their life and fate. As a citizen of one of the oldest and most mysterious countries in this world, to understand China and the Chinese was also always my ambition. After contact with the knowledge from the west and later staying a few years in England, the desire to know myself as a Chinese and woman has never diminished, but on the contrary increased.

From Chinese, Chinese women to nurses

The original ambition of studying the Chinese was gradually localized to the study of Chinese women in the setting of the family which was, and still is, a basic and important institution in Chinese society. The role of men and women in the family would be central to family life, while women could be said to be more interesting than men. Even though the stereotype is of the conforming Chinese woman, because women are not as privileged as Chinese men, it is much easier for men to conform to the privileged situation while women have to either accept and bear fatalistically or to rebel against their underprivileged situation. This can be seen in that the most popular novels films and stories are more about 'bad women' rather than good men. Although

the ambition of understanding the Chinese, Chinese women and myself was always there, I saw it as a life-long job. Therefore when I started my work at Warwick University, I could hardly dream of completing it.

The initial proposal which I wrote for my application to Warwick was confined to nurses and drew upon my own field (medical sociology), my interest in nurses and my experience as an ex-nurse, head nurse, and now a teacher of sociology in a medical school. While I was working in the nursing profession and teaching nursing students, I was interested in and still am concerned deeply with the problems of nurses as individual women and nursing as a woman's profession. For instance, from the viewpoint of nursing policy and nursing as a profession nursing leaders criticised their nurses for lack of loyalty and devotion to the profession, while at the same time, nurses complained about their being abused by hospitals and doctors and that the nursing association not only did nothing to help but even blamed them. What was wrong with all of this? The medical staff simply assumed all this to be due to the fact that nurses are women, and women are petty and could never get along well with each other, and always seem to have troubles.

In terms of the long history of China, the idea of women working out of home in paid work is relatively new. Women working as nurses, a profession which was brought to China by the missionaries with western medicine, was unthinkable a hundred years ago, but has become very popular nowadays. What sort of causes have brought about this change? Is there any relation to the overall social change in Taiwan in the recent years? Where did those people come from and what brought them to nursing? There were very few nurses when the Central Government regained Taiwan in 1945 (Baker and Perlman 1967), and a number of Mainlander nurses moved to Taiwan with the government. Is there any difference between the mainlander and Taiwanese in joining nursing and in the other sides of their life? Even without enough data to give a clear idea about the nurses' social class in Taiwan, it is clear that the general feature was that most of them came from middle and lower middle classes. Are nurses more conservative and Chinese like the typical middle class or rather more 'western' (i.e. more daring in behaviour), as gossip suggests, because of their being trained and having worked in a western system? There are also fantasies about nurses' life, could it be as dramatic as the western fiction, TV and films showed? or clumsy and dull as

the Chinese?

Gradually all of those ideas focused and settled on my current work - the Chinese woman in a western profession - the Chinese nurse.

The loss and reappearance of problems

The key question to start

Initially, I too followed Baker and Perlman's finding of the shortage of nurses in Taiwan (1967), and also others such as Shih (1978:712), who attributes nurses' early 'retirement' as one of the main causes of nursing shortage in Taiwan. Moreover I presumed that nurses leave their job easily on the one hand because after a few years work, it would be about time for them to get married, and after marriage their married family would not be happy with their working as a nurse, and on the other because the working condition in the clinic is not satisfactory enough to keep them going.

General literature on nursing and nurses both in Taiwan and the western societies was reviewed and summary papers of nursing in a changing Chinese society were written. After this preliminary inquiry, suddenly the problems raised by nursing in Taiwan as peculiarly Chinese seemed lost, when it appeared that they conformed with nursing as a woman's job in other places as well. In many societies nursing shortage seems to appear e.g. England. Corwin and Taves (1963:187) also point out that nurses' commitment to the field of nursing goes with a transitory investment in the career. Other problems, such as low morale, low status, and low pay in the nursing profession, when they are looked at from the angle of nursing as a woman's profession seem at the first sight to be just the same in the west as reported by Simpson and Simpson (1969), Gamarnikow (1978), and Brown (1975). Besides, when I worked with problems of high nursing turnover and short career, I found that there was neither a scheme to re-train ex-nurses to go back to the clinic, nor any sign of lack of nurses i.e. advertized vacancies. On the contrary there were many nursing school graduates who could not find

a job. It could be well possible that nurses simply do not want a life time career, and the nursing profession (or the patient or the doctor) does not want older nurses.

I struggled for a long time to determine whether the problem in nursing profession is more serious in a Chinese society. If it is so, then how could I prove it? What might this have to do with Chinese culture even if I could prove it? and what would be the meaning even if I could prove it? I must admit that I seemed to have lost my way.

Re-starting was encouraged by my supervisor who suggested writing an autobiography. Even then I was still rejecting the idea of being my own guinea-pig. I said to her: 'I am not a good model of a Chinese woman'. She said: 'Noting the deviations is one way of establishing the norm'. I did the autobiography with a certain reluctance, but obeyed my teacher as a good Chinese student, wondering at the same time which parts could be correlated to my future work, and which could not. From then on essays on other sides of Chinese woman's life, such as their marriage, love, sex, work were traced out in succession. At the same time study and writing on the development and current situation of nursing in Taiwan continued. By then the two parts of my interest began gradually to fuse together.

In this way the ambition to study a whole perspective of Chinese women's life in present-day Taiwan was rebuilt. The methodology changed accordingly, and will be dealt in part 2: the research design.

The current problem:

The original problem was too much a nursing policy study rather than a study of nurses, who were supposed to be my main interest. Having once been a nurse, personally I was always and still am sympathetic to nurses, although not standing on the nurses' side to blame the leaders or the profession, because I believe that there must be some 'invisible' deeper and broader reasons which made both the leaders and nurses behave in the particular ways they do. In other words, I was interested in certain problems which were relevant to nurses as women in Chinese culture rather than to the problems which were set either by the nursing profession or the health

policy, although both after all could be dealt with sociologically. The problem was then switched from a question of 'why nursing wastage?' to finally organizing my research round the proposition that 'inside every western nurse's uniform there is a Chinese woman looking out'. My research set out to explore in what way that was true in Taiwan in 1987 and what it meant for the nurses involved.

As Chinese women workers, the family side of nurses' life could not be neglected. Thus the focus of my research was expanded from nurses' job decisions to wider aspects of their lives focussing specifically on marriage, job and parental control.

There is a Chinese saying: 'The man worries about choosing a wrong job, the woman worries about marrying a wrong man'. No doubt, job and marriage are the most important things in human life. Hence I started my work from the nurses' job and marriage decision, for example: How did they make such decisions? Who influenced them? Many studies of nursing recruitment have been done in America (see Cowin and Taves 1963:193, Simpson and Simpson 1969:200), but only looking at them as individuals, not from the angle of nurses seen as members of the family. Some studies in Taiwan examined issues such as personal motives (Yen 1972:11), and nurses' fathers' occupations (Koo 1967:75), but only simplistically.

Through the decision process of the two big life events (job and marriage), its mechanism and the people involved, also feelings and meanings of nurses towards them and the sequences of them, we hope to be able to see more clearly into some examples of a Chinese woman's life. The methodology and research techniques used will be detailed in part two: the research process.

Chapter 3. The Conceptual Framework

Culture implantation and social change

Nurses as woman workers

Nurses as Chinese women

Chapter 3. The Conceptual Framework

The theoretical framework used was based on the assumptions that: 1. Modern nursing is part of the western implantation into the Chinese culture, as are ideas of the nuclear family centred on the married couple based on their romantic love, and the working woman. 2. Implantation and implanted ideas would be absorbed selectively and in transformation. 3. Nurses are women and nursing is a woman's job. 4. Chinese nurses are Chinese women working in a western style institution (medicine), as such they would be influenced by Chinese culture, values, tradition and the social situation today.

Culture implantation and social change

Nursing as a western cultural transplantation

Since the Opium War of 1839-42 China has been exposed to the challenge of western culture as never before. Its responses to this have included successively: the 'military reform' of Li (Hong-zhang) and Zeng (Guo-fan) (1861-72), the constitutionalism of Kang (You-wei) and Liang (Qi-chao) (1898), the Boxer Rebellion (1900) etc. Reactions varying from complete rejection to partial absorption to absolute westernization were advocated by different intellectuals. In reality, China accepts western culture, digests it and takes it over gradually from the material technical level, eg. military and industrial sides to the non-material (institutional and behavioural level) eg. democracy and science, but it is still rather easy to feel the incompatibility of and even conflict between the old and the new, the west and the east. China's modernization process has always been a troubled one.

Nursing was accepted in its western and modern form along with medicine as part of China's modernization. Western medicine was one of the earliest

and most well-accepted aspects of western culture by the Chinese because of its efficacy in dealing with infectious and acute diseases (Wong and Wu 1932), and its philanthropic basis which lessened opposition from both the government and the people (Ehrenreich 1978:259). The state needs the medical profession to satisfy the increasing health demands of its population and the political pressure which this generates. There is competition and conflict among western medicine, traditional Chinese medicine and other folk medicine in Taiwan (Unschuld 1976). The popularity of Chinese and folk medicine alongside western medicine in Taiwan accounts in part for the complexity in the cultural implantation.

As to nursing, looking after the sick is one of the basic functions of any society. Women have always been the main healers in history (Versluysen 1980:175), and often the only healers for women and the poor (Ehrenreich and English 1974:2). Yet aside from modern nurses, the vast range of woman's past healing work is virtually absent from the annals of written history. In Chinese society I want to ask the same questions in particular: Who played this function in the past in China, and what sort of work did they do? What was their status and reward? Where are those women now? What caused their disappearance and how? How did the modern nurses build up their profession?

A scrutiny of the nursing history in China shows that imperialism from the west was skilfully used to displace the traditional carers in Chinese history by the early nursing leaders. The beautiful image of the western high class woman who sacrificed marriage and dignity to serve the poor and wounded was interpreted in the Chinese way as meaning that women should always sacrifice themselves for others, i.e. men, the senior members in the family, and children. The strategy of the nineteenth century reformers and later nursing leaders from England and America was copied. And in its turn the patriotism against imperialism from the west and during the sino-Japanese war benefited the growth of nursing. It was in this way that the traditional Chinese lower class women healers were totally wiped out of the modern nursing history. More detail will come in chapter 9: From 'San Gu Liu Po' to the 'Caring scholar'.

The family and the woman in change

In the private domain, the revolution in the Chinese family, the emancipation of women, 'free love' and marriage (that is, free from parents or other authority) was also triggered by the west. It was brought to China by the students and scholars who studied abroad and were influenced either directly by the west or indirectly through Japan.

Society and culture were complex phenomena, subject to varied pressures to change, both internal and external, over time, and at different rates. Parts of the social system might change relatively little; others overnight. (Worsley 1987:69). 'The values and beliefs of people in a given community are not separate but elements of a cultural system. The elements are not all equally integrated. However, some are central to the system, others peripheral. Any attempt to change attitudes and beliefs will produce anxiety. To some extent this is true even for areas of apparently minor importance. But this phenomenon becomes increasingly evident as one begins to deal with beliefs and attitudes closer to the core of a people's culture' (Cumming and Cumming 1955:67). The pattern of beliefs surrounding women's role playing is certainly close to this core because it touches the very network of interpersonal relations that binds Chinese society together. Any attempts to change existing attitudes in so vital an area must encounter great resistance.

In the doctrine of the 'Mean' (Zhong-yung 中庸) (fifth century BC), there are five universally applicable principles (Wu-lun 五倫), governing respectively: the relationship between the ruler and minister, that of father and son, of husband and wife, of elder and younger brother, and of friend and friend, by which important relationships in man's life should be ordered (Baker, 1979:10-11). For Chinese, these five principles are the most basic and central to Chinese society.

According to Chiao (1971:205), two targets which both the new movement and the conservatives fought for since the new culture movement in China were filial piety and female chastity. The conservatives believed that these two aspects were the keys of the old order, to revive and promote them were therefore necessary to revive the traditional Chinese culture. The reformers believed that female chastity and filial piety were symbols of the inhuman and uncivilized face of traditional Chinese society, and should be destroyed

before new cultural element could be introduced into China. Actually these two are at the centre core of Chinese culture - the hierarchy among the old and the young, the male and female (Zhang You You Xu, Nan Nu You Bie **長幼有序, 男女有別**), which cemented the social stability for thousands of years. 'Each one has one's position' was the main philosophy of Confucius and the basic idea of Chinese family and society. Democracy and equality have been accepted as the better way for politics, but being equal with one's father, and letting women behave like men are still unthinkable, especially sexually. Equality of man and woman in both the public and private domains is still far off.

Nurses as woman workers

In the western world, 'caring for the sick' has moved from the private domain to the public domain as part of what functionalists see as 'stripping the family of its functions' (Stacey 1981:174-175). In both domains, no doubt, nurses are still expected to play the woman's role and undertake the same tasks (Hearn, 1985:193). It could be true that nurses were accepted by the society because they were playing a female role (Graham, 1983). Carpenter (1977:165) pointed out that Nightingale's nursing reform was really a compromise with the prevailing male definitions of womanhood.

Nurses as women have characteristics that match the features of the 'secondary labour-market' (Barron and Norris 1976, quoted Worsley 1987:139). They tend to change jobs more often and readily accept the loss of a job; they are a socially distinct category, which appears to legitimate different treatment (low status, low pay); they display little interest in acquiring rewards for their work; and they are less effectively organized into trade unions.

In this situation, if a woman wants to run away from family responsibility or the authority of the senior or male dominance by working as a nurse, soon she will find herself in another not much different situation. Probably this can be explained partially by the fact that nursing

started with middle class women seeking work just as the reformers in England in the nineteenth century did, but was gradually abandoned by modern women as other better possibilities or more 'masculine' work became available. The Chinese nurses' withdrawal from the job market may also reflect this pattern. This remains to be discovered.

Nurses as Chinese women

In Chinese society in the past, women were confined at home as daughters and wives to a private sphere where they were subordinated to their fathers, uncles, brothers and even sons. Only the very poor would work as servants or in 'indecent' jobs (e.g. as prostitutes). The two sexes were strictly segregated.

Caring was done by the lower status young women as family members - wife, daughters, daughter-in-law, and concubines, or the poor old widows in the neighbourhood. In caring, which was not distinguished from serving, two principles had to be strictly followed: status and sex segregation. Only the lower status ones could look after the older ones, never the other way round. Men could only be cared for by women who had a sexual relationship with them, as wife or concubine. The traditional Chinese family and its status structure will be dealt in chapter 8.

Women traditionally worked outside only during a family crisis, for example if their man (father, husband) were either dead or incapable of supporting them, a matter of great shame for the man concerned. Working women without family crises and difficulty would be women who did not submit to Fu-dao (婦道 woman's discipline). Husbands of these women would be taken to be useless and not strong enough to control their wives, therefore any man who felt like doing so might teach them a lesson, by sexual harassment or humiliation, to frighten them back. These kinds of women were cheaper and worse than prostitutes, because prostitutes could be filial daughters working for their poor family, while these women would be seen to be only seeking opportunities for sexual liaison and excitement.

In theory in the past a middle class woman looking after a man who was not her husband was impossible. Here we shall want to see whether that kind of taboo is still present in the clinic today. We shall want to see the Chinese husbands' attitude and response towards their wives working as nurses, and whether the people of higher social class show this response more strongly.

Part 2: The Research Process

Part 2: The Research Process

Chapter 4. Breaking out of the original plan

Chapter 5. The evolving research design

Chapter 6. The field work

Chapter 7. Data analysis and credibility

Chapter 4. Breaking out of the original design

The original hypotheses

Attempt at a model

The preliminary approach

The elements carried forward

Chapter 4. Breaking out of the original design

In response to the original problem - shortage of nurses in Taiwan (see chapter 2) - first raised up by Baker and Perlman (1967), a preliminary research design was made to lead the examination of two aspects of nursing manpower: 1. Entry into nursing, and 2. Withdrawal from the job.

The original hypotheses

The original hypotheses included elements about motivation for entering nursing, reasons for leaving, the part played by the woman's personality and by her families of origin and marriage.

1. Motivation for entering nursing,

My hypotheses, for the Chinese woman in a changing society which was once totally patriarchal, gerontocratic, male dominated and family centred, had been that for many women both marriage and job decisions would be highly influenced, if not totally decided or arranged, by the parents (mostly the father) since women are more submissive and obedient to their parents than men; that in choosing the job parents would take account of the following goals: 1. getting their daughter married to a doctor, 2. training her so she could take care of the family in the future, and 3. be self supporting if the marriage went wrong. Daughters who were more traditional and Chinese would be more accepting of the parent's arrangement.

2. Reasons for withdrawal from the job.

The prospect and fact of marriage conditions most nurses' view of their career and prevents them from committing themselves to nursing as a primary identity. For most Chinese women, a career is probably in any case still a second choice. Therefore, she may give up nursing for any domestic reasons, such as her husband or parent-in-law's objection.

This part of the study was then to have been divided into two parts: (1) for the nurses at work, why do they stay? and (2) for the nurses who are going to leave, why do they leave?

My hypotheses for the first group had been either that they were single and there were chances for them to marry someone in their working environment, e.g. male doctors or patients, or they were married and the family needed their support economically. For the group leaving, I expected they would be leaving nursing because they were going to marry, or because of the family's objection to their working if they were married, or because of the lack of chance to marry while they worked in the hospital if they were single.

After marriage, a woman would be controlled by the kin group she married into, mainly by the husband and the mother-in-law, who would, for instance, decide whether she should leave or continue working as a nurse. Most often she would have children and ostensibly stay at home to raise them up, but actually do so for the sake of (the face of) the man and his family. If she were to work, it might be because the family needed her to.

Further hypotheses were that migration from the homeland made the Mainlanders more insecure and inclined them to encourage their daughters to pursue practical work such as nursing; also that the attitude of the Taiwanese - who were once thought to be more docile and to prefer marrying doctors - towards nurses and marriage has changed during recent years such that they start to believe that marriage could happen on the basis of love developed from relationships with men met in the clinic.

The attempt at a model

I spent some time working on a model which would incorporate my propositions and hypotheses. Main variables and indices in the model were:

1. Decision making and motivation

Decision making was classified and scored by the combination of parents' and daughter's attitude.

Parent	-	0	+	+	+
<u>Self</u>	<u>+</u>	<u>+</u>	<u>+</u>	<u>0</u>	<u>-</u>
Motivation	5	4	3	2	1

+: Approved

-: Disapproved

0: No opinion

2. Chineseness and type 'T' women

I recognized that the nurse's own personality might also have an influence both in their work and private life. As to the social aspects their background including such factors as the relationships and authority at work and home, education and geographical origins were also taken into account.

Starting from the perspectives of Chinese women (see chapter 2), I expected that the nurses' 'Chineseness' would tend to make them follow the parents' orders, and also push them out of the job market. For as Chinese women, they would put their family first and follow their husband and parent-in-laws' wishes.

Thus I started from trying to find 'Chineseness' in modern nurses in Taiwan. First, a review of studies of 'the Chinese character' was done. The results were quite inconsistent in many ways, probably due to the different angles of the researchers - from the early missionary to the modern anthropologists (Smith 1892, Hsu 1963, Xiang 1960, Lin 1938, Lee and Young 1981, Sun 1983), in addition to which the Chinese have changed appreciably in the last century and are still changing now. Although the character of the Chinese woman has not been studied specifically, female 'Chineseness' was characterised in response to the general (mainly male) Chinese character, and according to the traditional ideal woman of the books of female discipline. Other studies about Chinese women and their life (Chen 1965, Ayscough 1937), and women in classical novels and fictions before the western influence, were examined. A scale to measure the 'T' (traditional) type personality was built, and ways of testing its validity and reliability were also considered.

In this phase the 'T' type women were characterised as:

- Dependent, passive
- Accepting rank and status, submissive
- Family (marriage) oriented
- Self-sacrificing
- Competing with the same sex
- Frame of reference local

My hypotheses were that there would be quite a number of 'T' type women among nurses, and because of their 'Chineseness' as women, their entering and leaving nursing would have little to do with their own interest. That is to say, they went into nursing schools mainly in consequence of their fathers' decision whose aim was to marry them to a doctor (especially among the Taiwanese). Even though a well known matter, this motive would never be admitted by the nurses and their family.

3. The Parent

Other variables in the model included: parents' education, occupation (medical personal or not), and native language (representing their

geographical origins, ie. Taiwanese or Mandarin). Parents' education was planned to be measured by the score of the sum of mother's and father's schooling. Because of the difficulty of its determination, and also because of its possible overlapping with occupation and education, no attempt was to be made to measure social status. This did not mean it would not influence the decision-making of sending daughters to nursing school. In general the Mainlanders were thought to be more independent than the Taiwanese girls in making decisions about their own lives.

4. Marriage status

In addition, if they were married the attitude of their family of marriage to their working as a nurse ie. attitude of the husband and his parents, and nurses' own feeling at work were planned to be examined.

5. Educational background of nurses (type of nurses)

As explained in chapter 10, there are several different kinds of nurse-training in Taiwan. The training of registered nurses can be categorised into four levels:

Practical nursing school: 3 or 4 year training after middle school

Junior nursing college : 5 year training after middle school

Senior nursing college : 3 year training after high school

University nursing department: 4 year training after high school

However it was intended that (in this study), graduates of the two previous nursing schools should be categorised into the occupational level, because of their same opportunity for promotion to head nurses. Graduates of the last one were called degree nurses. The third kind was to be excluded in this study, because of their rare existence in the military hospitals.

The preliminary approach

A questionnaire including questions about Chinese character, personal and family information was designed. A random sample of nurses and student nurses at different levels of education and different wards (male ward or maternity and pediatric ward) was planned to be investigated. Students of one normal school were considered as a comparison group, because teaching is one of the other favourite jobs chosen by young women in Taiwan, notwithstanding the fact that its graduates mostly work till their normal retiring age.

I soon realised some difficulties in my method. Problems arose quickly with the second aspect, the intention to study ex-nurses (withdrawal) because of the difficulty of drawing a sample. They would not turn up in the NAROC (or union) meeting or records, and there is no other way to trace them. In any case nurses were not at all enthusiastic about the union, let alone those who left. The Ministry of Interior Affairs keeps original information and the address of nurses when they first registered as nurses, but without follow-up corrections this information can be very unreliable, since most marriages and changes of address happen in a few years after their graduation.

For these reasons it began to seem advisable to concentrate the study on such questions as those nurses actually at work, asking them: 'Why they keep working as nurses?' and 'How does their family respond?' 'Do they have any children?' if they do, 'How old were they?' 'Who is looking after the children?' 'Do the families need their salary?'

As to the ward a nurse works in, if she is married, is the husband more reluctant if she works in a male ward rather than a female or children's ward? All nurses complain about night duties, but how does the husband react if she works in the operating theatre which has less night duty, less contact with the patient, but more with the young male doctors?

If she is not married, questions arise as to whether there is a chance to find a mate in the working environment or not, whether the work place would benefit or hinder her future if marriage were to be taken in account.

If she is ambitious in work, will there be opportunity to learn and to gain promotion. All these factors would need to be considered and controlled.

Even with nurses at work, I also had problems of access. As early as in 1984 before I came over to England, several attempts were made to try to get access to the sample and for preliminary participant observation and interview. As I had feared, there was great resistance from the nursing department in the clinic, even with the formal document of support which they required from the medical school where I work and to which they also belong. One vice-head nurse who had been interested in working with me, was prevented by her own head nurse, probably through pressure from the nursing department.

Testing a hypothesis in the positivistic mode needs a representative sample and one sufficiently large enough to take account of all the variables of interest. Accessing such a sample, from my own long experience in nursing studies, would be difficult. There was a further problem. Even though we might overcome all of the reluctance, suspicion and resistance from the bureaucracy and nursing departments and schools, and take a random sample among the hospital nurses and nursing students, respondents might still only tell us what they thought the nursing department would want them to say.

Without a representative sample and reliable data, hypotheses testing and validation of causal relationship would not be possible as a whole. To build up a whole model and validate it was, furthermore probably beyond my resources, at least in the time available, if not virtually impossible. It would be extremely difficult to verify the causal relationships among the variables in the model, and even more difficult to verify the model itself.

As to variables, the concept of 'tradition' vs. 'modernity', from which problems about the 'traditional' type of personality flowed, was challenged by Professor Stacey. She pointed out that tradition is changing all the time. Today's so-called 'modern' would become the tradition for the forthcoming era. It is difficult and also a waste of energy to define what tradition is here and now, and then to measure it and find its association with other variables. She suggested that it would be better and easier to understand

the current situation of the women than to attempt measures to show how much the 'traditional' still persists in them.

Since the earliest western impact, there have been innumerable 'debates on western and eastern culture'. Intellectuals have argued interminably over ways China should go. The reformists and revolutionists preferred westernization while the conservatives believed in the revival of Chinese tradition. Between these two there were various intermediates - selective absorption and complex synthesis.

In real life, culture diffuses by its appropriateness. People pick up the parts which suit them and benefit their life and abandon the parts that are unrewarding. The above arguments were primarily among intellectuals who wanted to 'rescue' China, most of whom had studied abroad. China became the experimental battlefield of their intellectual autonomy and power. Whatever the precise influence of such elitists, China, at times slowly, at times rapidly, unconsciously or consciously, for better or worse, has changed.

The attitudes of intellectuals towards women were varied. Some earlier writers, notably Liang Qi-chao (梁啟超), felt that women should be educated in order to 'raise the healthy next generation'. Later the more humanistically minded, e.g. LU Xun, argued that they should be liberated and become so called 'new women'. During the Sino-Japanese and civil-war periods the government would uphold the responsibility of women for the country, but in peacetime would urge women not to forget their role at home. Motherhood then became their main contribution to the country. The argument over female chastity and filial piety continued. Many Chinese scholars in Taiwan still cannot imagine a society that can work without the 'Wu lun' or 'five disciplines' (see Chapter 3). When 'European customs and American language' (Ou Feng Mei Yu 歐風美語) penetrate China, women too change inevitably in the resulting upheaval. Externally, they can be seen to dress in the western way, walk in the street and, in some cases, go out to work. But what precisely is their situation now and what does it mean to them? All these questions are especially significant for nurses, who are young women working in a new popular profession coming from the west; who

come in contact with the male body at work in a way totally against the Chinese idea of segregation of the two sexes before marriage.

A new research plan round the proposition - inside every western nurse's uniform, there is a Chinese woman - was sequentially set out. This current research plan will be detailed in the next chapter.

It should be stressed, however that when hypothesis testing in a random sample and model was abandoned finally, it was only partly because of difficulties inherent in this method. The main reason for methodology change was due to the switch of the focus of the problem - from 'nursing wastage' to 'nurses as Chinese women'.

On the whole, although I had given up the attempt to measure 'Chineseness' and to verify the causal relationships between 'Chineseness' and the problems of the nursing profession, I still hoped, through looking at nurses as women and Chinese, to see what relationships there might be among all these factors.

Chapter 5. The evolving research design

Historical and literature review

The field study

The research method

Data collection

Interview

Other modes of data collection

Story writing

Group discussion

Data analysis

Chapter 5. The evolving research design

From the conceptual framework indicated in chapter 3, my proposition - *inside every western nurse's uniform there is a Chinese woman looking out* - implies that although nurses dress in the western way: they have been trained in a western system; work in a western hospital; use the same medical terms as their western counterparts; manage the same machines which probably were made in American or Europe, inside, as to their mind, attitudes and values remain those of Chinese women in present-day Taiwan. They play a Chinese woman's role both in the public and private domains. In other words, they choose their job and spouse in the Chinese way; they treat and look at their job as other Chinese women do. At the same time as they are working as nurses they play the female role which is expected by Chinese society. They arrange and plan their life, raise their children like all other Chinese women. The people around them (the audience) - the husbands, employers, doctors, patients and the nursing profession itself - would expect them to behave in this way too.

In order to explore in what way my proposition applied to Taiwan in 1987, a new research design was subsequently built up. The main methodological approach includes two aspects: (a). the review of historic literature and of contemporary relevant research both on nursing and on women, and (b). the field work. Nurses' life as Chinese women and workers in present Taiwan was to be scrutinised both through historical and literature review, and also through the empirical study on some particular nurses. These two general methods were further sub-divided as follows:

(a). History of the female status

History of carers

History of modern Taiwan

Review of socio-psychological work on women in China today especially in Taiwan

(b). The field work

Interview

Essays

Group discussion

Historical and literature review

According to the basic conceptual framework, namely that modern nursing is part of the western culture transplantation with medicine, and that nurses are women workers and also Chinese women, a review of Chinese modern history with medical and nursing development both in Taiwan and China seems desirable. In order to understand a Chinese woman's life and work in a changing society, an investigation of her status and role, responsibility and duty, both in the private and public domains in the past and present, is required along with an insight into the important life-events of the Chinese woman, in particular marriage, love, sex and work. This would be set against the deeply-rooted background of Chinese ethics and folk beliefs, which form a copy of the Chinese living world and dominate to a great extent a woman's life. Moreover the question of who did the nursing task before western medicine arrived leads to the study of traditional healers and carers. The results of this review will be summarised into three chapters in the background section (Part 3). In chapter 8. *The traditional Chinese woman*, the traditional Chinese women's life until the western influence will be presented. Chapter 9. *From 'San Goo liu Po' to the caring scholar* will be a resumé of Chinese nursing history till 1949. Chapter 10. *The Taiwan case* will be the social and historical background of Taiwan, in which a modern nurse lives. Medical system and nursing history will be also detailed.

The field study

Some more specific assumptions derived from the conceptual framework are held to lead the field work instead of testable hypotheses. The basic assumption was that although nursing in Taiwan has the same problems in general as nursing (or other women's work) in other patriarchal societies, the specific form family influence takes in Taiwan is likely to be greatly influenced by the historical position of women in the Chinese family. Specifically, in addition to their job and marriage decisions which would be highly influenced by parents, the woman's social life would also be under the parents' supervision. Because of the many popular sentimental novels and films about love and romance, of which young girls are thought to be the main readers, nurses would experience many fantasies, dreams and expectations about marriage and romance, coupled with frustration due to the segregation between two sexes.

At work, I would expect nurses to play the low status carers' role under the authority of the head nurse in nursing tasks, as well as in personal and moral life. In addition they would be indirectly under the authority of the doctors. Under this situation, an unhappy working situation of low status, low pay and little power would encourage nurses to leave their work. Nevertheless a personal liking for the work might prevent this happening by making them reluctant to leave.

Marriage and work

Marriage is very important in a woman's life. It also has a strong influence in their job. Entering nursing could be for the sake of marriage. Women may leave nursing to get married or because of their family or marriage ie. because of the wish or need of their husband, his mother, or children. Whether a married woman works or not will be decided by the attitude of the family of marriage and its economic condition.

Marriage was once the only 'career' of women. Today it can still be much more important than work in a woman's mind. Its success or failure will be more meaningful for a woman than her work.

Marriage will be supposed to be the 'harbour of life' and 'back to the place where she belongs (Gui-su 歸宿)'. Only in marriage can woman find peace, end up her wanderings and rest for good, therefore girls will be looking forward to marriage, and those who fail to achieve it will feel inferior and uneasy. Furthermore, the married are less welcomed in the work market because of their supposed devotion to their family, and therefore are likely less happy at work.

The way nurses plan their lives

Marriage, family, and children would be the most important parts of their future life plan. However once in work, job-satisfaction may play a part. Thus degree nurses are more privileged both in status and education, and are consequently likely to be happier in the clinic and more loyal to their work. When planning their life, they might have more ambition to work.

The research method

Since my purpose in the field work was to draw out the life and experience of these nurses as they saw it, and as they saw the changing life around them impinging on them, the most appropriate method to gain this material for me seemed to be collecting narrative life stories.

Radin (1920 quoted in Mandelbaum 1982:147) noted how difficult it was to get 'an inside view of their culture' from informers, and showed that a life-history narrative could add much to an ethnological account". Apart from the inside view that it gives, life history 'emphasises the great importance of presenting the actor's subjective evaluations of his experiences and of giving the context in which he undergoes his social experience' and 'such materials offer basic evidence about social interaction and process, that they can provide a vivid feeling for what it means to be a certain kind of person' (Becker 1966 quoted in Mandelbaum 1982:147).

Meanwhile, the ethnographic method of data collection was chosen to

study Chinese women's lives, not just because many sociologists have said that 'we still lack basic ethnographic data on the social process involved in many areas of everyday life' (Burgess 1982:1, quoting Delamont 1978) and 'We do not have enough studies where the researcher has been in close contact with those individuals who are studied' (Becker 1963, quoted Burgess 1982:1), but also because the survey method itself has limitations. A detailed and complicated topic like marriage, job decision or family and work problems of women could hardly be treated properly in the survey method, because of the delicacy and privacy of the problems most of the facts and mechanism would certainly be missed in a formal questionnaire. In survey research, as Graham (1984:104) suggests, 'Interviewers who are too interventionist in the research process tend to get brief, stilted and unhelpful answers' hence may only produce false precise data.

Women's experiences still remain 'unspoken and unspeakable' within the language of the questionnaire and the interview (Graham 1984:114). Moreover, we note that according to Oakley, 'traditional textbook descriptions of how social scientists obtain their data are not only based on a masculine view of social reality, which is fundamentally at odds with the viewpoints of women as social actors' (Roberts 1981:2), but also their relationship with the interviewee was based in a masculine hierarchy. These factors have resulted in attempts not just to make women visible, but to develop a truly feminist methodology. The underlying idea is that of not being 'aggressive' but putting more emphasis on 'telling than asking'. The investigative style would not be that of 'the clip-board and questionnaire, where the researcher seeks to control the release of information' (Graham 1984:107 cited Oakley 1981:33). Rather, 'Intimate, non-masculine and non-hierarchical relationship' between the interviewer and interviewee (Oakley 1981: 47) would be aimed at. Questions and curiosity of respondents would be satisfied. In other words a 'woman to woman, mother to mother and wife to wife' talk. In this more relaxed way the researcher hopes that a better rapport can be achieved and deeper, richer, material can be obtained than is possible in traditional interviews.

More than gathering data from the insiders, feminist researchers have pushed forward, not just to let the interviewee tell their stories in their own language, but to 'let the object of research enter into the process as an active subject' and 'let informants take on and take over the interviews as

their own' (Graham 1984:114).

As appropriate to a study of the 'lives hidden from history' of Chinese women, a narrative method of data collection based mainly on 'feminist methodology' primarily oriented towards the validation of women's subjective experience as women and as people' (Oakley 1981:30) and documenting woman's own accounts of their life (Oakley 1981:48) was finally decided on. Qualitative rather than quantitative data would be sought. The main mode of data collection would be in-depth interviews of a small non-probability sample of nurses. The researcher would also do all the interviews by herself in order to get the same 'type' of account from each person. The interview would start on the action and behaviour level (ie. the story of job and marriage decision) in order more easily to break the ice.

For this kind of study, because of 'the small numbers of research subjects involved, the complexity of the process studied, and the emphasis on meanings and perceptions', Macintyre (1979:767) believes that tests of statistical significance or multi-variate manipulations of quantitative material are inappropriate. For studying institutionalised norms and status, Zelditch suggests that enumerations and samples are adequate but inefficient, while interviewing informants is most efficient, hence the best form (1982:174). Studying women's situation (status in family and society) and the norms of their behaviour, as I did in this study, is somewhat as Mead said: 'If one wants to know the grammatical structure of a language, it is sufficient to use very few informants about whom the necessary specified information has been collected; if one wants to know how many people use a certain locution or a particular word in preference to another, then sampling of the wider type is necessary' (Mead 1951 quoted Honigsmann 1982:84). These are compelling arguments, but in my case, the ultimate reason for adopting the small-sample in-depth interview technique remains the desire for more profound and meaningful data, rather than simply a response to practical difficulties in accessing a representative sample and manipulation of statistical techniques.

A number of alternatives will be used to compensate for the shortcomings of the small non-probability sampling, and to increase 'cross validity' (Burgess 1982:166) of the data. These include: reviewing existing work, talking to other informants, life-story writing of nursing and non-

nursing students, a small-group discussion with projection method, observation in the market, on the street and in casual conversation with women, both newly-encountered and old friends. Together these elements may be integrated into a 'Combined Operations' (Stacey 1982:101) or, in Denzin's (1970) words, a 'triangulation'. This is, in effect, the approach adopted in this work.

Data collection

Three main techniques for data collection are explained below, namely interview, life story writing and small group discussions. Both interview and life story writing would be based on the same check list.

The check list

In response to assumptions derived from the conceptual framework, a short check list was designed to explore the general life of the respondents. Job and marriage were taken as two principal turning points in their lives. The conditions, the social dimensions and the person's means of adaptation at these two 'turnings' were also included. The check list is as follows:

I. Personal data:

Age, name, marital status, nursing school, Taiwanese or Mainlander?

II. Life style foci:

1. The story of entering the nursing school (becoming a nurse) -
how, when and who influenced?
2. Feeling towards her work, now

3. Story of love and marriage

 If married, the story of getting married

 If not, the story of getting to know her boyfriend, if any.

4. If married, the feeling towards her husband before marriage and
 now

5. Future plan for her life

6. Experience (plan) of living by herself

Interview

The short-check list above was designed simply to lead the conversation in the interview, leaving most of the time to the respondents to talk, and giving flexibility for the interviewer to approach her target. The check list would be learned by heart so as not to have to show it or look at it in front of the respondent during the interview. The interview would start on the action and behaviour level (ie. the story of job and marriage decision) in order to break the ice. Although items in the check list were arranged for one to lead to another, at the interview the interviewer could switch the sequence as necessary to fit the flow of the interviewee's story. In addition, in the interview the words of the check list could be changed depending on the respondent's response obtained, but the main questions would be around the list until the major information on it was all covered. In other words, the check list would be used as Burgess suggests for unstructured interviews - the interview would 'appear to be without a structure, but nevertheless..., [as] Palmer [1928] suggests the researcher must keep the informant relating experiences and attitudes that are relevant to the research problem, and encourage the informant to discuss their experiences naturally and freely'. Following Burgess (1982:107) the interview would 'provide the opportunity for the researcher to probe deeply, to uncover new clues, to open up new dimensions of a problem and to secure vivid, accurate inclusive accounts from informants that are based on personal experience'

The intention was to use a non-directive interviewing technique. Thus in the interview, intrusion was to be reduced to a minimum except for leading into more and deeper thinking, keeping talk going and covering the information around the check list. The basic idea was always to let the respondents tell their own stories in their own terms. The interviewer would just raise the general areas and give some guidance and support when required in order to keep the talk going. A small tape recorder with invisible microphone would be used with the permission of the respondents.

Only occasionally more challenging questions would be raised to gain deeper insight; eg. 'You just have said so and so. Isn't that different from so and so you said early on?'. Questions such as: devil's advocate question, hypothetical question, ideal position and the researcher's interpretation of situation, suggested by Strauss et al. [1964] (quoted Burgess 1982:108) would only be used to stimulate the flow of materials, carefully within the limit of breaking the communication. However Strauss et al. used these specific questions when researchers can no longer take the role of a new member. Since in my case I am a member of Chinese women and nurses anyway, I expect that I could try to use it to some extent. In order to achieve the above aims particular attention was to be paid to the following points:

1. Empathy

A researcher needs to have understanding and empathy for the informant's point of view; she needs to follow her informant's responses and to listen to them carefully in order that a decision can be made concerning the direction in which to take the interview (Burgess 1982:108). Having shared experience as Chinese woman and nurse with my respondents, and having been trained in non-directive counselling technique, I would seem to be reasonably well-equipped to manage this type of interview.

The researcher has to be able to share the culture of her informants. e.g. sharing technical terms, ascertaining meaning and gaining access to unspoken elements of social life, in order to be able to decide what questions to ask, and how to ask them. Strauss et al. (see Burgess 1982:108) maintain that 'researchers need to become members of the social settings

they study, if they are to understand the positions that informants adopt in situations'. In the present case, the researcher was a member of the nursing personnel, a Chinese woman who knows nursing terminology, as well as the relevant interests and taboos in a Chinese setting. She is also a married woman and a mother. In contrast to Strauss et al. who were the outsiders to the society they were studying, I am a person who grew up in the same culture as my respondents, while having the additional experience of living in the western world for a few years.

2. The thoughtful, analytical listener

Dean, Eichorn and Dean (1967, quoted Burgess 1982:302) note that 'the researcher should be a thoughtful and analytical listener, or observer, who appraises the meaning of emerging data for his problem, and uses the resulting insights to phrase questions that will further develop the implications of these data'.

3. Receptivity

A listening ear would be offered in what Graham refers to as 'a particular receptivity on the part of the investigator - listener'(1984:107). Support, acceptance and encouragement from the interviewer would be shown in both verbal and non-verbal languages. No criticism or moral judgement would be expressed whatever the interviewee said.

4. Relaxation

The researcher will try to make the atmosphere as relaxed as possible with the greatest flexibility. (Time and location should be convenient for the respondents, the surroundings quiet without disturbance).

A relaxed atmosphere is the most important thing for an interview like this. Apart from the environment the interviewer must first relax herself because only then could a really relaxed situation be achieved.

There are many advantages of this interview technique, as well as disadvantages. For instance, in using an interactive research method, one advantage could be that, during the process, the researcher can use the opportunity to observe the respondents, check doubts and inconsistencies both with the respondents and by the researcher herself afterwards with the gathered material. But there could be dangers in doing interviews in this way which the researcher had to take into account. For instance: the counselling method and common background of researcher and interviewee as woman and nurse could lead to woman to woman talk, but also could tend to a certain danger of an 'agony' style.

A danger also arises because of the Chinese are socialised to respect the older person. Status and age are both very important in Chinese communication. In this case both the age gap between the researcher (older) and the respondents, and the status difference (teacher), might also intimidate the young respondents, even though on the whole she is a warm-looking person and has much experience of getting along with younger people.

Luckily, marriage, job, children and family life are topics women like to talk about with another woman, but a listening ear is difficult to find because subjects are often too interested in their own stories. Moreover one of the 'four female virtues' of Chinese women is 'no gossip' about other people's business. These factors make it both easier and happier for them to talk about themselves than the hospital environment.

The sample and their hospitals

A small sample of 16 nurses was targeted to be interviewed. Categories (of nurses) covering the chosen variables (Marital status, education level, geographical origin) were carefully arranged. Ex-nurses would be used for comparison, but only a few. Because of the difficulty of access to them which I described in chapter 4, I expected it would be impossible to achieve matched groups of ex-nurses. The working nurses were to be grouped as shown in Table (1) in order to achieve examples of nurses drawn from different backgrounds. This arrangement is for leading to more types of nurses I would like to interview not for gathering statistically manipulative

data which would not, in any case, be meaningful in so small a sample. The reason why I want to interview a wide range of nurses instead of working on one or two groups in depth and thus reduce the number of variables which might obscure the picture by the very diversity is that, if I found similarity among the diversity, they could be said to be underlying characteristics of possibly wider significance.

Table 5.1 The target interview sample

		Taiwanese	Mainlander	Total
Degree nurse	Married	2	2	4
	Single	2	2	4
Occupational nurse	Married	2	2	4
	Single	2	2	4
<hr/>		<hr/>		<hr/>
Total		8	8	16

Two military hospitals, The Tri-service General Hospital (TSGP) and an Army Hospital (AH) in Taipei were chosen for their convenience of access geographically and, more important, because they were socially easier to access through the researcher's personal contact than other hospitals would have been.

However it was feared that there might be fewer Taiwanese nurses in military hospitals, or Taiwanese nurses working in a military system might be different people from other Taiwanese nurses working in the civil system. The Taiwanese are believed to have a hatred of the military system, greater than among the Mainlander Chinese in Taiwan. It was going to be difficult during my short stay in Taiwan, which was limited to 42 days by the regulations attached to my grant, to gain access to another hospital for further interviews. Consequently it was decided to collect written life stories by students of a civil Junior Nursing College (JNC).

In the interview only professional staff nurses would be included, while head nurses were to be excluded from the sample because their different status, privilege, age and marital status, which would make the comparison difficult. Head nurses work in regular working time tables with no night duties. Irregular hours and night duty are alleged by many nurses to be the main problems interfering with their family life. Because of the administrative tasks of head nurses, they are more distant from physical contact with the patient, and it is therefore easier for their family or marriage to accept the fact of their working as head nurses. Higher status and salary may also play some roles too. Head nurses are usually older and therefore 'unavoidably' married. In both of the two military hospitals which I would intend to work on, all head nurses were degree nurses and graduates of NDMC. All these factors make me decide to exclude head nurses from the sample. It would be interesting to do research on head nurses, since they are the minority who survive in a nursing career. However they are not the focus of this study. Apart from head nurses, military hospitals as well as other hospitals recruit their staff from civil nursing schools. The Tri-service hospital draws staff nurses from all the areas and nursing schools at the occupational level in Taiwan.

Access

In order to achieve an informal and relaxed situation and gain rapport with the interviewee, access was to be sought mainly through private contact (friends, relatives, school-mates as mediators) rather than through any bureaucracy, especially nursing departments. From experience of doing nursing research for more than ten years, the researcher had learned well enough the difficulty of access through nursing departments. Even with regard to those working in the same institute, the nursing department was too suspicious to let the postgraduate nursing students do their research in the clinic (see also chapter 4). However in the way chosen the image and role of the researcher given by the mediator and the mediator herself might indirectly influence the respondents' idea of the interview.

The preparation of the respondent

The intention was that the mediator would introduce the researcher and provide explanation about the interview, its content and purpose in advance. Then the interviewer would go through this again at the beginning of the interview to break the ice and warm up the atmosphere.

The place and time of interview

Two meetings with each of the respondents were planned. The first was to warm up and build a rapport, with preliminary talk about their general life, and observation of their general personality. Subsequently the basic information collected in the first meeting would be analysed against the check list. In the second meeting, discussion about this would take place with the respondents, and more information collected. At the end of these two interviews, permission to correspond would be asked for, telephone numbers and addresses exchanged for later check-up and also for the interviewee to correct or add more material if she wanted to.

The place and time of the interview were to be arranged so as not to interfere with the nurses' work and family life schedule. No definite place was planned at the outset, only the flexibility of giving the respondent the right to choose.

Other modes of data collection

In addition to interviews in pursuit of the triangulation, other modes of data collection were planned, namely story writing and group discussion.

Story writing

Three groups of students (of a civil and a military nursing school, and another military non-nursing school) were to be asked to write their life stories using the same check list. The stories were to be written and collected during a class. Before then, the purpose of the research and the main items in the check list would have been explained by the teacher.

Students of one Junior Nursing College (JNC) were chosen to represent civil nursing schools in comparison with National Defence Medical Center (NDMC) nursing students, because of the different attitude towards the military system among Taiwanese and Mainlanders in Taiwan. NDMC nursing students were also chosen because all degree nurses in the two military hospitals where my interviewees will come from, are graduates of NDMC. I would like to know whether the decision of education of degree nursing students points to the same direction as degree nurses, and also I want to know something of their social life in the university years.

There are only two military institutes at the degree level accepting female students in Taiwan, and there is no military training for girls at the occupational level. One beneficial factor in military schools is that they offer free education and accomodation. This may attract more students from poor families who wish their daughters to pursue a degree. Apart from NDMC in this study, the other Female Military College (FMC) students were also taken into account in order to see under the same conditions among military schools whether parents (or girls) prefer nursing more or not. Another reason for collecting life stories from both military school students was that, in both these two schools, the ratio between male and female students is roughly the same. The university period is expected to be the golden years for romance, and fellow students the ideal lovers. In comparison of the two schools, I would also like to see whether parents and daughter prefer doctors more than men in other occupations.

Access to JNC was planned through a nurse friend and ex-graduate student of my institute, whom I helped in her post-graduate work, and who is now a teacher in the nursing collage. The NDMC and FMC ones would be collected either by myself or my colleagues during the class.

Group discussion

A further technique to be used was group discussion. The intention was to ask small groups of not more than 8 nurses to watch the film 'My life' and then to have a discussion about it. This film is about how a great heroine raised up a big family, including some children from her husband's previous marriage and some of their own, how she treated them equally, how bad the husband was (gambling and taking another woman). But in spite of all of this she built up the family enterprise and upheld the family tradition. The aim of the discussion, planned to take place in a nursing common room or one of the member's homes in relaxing circumstances, was mainly to find out the respondents' attitude towards the great Chinese woman and the woman's role in current Taiwan. It was hoped that the reflection of their own role as women and workers would emerge. Group opinion and individual response among a group would be recorded and noted.

Such a situation provides informants with an opportunity to discuss their world and to argue over the situation in which they are involved. These discussions may afford glimpses of competing views and how consensus or difference is arrived at. However members of a group interview normally only provide views that can be stated publicly (Burgess 1982:108). Nevertheless, aspects they may not mention singly may be called forth in group discussion. This in turn provides further data on the dynamic social relationships between informants.

Data analysis

To my understanding, data analysis should be considered at the stage of designing the research plan. However at this period I only had some general ideas about what I was going to do with my data. My intention was to base the future data analysis on Becker & Geer's (1982:241) 'Sequential analysis in field work' and Glaser's, 'Constant comparative method of qualitative analysis' (1965:436).

According to Becker and Geer, analysis of qualitative data should follow the listing sequence:

1. The selection and definition of problems, concepts and indices
2. Checks on the frequency and distribution of phenomena
3. The incorporation of individual findings into a model of the organisation under study.

My problems were job and marriage decisions and processes, attitudes and feelings towards them now and nurses' future plans in life. The scale of decision making and motivation (see. chapter 4) in job decision would be used as concepts and indices in the decision-making part. Other indices of attitudes towards their marriage and job, and also future plan would be worked out latter after the data collection, using Glaser's method.

Glaser's 'constant comparative method is a continuous growth process of data analysis - each stage after a time transforms itself into the next - previous stages remain in operation throughout the analysis and provide continuous development to the following stage until the analysis is terminated' (1965:439). This can be described in four stages:

1. coding each incident in as many categories of analysis as possible, and while coding comparing incidents applicable to each category
2. integrating categories and their properties
3. delimiting the theory
4. writing the theory.

The eventual process of data analysis will be detailed in chapter 7. data analysis and credibility.

Chapter 6. The field work

The preparation and pre-test in England

The questionnaire by mail

The pre-test

The interview

The group discussion

The field work

The interview

The written life stories

The group discussion

The casual talk

Chapter 6. The field work

In total there were 134 women in this study. Data were mainly collected from 11 questionnaires, 24 interviews, 91 life stories. Apart from the 8 in the pre-test and 2 illustrated in casual talks, there were 59 occupational nurses (among them 40 were in training at JNC), 14 degree nurses, 23 degree nursing students from NDMC and 28 degree non-nursing students from FMC. The respondents and the way of how their data collected are as follows:

Table 6.1 The respondents

	Written stories			Interview		Questionnaire	
	DNS	DNNS	ONIT	DN	ON	DN	ON
Total*	23	28	40	13	11	1	10

- DNS: Degree nursing student (NDMC)
- DNNS: Degree non-nursing student (FMC)
- ONIT: Occupational nurse in Training (JNC)
- DN: Degree nurse
- ON: Occupational nurse
- *: Two occupational nurses finished both questionnaires and interviews.

The length of my stay in Taiwan was limited to six weeks by the regulations attached to my grant and no extension was permitted, consequently most of the preparation work was done in England before I went i.e. the research plan and method, the check list, the pre-test and the questionnaire (by correspondence). The interview of 24 nurses, one group discussion, and some of the written stories (51, NDMC and FMC) were done in Taipei between August and September 1986. The last of the written stories (40, JNC) were received through the mail one month after my return. All of these works will be detailed in sequence in this chapter.

The preparation and pre-test in England

The preparation by mail

Two letters from England were sent to two of my relatives (ex-nurses, now both medical equipment saleswomen) in Taiwan, asking them to contact Army Hospital (AH), in which one of them once worked, and where the other's classmate was the head of the nursing department. Incidentally most saleswomen selling medicine or medical supplies are ex-nurses, and a successful sales person keeps good relationships with many hospital staff. Because they are outsiders to the bureaucratic system, they do not have a formal role and hierarchical status in it, thus are good go-betweens for informal contact.

It was planned that the relative who once worked in the AH would arrange the respondents whom I could interview later, with the knowledge of the head of the nursing department. Although we planned to avoid collecting respondents through the nursing bureaucracy, nevertheless in an army hospital, one could not sneak in and talk to their nurses secretly, because this action would certainly cause suspicion and misunderstanding. One reason for sending these two letters was to save time, so that I could start working right away when I arrived in Taipei. At the same time the aim was to make contact with another hospital, The Tri-service General Hospital (TSGH), which actually is under the umbrella of my own teaching institute. However because of the conflict between medical teaching and the hospital clinics, the suspicion of the nursing department, and some unknown factors, in my previous experience, access was rather difficult (see chapter 4. the original plan). So I wanted to put preparations in hand before I arrived.

Army Hospital, because of its size, status and reputation which were far behind the TSGH, might have attracted less Taiwanese nurses because of their alienation from the military system. But since my sample was divided into groups (see research design, the interview sample) and I was looking for only a very small number for each group, the geographical distribution of nurses in Army Hospital did not worry me too much at the outset.

The pre-test

The interview

To test the data collection method and my interview skill, two Chinese (1 overseas, one Hakka) and four English women were interviewed in England before I left. Their occupational backgrounds and age distribution are as follow:

The English women were: three first year degree nursing students around twenty and one secretary in her thirties

The Chinese were: one ex-nurse (23), one ex-secretary (32).

The Chinese ex-secretary was staying in the same hostel with me. Her classmate, the ex-nurse who was overseas Chinese had been trained as a nurse in Taiwan. The two were the first to be interviewed. Job decisions of both of these coincided with our assumption, in being strongly influenced by their father, ie. entering nearby schools which accept girls only; education for the sake of helping the family business in the future. But at the point of telling their love story, they both giggled with embarrassment, admitting that they had a boyfriend, or had had, but did not tell the story of how they knew each other and what happened afterwards. Their own personalities, their familiarity with me and the small Chinese social circle in London might have caused their hesitation.

The English secretary who also stayed in the same hostel accepted my interview openly and happily. moreover she was always willing to tell her stories of childhood, parents, and lost lovers. These women were not good 'pilot' samples because I know them too well. They could never behave the same as my future respondents would towards me.

A friend's daughter, and two of her nursing school classmates were consequently interviewed as well. After the interviews, ten pounds was paid to each one of them through my friend. (This was not arranged beforehand. I was in fact very glad to pay their kindness and help, but as Chinese, felt embarrassed to talk about it). Fifteen pounds were kindly paid back by the daughter. Interviews were performed in each one's room. They were nice young girls, very helpful. The atmosphere were very relaxed. These three

interviews gave me great encouragement and confidence.

In these interviews, the check-list worked well, so did the interview technique.

The group discussion

Two group discussions were arranged in London of Taiwanese and overseas Chinese women, one based on the film 'My Life', and another general discussion about their life, love and future marriage. Apart from being given the main topic to start the discussion by the researcher, interference was planned to be kept to a minimum, unless there was any silence in the talk, which in fact did not happen at all in both situations. Tape recording was used.

The first group discussion included the two Chinese women introduced above and myself. The second discussion included those two plus the sister of the overseas ex-nurse, a psychologist trained in Taiwan, and another Taiwanese woman. These two new members were studying at the same business school as the first two when they were interviewed. Both meetings took place in the two sisters' flat. The first meeting went on smoothly, both women were happier to talk objectively and critically about a third woman, the heroine's story in the film, rather than themselves. The second meeting went beyond my expectation which was that each one would talk with reservation or open up, if I was lucky. The discussion followed a dinner party given by the two sisters. The atmosphere was warm, lively and with a little competition among those young women. After some complaining about their strict father, and rigid disciplinary 'Nun' schools to which they went, the older sister started shocking the others. She talked about how one should enjoy sex and through trial find the most suitable partner, as the Europeans do. All the others stopped to listen to her. (I was quiet while they were talking, however by then I was totally forgotten by them). In the end of her speech, she concluded that 'Nevertheless as a Chinese girl, I will still keep my chastity till the wedding night for my future husband'. She had a family approved steady boyfriend who was in America when she was interviewed. They had known each other for years and been separated for years too. They trust each other, she said, and even though she went out with men in the class, they were always in groups. During her speech, the

others were all looking at her with surprise, but by the end they reached a consent by silence. At this point, no one else said what they would do about themselves. The younger sister was very quiet in front of her sister, although she was very talkative in her own interview.

These were all middle-high class women, who were sent abroad by the family for more training in order to help the family business in future, and more importantly, to increase their marriage market price. They all said that they will obey their parents to go back, should their parents want them to. Three would accept the family marriage arrangement, including the Taiwanese girl who had a Japanese boyfriend. She said that she knew that her widowed mother would not approve of him, but she really did not know what to do about it. The only one who said that her family would let herself decide, admitted later privately that her family had actually abandoned her, because she was once engaged for eight years. For her own family, she was like a divorced woman.

Unexpected results could be triggered in discussions like this. One thing to be taken into account is that people may behave and talk differently when they encounter just the interviewer and when they are in a group.

The field work

The interview

Sample

The actual people interviewed in Taiwan were eleven Taiwanese and thirteen mainlanders in the final sample of twenty four. The Taiwanese included one Hakka and one from Kinmen, whose ancestors like the Taiwanese, also came from southeast China, two to three hundred years ago.

The Mainlanders were the people whose parents moved to Taiwan around 1949 mostly from other parts of China. In general these later migrants represent a more urbanized and sophisticated population than the Taiwanese (see chapter 10: the Taiwan case). Eighteen were nurses at work and six were ex-nurses. Twelve were degree nurses and twelve occupational nurses.

The interviewees and their distribution among our categories are as follows:

(a). Nurses at work

Table 5.1 The working nurses interviewed

		Taiwanese	Mainlander	Total
Degree nurse	Married	2	2	4
	Single	3*	3+	6
Occupational nurse	Married	2	2	4
	Single	2	2	4
Total		9	9	18

(* 1: Hakka + 1 final year student nurse)

(b). ex-nurse

Table 5.1 The ex-nurses interviewed

		Taiwanese	Mainlander	Total
Degree nurse	Married	0	1	1
	Single	0	1	1
Occupational nurse	Married	0	2*	2
	Single	1	1	2
Total		1	5	6

(* one widow)

Access

Access to the nurses was gained in the following ways:

Nurses at work

(A). through questionnaire:

In my letters to them before I left London I had asked my relatives to collect nurses' autobiographies, so that I could study each of them before the interview. However I did not use the word 'autobiography', because what I really wanted was not the Chinese conventional autobiography which every student has to write when they go to a school, and so does when every person starts a new job. Instead I ask them to collect nurses' life stories around a list of items. Apart from saving time and gaining preliminary understanding, the aim of these letters were also to build up the first contact, and mentally prepare the respondents by asking them to write.

Because of the enthusiasm of my relatives and their knowledge of doing a research, the written autobiographies turned out to be questionnaires.

They printed and sent out twenty open-ended questionnaires, all to nurses at Army Hospital, covering the items in the list I had given them in my letters. Eleven questionnaires from nurses in the Army Hospital were sent back to London.

It was quite possible that all degree nurses in the two hospitals, AH and TSGH, might turn out to be my ex-students, since they were all graduates of the National Defence Medical Center (NDMC). In 1984 I was once refused to access by the TSGH head of nursing department to the list of nurses' names from which I intended to draw a sample. Security was the reason I was given. I learned my lesson and did not ask for the list either from TSGH and AH this time. However I had abandoned the idea of collecting data from a random sample by then.

I started interviewing with occupational nurses, trying to avoid personal influence as much as possible. Of the eleven who completed questionnaires, only two were interviewed. The others were given up because they did not put their names on the questionnaire, or because of the impossibility of arranging a suitable meeting time. Several attempts were made but failed because of the busy-ness or shortage of nurses in the clinic.

(B). Through mediators

At the same time as interviewing in the Army Hospital contact with the Tri-service General Hospital (TSGH) through non-nursing channels was built up. In TSGH, although there were many ex-students of mine working as nurses. I started again from the totally unknown ones to avoid any influence of our old relationship. My own ex-students might respond to me differently from the other nurses who had nothing to do with me. They might be closer than the others, or they might be too afraid of me to tell the truth. In neither case would it be what I wanted. The secretary in the obstetric department, a friend of one of my relatives whom I mentioned before, also an outsider from the nursing bureaucracy, acted as the mediator.

Meetings with the respondents usually started at the cafe with my relative and the secretary. First there was a chat over the meal or coffee, (I gave them the treat, which is a friendly and sociable Chinese gesture when asking for help, but it is also embarrassing to mention the payment. I put it here only to make the situation clear for western readers).

Afterwards the respondent and I went back to the obstetric office where the staff were away for their mid day rest. If that was not available, we went to an empty ward, or other quiet place to complete the interview. Four occupational nurses (one worked in OPD, three in OBS) were introduced in this way.

After all six cases mentioned above, finding new respondents was getting difficult for certain categories of nurses in my plan. I also did not like the idea of being confined in the obstetric (OBS) ward and the OBS secretary's social circle. I therefore started asking for help from the respondents to find nurses who fitted my categories. One more attempt was made at Army Hospital among general nursing staff, no matter whether they answered the questionnaire or not, but I failed among about 50 nurses to find any single nurse both of whose parents were either Taiwanese or Mainlanders, who fitted my other categories. The Taiwanese degree nurses just did not exist, and all the nurses who called themselves Mainlanders had a Taiwanese mother. Thus I turned all my attention to the TSGH which has a bigger nursing faculty.

The girls of mixed parents were excluded from the interview, on the ground that the feminine role and behaviour would be influenced more by their mother, because geographical origin was one of the variables I wanted to look at, and nurses with mixed parents would confuse the comparison. The fact that some nurses might have mixed parents had not been taken into account at the preparation stage. Local government reflects only the father's geographical origin so that a "mainlander" may actually have a Taiwanese mother*. This was only considered while visiting the Army Hospital. I had thought mixed marriages were rather rare when those nurses

* In a patriarchal society like Taiwan, plus the accentuation of ancestors and the 'old country' (China) by the government, that children follow their father's geographical origin is taken for granted, no matter where they were born. Recently there have been discussions about abolishing this registration system, because of political conflicts among the so-called 'Mainlanders' and so-called Taiwanese' (see Chapter 10 the Taiwan case). No further conclusion has been reached

were born, and that they often only happened in the case of a Mainlander husband, low rank military personnel, and Taiwanese wives from poor families.

(C). Snowballing

One day while I was walking up and down in the OBS ward, I met one of my ex-students who also worked there. Interviewing of Degree nurses then was started with respondents arranged through her and the subsequent respondents. Although I did bear in mind that finding new cases in this way might limit the respondents to their small social circle, nevertheless snowballing was only used among degree nurses who anyhow were my ex-students, and roughly knew each other. Categorising of nurses (Marital status, geographical origin and education) and controlling some variables (age, status) protected me to some extent from concentration on too small a group.

As far as I know, for occupational nurses, the horizontal and informal relationships of old school friends, even in different wards of such a huge hospital in a big city were pretty close. They spent their off-time together if they were both unmarried and lived in the dormitory. The married also exchange messages by telephone or meetings after work. Apart from such old relationships, staff nurses may only know some head nurses by sight, and doctors in their own ward. As to other members in the same hospitals, apart from borrowing equipment from the next door ward, staff nurses could not know very many nurse colleagues in other wards. Degree nurses know more people, because they have rounded many wards during their practice as students. They may know other degree nurses as fellow students since school days. They are also more involved with the hospital system than the occupational nurses. It was on this basis of such informal relationships that new cases were found.

As an outsider of the nursing department, but with the same experience as a nurse and a graduate of the NDMC with my ex-students, I have kept a warm sisterhood with students I taught. Some came to me for their personal problems occasionally. During their degree training, they had picked up some experience and attitudes towards nursing research. These all helped in their enthusiasm to find new cases for me.

(D). Through nursing department

No matter how hard I tried, the last two married Taiwanese degree nurses could not be found. The last resort was the help from the nursing department. The vice-head of the nursing department, an ex-student of my husband, found these last two cases, among hundreds of nurses in the Tri-service General Hospital, after I had searched through all my connections and failed to reach them.

The ex-nurses

The ex-nurses were ex-students of mine and their friends or colleagues. The contact starting from my relative, who was an ex-nurse.

Having predicted the difficulty of contacting ex-nurses, not every category was planned to be achieved. I found no Taiwanese ex-degree nurses at all. I also failed to meet two married Taiwanese ex-occupational nurses whom I had contacted through the same two relatives as mediators. There were fewer Taiwanese nurses than Mainlander nurses in the two military hospitals anyway, and most of the ex-Taiwanese nurses would be at home helping the family business and looking after small children. The difficulty of finding married Taiwanese nurses and ex-nurses shows to some extent the different distribution of the Taiwanese and Mainlander nurses, as well as the different attitudes of the Taiwanese and the Mainlanders in working as nurses in the military systems.

Degree nurses of TUMC were intended to be included originally, but were given up also for reasons of lack of connection and the difficulty of access.

Access to respondents:

(a). The working nurses

	Respondents	Hospital
A. Through questionnaire	2	AH
B. Through OBS secretary	4	TSGH
C. Through snow-balling (ex-student)	8	TSGH
D. Through nursing department	2	TSGH

(b) The ex-nurses

A. Relative	1	TSGH
B. Ex-students	3	2 AH & 1 PH*
C. Through relatives	2	1 AH & 1 PH

* PH: Private hospital

The preparation of the interviewee

As is mentioned above, explanation to the interviewee was done either by the mediator or the previous interviewee to take away the unknown and feeling of uncertainty. Explanation was given once again at the beginning of the interview by the researcher. Interviewees who were either introduced or contacted by the previous interviewees had been told and shared the experience of the old ones automatically before they came. Apart from the old teacher-student relationship, sharing of the same experience could have benefited interviews under the snow-balling heading, because these were even more fluent than the other interviews, although the others were also good. One disadvantage of this method is that sharing experience can contaminate the latter following also.

The places of interview

Some 10 of the interviews took place at the clinic while they were on duty but in a slack period, because after work they might be very tired or might have to rush back home if they were married. Meetings with five single ones who lived in the hospital dormitory were arranged in their off time at my own home which is in the teachers' residences also in the same campus of the hospital and the medical institute. This also applied to the last two married nurses arranged by the nursing department, and five ex-nurses. The meeting places used were as follows:

Ward	2
Nurses on-call room	3
Treatment room	1
Obs office	3
Meeting room	1
Researcher's home	12
Class room	1
The cafe in the airport	1

Interviews in the clinic worked well. I hesitated slightly when starting to invite people into my home, because I was worried that on my territory, they might feel uneasy and threatened. On the contrary, taking off their uniform, out of the clinic, they seemed much more relaxed, including the two who were introduced by mediators. All of them were visiting my home for the first time. Six were my ex-students though I really could hardly remember their faces, four were slightly more familiar. Interviews were done in a small study with no one else at home. We talked over a cup of tea. Two stayed to have dinner with me.

The interview and the response

At the beginning of each interview, I asked the interviewee whether she minded me using a tape recorder. Perhaps due to the preparation procedure no one refused to be recorded. The interviewee and I usually sat facing each other with the microphone on the side. When they were talking, we looked at each other's faces or into each other's eyes. No one except me seemed to worry too much about the recording. I worried if in any case the tape recorder did not work, how could I regain this rich fluent talk again.

Understanding and support were ensured through the process of interview. Encouragement and support again were given at the end of the interview according to each one's need, as well as thanks for their help and trust. Respondents' questions such as: 'what do you think of me?' 'Are the others like me?' were answered carefully in general terms so as to satisfy personal curiosity to themselves but not give details of the others' lives. Criticism of the way the interview was conducted was welcomed.

According to past experience in research, there is always suspicion and fear of being manipulated or exploited on the part of the respondents. I was especially worried at the beginning about this. But probably due to the preparation and the method of access, most of the interviewees said that they really enjoyed the interview. Some said that it was a wonderful chance to look back at their life as a whole, and it was an enjoyment or special experience. Tears were shed during three of the interviews, but no one seemed to worry about the leaking of their secrets or the publishing of their story except one non-nurse in the pre-test who once half joked about her worries. Their lack of worry could have been due to their experience as nurses, they all had some idea about research. Letters and a Christmas card have been received from one interviewee talking about the experience long afterwards.

Accessing through a mediator has other effects on the response of the interviewees, which could be that the ones who were reluctant to come would not turn up. It goes without saying that the personality of the mediator would also influence the access to respondents, or the kind of respondents

the researcher could approach. However it is not a covert method of data-collection, when the respondent came she knew she was providing information. When 'the object of research enters into the process as an active subject' and 'to talk on and take over the interview as their own' (Graham, 1984:114), the interviews worked beautifully in my case.

Of course, unavoidably, some may still have felt threatened no matter how hard I tried. In this study, luckily there was only one who felt like this. She was the first I interviewed in Taiwan, a very young total stranger who was one of the nurses who had answered the questionnaire. Her meeting was arranged, kindly and enthusiastically, by the head of nursing department and also her head nurse. She was shy and rigid. Many questions were answered briefly. When I tried to let her tell a story of the happiest thing or day in the clinic, she said: 'Nothing happy, nor unhappy'. 'So so', 'Nothing serious' were typical answers.

It has been taken into account that, although in this way of data collection the interviewees 'open doors to their private lives', (Graham, 1984:105) 'some of course may remain firmly shut' (Graham, 1984:108). But for the parts where they knew but were reluctant to tell, where they rationalised and compromised, the researcher could use her knowledge to build her own hypothesis (Wallis and Bruce, 1983:97-109).

Through the interview some parts which were even blank to the interviewees themselves before, could be seen better now. The talk not only gave the nurses a chance to re-think their life as a whole, not in fragments, and shed light on some of the old experience, but also give them feelings of being concerned, attended, listened to and understood. Perhaps this is the reason why some of the respondents said that they did enjoy the process.

The writing of life stories

Ninety one written stories based on the same check list, explained by teachers in the class room, were collected from 40 Junior Nursing College (JNC) first year students, 23 third year NDMC nursing students and 28 first year students of another Female Military College (FMC), who were having short period nursing training at NDMC. The JNC was chosen because it might

possibly have more Taiwanese students. The new students of JNC were counted as occupational nurses since they were graduates of occupational nursing schools, had worked as nurses in the hospital for some time and were ambitious enough to pursue more education for different reasons. This made them in roughly the same age group as the NDMC students.

The JNC students' written stories were collected by their teacher, also an ex-postgraduate nursing student of NDMC. This mediator was a good natured mature student whom I had helped in her research.

The FMC students come to NDMC for short nursing and first aid training every year. Coincidentally they were at NDMC while I was in Taipei, therefore I took the chance to collect their stories. These military non-nursing students were included because girls who went to military schools might be different from girls who went to civil schools. (eg. mostly Mainlanders or daughters of military personnel). Between these two military schools at the same degree level, I might see more clearly about girls' motivation to nursing and their parents' attitude. Another reason for taking in the third military school students was because in this military school the male and/female ratio is roughly the same as NDMC, which is much higher than the ordinary civil universities. I wanted to examine social relationships between male and female students in both schools, to see whether medical students are more welcomed as possible marriage partners by their nursing fellow students and their parents.

The geographical distribution of the students who wrote essays:

Geographical origin of the parents

	Both Taiwan	Father Mainland			KM	UN	Total
		Mother					
		Main	Taiwan	UN			
JNC	24	4	6	2	1	3	40
NDMC	10	5	8	0	0	0	23
FMC	13	2	7	5	0	1	28
Total	48	20	11	7	1	4	91

* KM: Kin-meng UN: unknown

It goes without saying that written stories will have less information than we can obtain in an interview, and there is more difficulty in checking any doubts. The essays were naturally more logical and better organised by the writer than spoken accounts are.

The group discussion

Only one meeting was achieved among 7 ex-nurses, also organised by the same two relatives. Most of the members of this meeting were now saleswomen of medical equipment or drugs, because only they could afford the time to meet together in a cafe to spend an afternoon. This kind of work, being a saleswoman, was assumed to be unsuitable for women, and women working in this field were supposed to be wild and daring - wandering around, dressing up beautifully and 'chatting-up doctors'. The company hired them for the same reason, that it would be easier for females to sell goods to male doctors.

The meeting took place in a isolated room of a high class cafe. (I also gave them the treat.) The atmosphere was gay and free. But everybody had

to rush back to sign on at their work at five o'clock. When they left they laughed at another housewife (also an ex-nurse) who always had to rush back home one step before her husband when she was with them. Those kind of gatherings and shopping were the happy and luxurious part of their life.

The plan to have discussion groups among nurses had to be abandoned because it was not possible to fix a time together in their busy schedule even for a very small group.

The casual talk

I was haunted by my interest in Chinese women, and could not bear missing any chance to observe and talk to them. To my great honour, those I met were all happy to talk about their life and problems with me both in Taiwan and England. Some friends, both men and women, knowing that I was doing a study of Chinese women, introduced me to people they thought would interest me, or people who had trouble and would like somebody to talk to.

In a week-end journey to Somerset with my own people from Taiwan, a friend introduced me to a woman whom he thought I might be interested in. I shared a room with this young woman and talked in bed in the dark late at night. What she told me turned out to be totally different from what I have ever heard from any previous interviewee. She worked in a hotel in Taiwan, and had just finished her hotel management training in England, when we had the journey. She was once engaged. While she was engaged she said that she 'smuggled' (which meant having sex with other men). She said: 'Many women only talk about going to bed with men, but I really did'. She had 'one night stands' and boasted about her ability 'to tell the man's behaviour in bed just by looking at him'. She said that she knew how to choose the right man to avoid trouble. She was very confident and pleased with herself. She was going back to Taiwan to marry and settle down. She said: 'My friends used to say that I am not suitable for marriage, I do not think so now. I am an attractive woman, why can't I have the right to have my own family, children and a husband who loves me?' She said that she has fulfilled two great expectations - travelling in Europe and having her teeth done - therefore

she was going back home happily. I must confess that I was astonished, although I tried my best not to show my surprise. Darkness saved me. Thinking back, I remember her attitude which was rather rough and provoking. She might have deliberately wanted to annoy me. Since then I have neither met her again, nor the friend. I am really curious about what his impression of her was. Why did he introduce her to me? And how did he describe me to her? Moreover these conversations shook my confidence in the data I had then collected, and raised endless questions. Did nurses just tell me what a good woman's life is expected to be? Are nurses more conservative than the average Chinese women in Taiwan? Did I pick up only the good women in nursing? If so why should that have been? It is undeniable this woman's was a counter case to all the other respondents in my study. However, to what extent did she represent other women in Taiwan? Questions of this kind really need more work and other investigations to answer them. It was against a case like this that I analysed my data and drew my conclusions. In any case this experience made me more scrupulous.

Because most casual talks came unexpectedly, I do not remember the exact number of them. Nevertheless only two cases of this kind have been illustrated in this study. The story above is presented because it was an exception from all other Chinese women I have interviewed. Exceptions and extreme cases were treated with great care in this study.

Most of what I heard from my interviews and casual talks was sad and heavy. However I have continuously used all of their information to modify my hypotheses and challenge my ideas. Some stories made me angry and even caused me to suffer, but also gave me the great pleasure of intellectual satisfaction. I do owe a great deal to all the women in this study, and really appreciate their help and trust in letting me share their 'life' and privacy.

Chapter 7. Data analysis and credibility

Data analysis

Emergent themes

Presentation

Credibility

Chapter 7. Data analysis and credibility

Fundamentally in field research, analysis is based on the researcher's experiences in two cultures. The researchers need continually to be on the alert not to take their surrounding and relationships for granted, and to learn new routines and cues (Burgess 1982:1, quoting Gulick 1970 p 90) from the society they are studying. 'To obtain an insider's view of situations, it is vital to maintain an outsider's perspective (Powdermaker 1966, quoted Burgess 1982:1).

In contrast to some field researchers who maintain membership in the culture in which they were reared while establishing membership in the groups which they are studying, I used the knowledge and insight from my experience of living in England to study the Chinese culture in which I was reared. However the study was still based on my experience of 'lives in two different worlds' (Evans-Pritchard 1973 pp 2-3, quoted Burgess 1982:1). Field researchers therefore 'have to develop self criticism and self-awareness' (Burgess 1982:1) as well as involvement and detachment while they are doing their field-work. These necessities are likely to force a heightened awareness of facets of one's personality of which one had not been aware before. 'In this respect field research is a learning situation in which researchers have to understand their own actions and activities as well as those of the people they are studying' (Burgess 1982:1). That 'this can be an emotionally devastating experience' (Burgess 1982:1, quoting Gulick 1970 p 90) I can confirm. However I should not deny the happiness and satisfaction that go with the feeling of enlightenment and self discovery. Being part of the social world of the subjects one is working with would seem to represent a situation which sociologists can never avoid, while the involvement seems deeper than otherwise for survey researchers, for field-workers and feminist researchers.

According to Freilich (1977:15 quoted Burgess 1982:9), no specific or operationally useful rules exist for transferring raw data into information that is meaningful for anthropological (field) analysis; and no specific

techniques exist for drawing productive generalizations from such information. Macintyre (1979:764) also pointed out that how one actually sets about analysing data collected in semi-structured interviews, direct observation, and analysis of documents such as referral letters and case sheets has not been well covered in textbooks. Several authors in the 'qualitative' tradition, eg H Becher; B. Glaser; L. Schatzman and A. Strauss, have pleaded for more systematic accounts of how analysis is done (quoted Macintyre 1979:764;771). In this chapter, I will try to tackle the question of how the data was analysed, how the results and themes emerged and how they are going to be presented. The last part will be a discussion of the credibility of this way of study.

Data analysis

'In [field] research, analysis was not a separate stage of the process which began after we had finished gathering our data. Rather ... data-gathering and analysis went on simultaneously' (Burgess 1982:235 quoting Becker et al. 1961:31). Moreover, 'the research process involved constant analysis as field notes were read and reread to discover relevant problems of study, hypotheses were developed in relation to the problems posed and the researchers looked for valid indications of variables contained in the hypotheses' (Burgess 1982:235 quoting Bernstein and Woodward 1974). On the whole, 'analysis continued throughout the study and provided an outline of many of the conclusions contained in the final research report' (Burgess 1982:235).

Nevertheless, after all the data had been collected, data analysis was still a long process to be gone through that involved reading and rereading the interviews, listening and relistening to the cassettes. As Burgess (1982:235) describes about Platt (1976): To begin with, she had to establish coding categories based on themes that arose in the interviews. However, she found that when new themes arose, it was essential to go back over the

interviews that had already been examined. In short, she considers that data analysis is a long and laborious process, where the researcher has to try to avoid skimping on the work.

I deplore the kind of researcher who has no idea what will happen with his/her data, so just sits there waiting for the statistics or computer to reveal the results, then makes stories to fit them. In this study, I tried first to make some assumptions but keep an open mind and eyes to start the work, together with some concepts and indices to be used for indexing the data.

Throughout the whole period of field-work, I kept a research diary to remind me what was going on. In this diary, I also kept notes on my impressions and feelings about the interviews and the respondents. Important discoveries and insights were all recorded including any idea or insight obtained in the encounter, such as things which contradicted my first impression or suppositions or things which took me by surprise. I also kept my diary while I was writing this thesis, made notes as new concepts and themes arose either from the data or from external sources.

Translation and cross-cultural concepts

After the field-work and on my return to London, I rewrote the story of each subject's joining nursing in English. Here I have to make clear my situation of doing a study of China, with data in Chinese, in an English university and writing my thesis in English. There were difficulties of the cross-culture translation of meanings and problems of conveying concepts in a language developed in quite another social and cultural context. The situation was somewhat similar to that of Currer who has said, in referring to her study of Pathan women (1983:33): 'Parallel terms do not always exist.... Once an acceptable equivalent term has been found, there is still the problem of knowing whether or not it conveys the same sense and meaning'. The only difference was that my problems were mainly at the writing stage rather than when I encountered the respondents who shared the same Mandarin Chinese with me. For example, when in one case a respondent described the embarrassing situation of being 'introduced' (a kind of arranged marriage) to a man, she used plural numbers to avoid the

unpleasantness of being 'inspected', saying: 'It was not that we were choosing them, but they were choosing us also'. It was clear that 'We' and 'they' did not simply mean the two families and direct English translation could not express the feeling and the sophisticated mental mechanism of the speaker. Eventually, an English friend's suggestion of using the pronoun 'one' to represent the speaker was adopted to give a partial account of this nuance. Sometimes inappropriate translation only emerged in detailed discussion with my supervisor. For instance one interviewee referred to her husband as: 'a good husband, but a poor *lover*'. This clearly carried no sexual implication at all, neither was the word meant as an equivalent of the old-fashioned 'sweetheart'. Her implication was simply that he was, honest, responsible and somewhat dull. As the English reader will certainly appreciate, there were obvious difficulties with the word 'lover' - and in fact there is a nearly equivalent problem in modern mandarin. I was originally unaware of the shift in meaning of this word to the now almost invariable implication of sexual familiarity.

A similar difficulty arose in dealing with 'free love' as a literal translation of *zi you lian ai* (自由戀愛). The latter term, used as a slogan in the May 4th movement meant not the right to 'live in sin', but simply the right to choose one's marriage partner independently of family pressure. Like its literal equivalent in English, the term now has a distinctly old-fashioned sound.

Sometimes terms in one everyday language will have confusing dictionary equivalents in the other. For instance, all single females are called 'girls' (nu hai 女孩) in modern standard Chinese rather than 'women' (nu ren 女人) which all my respondents would be in the English sense. Actually *nu ren* is a disrespectful term in many Chinese contexts and does not have the neutrality of 'woman' in, for example "women's movement". Actually the term '*fu nu* 婦女' (a collective term of females) is used to convey neutrality and respect.

Techniques of analysis

Having grasped the interviewees' meaning, I tried to see what it means in my terms, and then extracted certain data from the interviews and put them into English. Apart from joining nursing, other parts of the subjects'

lives were coded into a concise record of any key point of important events, ideas, as well as dissonant and adaptive behaviours. Dissonance between actions and beliefs; dissonant attitudes and belief; compromise and conflicts; feelings of satisfaction and dissatisfaction, joys and misery, anger and hope and expectation were all carefully recorded. As to their 'adaptive behaviours' and mechanism towards their life events, Kluckhohn (1962 quoted Burgess 1982:150) said: 'When an outline of the turnings and dimensions is available we can then look to the main opportunities and limitations that the person faced at each juncture and ask how and why the person adapted his behaviour (or failed to do so) at this point, what he tried to change and what he tried to maintain'. Both the coding list and the cassette were examined and reexamined with respect to reasoning, meaning, mechanism, adaptation, to reach a better understanding, and whenever any exceptions, new themes or doubts came along.

I do agree with Weber that 'Human beings ... are valuing, meaning-attributing beings to be understood as subjects and known as subjects. Sociology deals with meaningful actions, and understanding, explanation, analysis, or whatever, must be made with consideration of those meanings that make the ordering of human action possible.' (Bilton et al p 638).

In 'doing field-work', during communication with the respondent, the researcher will have continuously made sense of what the respondent said or did through interaction. Moreover in this study, accounts were again taken as 'hypothetical and susceptible' (Wallis and Bruce 1983:97) and were examined and reexamined closely by the researcher afterwards until the more satisfactory and consistent meaning or interpretation of actions was found. For instance, one respondent said: 'I failed the university entrance exam and worked for one year. After that I thought that if I did not go to university, I would have to marry and have a bunch of children in a few years. What am I going to do with this?' My first assumption was that she was afraid of marrying a poor man and having a hard life, which she probably would have done if she only finished high school. Thus at first the motivation was assumed to be 'pursuing a brighter future and better marriage'. She is consistent at this point with what she said elsewhere in the interview: 'If I married a poor man, life would not be better than now, and I would have got a boss to bother me as well. So what's the point?'

She is still single and was the oldest single subject and the only one who had experience of living by herself. Since she has had a better education than many, and greater opportunity to marry better, could her original motivation to enter nursing have been something other than pursuing a better marriage? and what was the reason (reasons) for her being single now? Could it be because of being afraid of (avoiding and postponing) marriage, even though she said that she was still intending to marry? Of course there could be many other reasons and factors, nevertheless through this kind of analysis with each story I seemed to reach deeper insights into the respondents' lives.

I was so amused and astonished by the richness of the interview material that I was loath to code and convert it into quantitative form for the fear of losing most of my treasured data. In the end, some old scales and indices of the positivistic period were used as the starting point for coding, such as: Job decision (see Chapter 4 the original plan), marriage decision and attitude towards husband, attitude towards work - each arranged in the same way grading from the most positive to the most negative. Consequently Glaser's 'constant comparative method of qualitative analysis' (see chapter 5) ie. codifying statements, events, etc. in as many categories as possible and comparing each item coded in any one category with all the others in that category in order to add up new categories or amend old ones to make them either more general or more specific, was adopted.

The same categories and indices were also used in analysing the data of written stories and checking the record of group discussion, including motivation and decision making in education, social activity with the male and parent's attitude towards it, and future plans about work and marriage.

Emergent themes

'A social analyst assumes that behind his accumulated data there is something more important and revealing than the facts and figures

themselves. He assumes that carefully thought out, well-marshalled facts and figures, when related to the whole body of data, have significant general meaning from which valid generalizations can be drawn' (Young 1966:472). 'The anxiety of a researcher to find out and built up his generalized result is such that: 'Science is built with facts as a house is built with stones, but a collection of facts is no more science than a heap of stone is a house' (Young 1966:472 quoting Jules Henri Poincaré). Therefore the researcher seeks in the interest of analysis to show that his observations point to underlying relations and processes which are initially hidden to the eye. His task then is to identify and disengage such factors and processes (Young 1966:488).

Data analysis is a continuous process throughout the entire research undertaking, however rudimentary and tentative. Apart from critical examinations of assembled materials, in the course of a research study there should be constant interaction between initial assumptions, propositions, empirical observation and findings, and theoretical conceptions. 'It is exactly in this area of interaction between theoretical orientation and empirical observation that opportunities for originality and creativity lie' (Young 1966:488)

A few assumptions had to be modified as early as at the pre-test. Modification went on throughout the whole process of data collection and thesis writing, to what came to be, in the end, the emergent themes. Sometimes the data did speak for themselves, sometimes they confirmed assumptions, sometimes disconfirmed them, occasionally surprised me. When the latter cases happened, I went back to the materials and re-checked with care until a satisfactory account was found. In the end some promising themes emerged. These were in turn synthesised into bigger themes or even models. Sometimes certain categories seemed to flow out of the data at hand, or even, in Dollard and Auld's stronger expression: 'the data seem to cry aloud to have a certain sign put upon them...' (quoted Young 1966:480). Sometimes the model would fit some 'old tales' in Chinese everyday life embarassingly well as though it were a case of having the model first from commonsense old tales, then trying to prove it. The best example of this is the model of conditions of Chinese marriage - The parents' approval (Fu Mu Zhi Ming 父母之命 'order' in an old saying), and condition of social classes

(*Men Dang Hu Dui* 門當戶對). The sources of the emergent themes were mainly from codified results, modified assumptions and exceptions, and the process of the themes' emergence came either directly from codified results or from analytic induction of inspection and review of data and results.

Coded results

Themes first came from the codified results under each problem. For instance in motivation for entering nursing schools, some nurses went following their parents, some went against their parents' wishes. Therefore nurses at the two extremities were grouped into 'filial daughters' and 'rebels'.

But as we went on to the marriage decision, this simple division did not work any more. There was no single subject who broke with their parents to get married. There were couples whose potential marriage was disapproved of by parents at the beginning, and who had to wait for their parents' permission, however reluctantly it was given. There were couples whose relationships were not accepted by the parents, and who were still waiting and suffering. But no one did or was going to take any action ignoring their parents. After reviewing the data carefully, I concluded that in marriage decisions in my sample, parents took a stronger attitude, and daughters had less freedom than in educational decisions. A new theme therefore emerged: 'For girls, marriage is a more serious matter than education'. When we broadened the analysis to other problems, rebels tended to disappear as analysis went on. In the end everyone turned out to be a conformer to a certain degree. Every one had to cling to some socially approved ways of life.

Modified assumptions

For instance, based on the assumption that nurses have more social freedom and tend to marry doctors, I asked the question as to how the married nurses got to know their husbands, and the same question was put to the single ones about their boyfriends. The answers suggested that there are some degree nurses who married doctors or interns, but they got to know each other and developed their relationships in medical schools as fellow

students, and so did the single degree nurses and degree nursing students who had medical student boyfriends. There were scarcely any cases where occupational nurses married doctors and very rarely did they have (or had they had) doctor or intern boyfriends. Thus I concluded that the notion that nurses have a colourful life with doctors in the clinic is only a legend. Moreover from this difference between degree nurses and occupational nurses, a new tentative theme of 'social status might be a factor in choosing a spouse' was introduced. Again checking this new theme with the data, lines such as: 'Who would be interested in us! we are only occupational nurses', 'I chose him because he was the only university graduate I have ever met' confirmed our assumptions of status concern in social activities of nurses with the male.

Another example of this group was that the married occupational nurses turned out to be the relatively happiest. This led to the whole progression of searching, through social attitudes towards women working, ending up with themes such as 'nursing profession dislikes women' and 'nursing is a young women only' job (for details see chapter 15).

Exceptions

Exceptions were another source of themes. For instance, two exceptions were occupational nurses with intern boyfriends. But when I checked the quality of their friendships, both had troubles. One was refused by the man's mother. A counter example sometimes gives more information, for instance: All smooth and successful romances with medical students as fellow-students of degree nurses did not tell as much as one degree nurse's friendship with a public health student in the same institute, which was strongly opposed by her family for the reason that 'he would have no future'. In this way, the message that 'doctors were more welcomed by the family' was found.

Questions

Questions such as: if they were married by 'introduction', do they love their husband? (The question used was what do you feel about him?). The answers were surprising in that not only the introduced but the ones who

were married through 'free choice by themselves', or people who had got to know each other at school and had had several years courtship, reported 'all right!' 'not bad!' 'He is a good husband but not a good lover'. This kind of response could be due to the Chinese tendency to modesty and understatement in talking about personal feeling between the husband and wife, coupled with a low expectation of the husband.

Another interesting question was that it was degree nurses who complained about lack of social opportunities, not the occupational nurses, although the latter had considerably less opportunities and freedom.

Presentation

Instead of simply waiting for the results to come out, I kept on writing reports and interpreting the results during all the process of data analysis. This took more effort but helped me in thinking systematically and logically. The first version was almost invariably under the headings of problems, indices, plus results. Some illustrations of special cases or cases which could represent a whole category were quoted. Then when themes gradually came out of the results, a rewritten version under each theme with illustrations was worked out. When more structured and higher level themes emerged, I reorganised them into more readable forms, and rewrote again. In the end small themes became names of sections in each chapter and bigger themes names of chapters.

The disadvantage of presentation under each theme in this way is that the trace of individual women is lost, as are their whole stories. When reading each chapter, one did not know what happened in other parts of their lives, and whether this is the same woman who had this or that response in other turnings of her life. At a few points I do mention that this is the same character who did so and so. However since I do not want just case reports, some compromise had to be accepted.

Apart from the choice of themes, the whole style of presentation became

modified. It could be said that at the beginning it emerged as distant, objective descriptions in scientific report style, whereas in the end it turned into a more human way of writing. According to Oakley (1983:31), sociological reports usually neglect: social/personal characteristics of those doing the interviewing; interviewees' feeling about being interviewed and about the interview; quality of interviewer-interviewee interaction; hospitality offered by interviewees to interviewers. In this thesis, I have not just tried to correct all these shortcomings, but also, following my supervisor's advice, have presented the whole process, changes, difficulties, joys and pains I came across along the research road, to share with my readers.

Credibility

'Field research raises difficult questions concerning validity, reliability and the ethics and politics of doing research' (Burgess 1982:9), particularly from the positivistic point of view. Research involves the researcher in a relationship with those who are studied; it is a social process in which the researcher plays a major part (Burgess 1982:9). Feminist sociologists too place particular emphasis on subjective experience, 'to seek to bring together subjective and objective ways of knowing the world' (Graham 1984:123). For studies which aim to 'grasp the meaning of individuals' experience of the world' and 'understand and interpret meaningful behaviour', the validation involves not just the measurement of alleged causal relationships between variables, but understanding through the apprehension of the way individuals create reality in interaction with others (Bilton et al 1985:639). This validating process is sometimes referred to as the 'establishment of qualitative data'. However because 'this kind of research denies the possibility of objectivity or warranted explanations about social phenomena, its validation cannot be examined in terms of the model of the logical stages of positivistic research, i.e. logic of discovery, validation or explanation (Bilton et al 1985:653). Thus even though this kind of study

reveals more and deeper information of the general nature of social process than survey-type studies, its subjectivity does make it difficult for the researcher both to compare, measure and generalise about the results, and also to prove their reliability and validity. However this does not mean that field researchers are not concerned about the quality or the reliability of their data. On the contrary, 'the field researcher is concerned with operations that yield profound, meaningful and valid data' (Burgess 1982:163). The whole business of changing from a positivistic method into an ethnographic methodology in this study was with the aim of pursuing deeper, meaningful and more valid data. In this part I will defend my work so far as aspects of sampling, data collection and data analysis are concerned.

Sampling, enumeration and and statistical manipulation

Zelditch (1982:169) suggested two criteria of 'goodness' of a procedure: (1) Informational adequacy (accuracy, precision and completeness of data), and (2) Efficiency. For Zelditch, validity is in a technical sense, a relation between indicator and concept, therefore the same problems can arise whether one obtains information from an informant, a sample or from direct observation. However he included validity under his criteria of informational adequacy, because from his viewpoint 'Validity, if construed loosely, is often taken to mean "response validity", accuracy of report, and this is caught in the definition of informational adequacy, or construed more loosely, if validity is taken as equivalent to "real" and "deep" data, this seems merely to beg the question' (Zelditch 1982:170). I have dealt with Zelditch's arguments of 'efficiency' and 'adequacy' between 'enumerations and samples' and 'interviewing informants' of a non-probability sample in chapter 5, and also my reasons for using a non-probability sample and a narrative style. From Zelditch's viewpoint, interviewing informants is adequate and sufficient (1982:174). Even the use of informants as a 'representative respondent' is sometimes legitimate, although it is the most suspect of methods. In this study, nurses were used both as respondents to detail 'their experience and also as observers to report what they saw as the experience of being women, and the changed life around them impinging on them'. In the second sense, 'using informants as observer's observers - to provide the meaning and context which we are studying, to provide a running

check of variability, and so on - is both legitimate and absolutely necessary to adequate investigation of any complex structure', in which the researcher can not be in a position to observe it happening (1982:171-172).

On the whole a study with a carefully selected place to work (Taiwan), selected people (some nurses) to study, selected behaviour and situations (job and marriage decision and the attitude and feeling towards them) to investigate should be good enough to be called, in Honigmann's term, a 'judgement and opportunistic sampling', rather than just any non-probability sample. This kind of sampling is, to a tolerable degree, reliable from Honigmann's viewpoint (1982:83)

As to statistical significance, Macintyre says about her work using the ethnographic method of qualitative data that 'this does not mean that my analysis differs fundamentally in status from one based on statistical manipulations', nor that her analysis is 'just description' rather than 'explanation'. (1979:767). However, she says that statistical significance does not test the truth or falsity of a proposition, but the probability of its truth / falsity (1979:767). However according to M. J. Moroney, a mathematician, (quoted by Young 1966:476): 'accuracy of arithmetic' without 'accuracy of knowledge' can lead only to 'delusions of accuracy'.

In my case it is the quality of the data rather than the precise numbers expressing particular opinions or experiences that is of prime relevance. I shall now turn to some of the problems involved.

Data collection

1. Narrative life story and feminist methodology

In this study, since I neither used a random sample, nor made any measurement, the validity of data rests mainly on whether I can avoid picking just what I want to listen to (based on my concepts, prejudice, misinterpretation and misrepresentation of what they said), and on whether the informants give me something consistent and reliable.

As concerns the first possibility, I tried to let the informants speak in their own terms, wrote out some illustrations later in their own terms, concentrated particularly upon data which differed from my assumptions both in analysis and in interviewing. However, narrative style itself would give

us the chance to refer to the subjects' own beliefs, meaning, and motivation of what they said and had previously done, as well as the social situation and context where the action took place, all this helping to guard against misinterpretation and misrepresentation by the researcher.

Turning to the second possibility, because of the subjective nature of much of interview data and because of unstandardized procedures in the interviewing process, problems of reliability and validity loom large. Inconsistencies, contradictions, colouring of the account by the informant can not be lightly dismissed by social scientists intent on reliable analysis of data (Young 1966:242). Nevertheless subjectivity in field-work is not only unavoidable, but also necessary as Kluckhohn asserts: 'Until field investigators deal rigorously with subjective data, their work will be flat and insubstantial, coarse and crude for scientific purpose' (Kluckhohn 1945:162 quoted Young 1966:242). Basically we supposed that the informants would not make up a story to cheat us on purpose since they were volunteers, but we could not take this for granted. Some psychological mechanisms to protect privacy, or to please the interviewer and factors which they even do not know or do not themselves want to know were unavoidable. Nevertheless the full life history can best be illuminated by the detailed cross-section of the moment, and therefore helps with consistency and logic. and sheds light on suppression or repression. A long talk about their life can elicit unconscious as well as other types of relevant material especially personality dynamics and motivations. In the interview, the informants would sort out their own logic and even see their life more clearly. 'Stories can be used to illuminate the uncertain, dynamic quality of experience, being themselves part of the process by which individuals make sense of past events and present circumstances' (Stimson and Webb 1975:90 quoted by Graham 1984:119), rather than offering 'fragments' of their life.

Non-hierarchical relationship, non-aggressive, and 'interactive' interview, followed up by telephone communication and letters to provide opportunities for correcting would help in procuring richer and more reliable data.

2. The cross validity of multiple strategies

Various writers have suggested ways of assessing the validity of social research. Stacey (1969) suggests 'combined operations', while Denzin (1970) suggests 'triangulation' and Douglas (1976) suggests 'mixed strategies'. Burgess synthesises their ideas using the notion 'multiple strategies'. All these writers do, however, hold one thing in common, namely the use of diverse methods to tackle a research problem (Burgess 1982:163). The use of multiple methods can also provide flexibility, cross-validity of data and theoretical relevance (Burgess 1982:166). In theory, different forms of method which test the same trait would be validated to the extent that their results are concordant, namely 'convergent validity'. In this study methods of writing life history, small group discussion, casual talks, observation on the street were all used and combined to serve this purpose.

Data analysis

1. Codifying

In qualitative analysis the transition from data to theory is hard, and the reader is likely to feel that the theory is somewhat 'impressionistic' (Glaser 1965:443). However in this study narrative, because of its possibility of being cross checked in consistency, would help also in data analysis. Apart from narrative style, codifying in Glaser's methods, and Becker and Geer's 'sequential qualitative analysis' (1982:241) were also of help in both sorting out my ideas and improving reliability.

Within my sample I used Becker and Geer's (1982:241) 'sequential qualitative analysis' and counted frequency and distribution of phenomena in categories which were built up in Glaser's (1965:436) 'constant comparative method'. Nevertheless I believe that as long as I expect mainly to use the data not to answer questions like 'how much' and 'how often', but to provide qualitative implications of what occurs and the relationships linking occurrences (Mead 1953:655 quoted by Honigmann 1982: 84), and not to infer data beyond my sample, the method of sampling will be logical and the result will be meaningful.

Glaser believes that his codified procedure will help in conveying

credibility. Codified procedure using his 'constant comparative method', also helps in quotation of as much material as possible including diversity and similarity. Glaser's method of data analysis would, he claimed, produce more generalised higher level 'developmental theory' (Glaser 1965:444), which we call 'emergent themes' in this work.

2. Exceptions and inconsistency

Levitt says that a scientist, in his aim to understand his materials fundamentally and realistically, must 'play the devil's advocate to his own work. He must constantly be a thorn in his side, ever alert to the possibility of error, always on guard lest he go too far in generalizing from his study.... or being overly enthusiastic about limited or equivocal data' (quoted by Young 1966:474). Thus, exceptional cases, disagreements, and inconsistencies during interviews as well as doubts and alternative themes in analysis were treated with great attention and care in this study.

Apart from the above, an observation record after each interview would be used to put the interpretation of the interviewer on the interviewees, in order to provide another angle to the meaning and mechanism of their actions. These meanings and mechanisms will be taken fully into account in the data analysis.

Although the purpose of this work was neither testing hypotheses, nor generating theory, but rather ethnographic description of some Chinese nurses' lives, nevertheless the methodology employed in data collection and data analysis can be expected to have brought us richer and more reliable material than the original survey method.

The methodology used in this study was certainly not perfect; it was a necessary compromise given available techniques, time and materials. Although this researcher does not really believe that social phenomena will ever be studied in the way of the physical sciences, this does not mean that we should give up the belief that we will know ourselves and our social world better and better through continual refinements of our research method.

Part 3: The background review

Part 3: The background review

Chapter 3. Chinese women in the past

Chapter 9. From 'San gu liu po' to the 'Caring scholar'

Chapter 10. The Taiwan case

Chapter 8. Chinese women in the past

The traditional Chinese women

A Chinese woman's status in the family and society

The ideal Chinese woman

The woman's world, its power structure and division of labour

The Chinese religion and woman's life

Traditional Chinese love, sex and marriage

The 'western tide' and its echo

Chapter 8. The Chinese woman

This chapter will be mostly about the Chinese woman's life before the western influence came. Chinese women's world used to be limited to their home except for the poor who had to work. Therefore in this chapter the Chinese family, its power structure and division of labour in the household will be covered. Because the belief in life after death influenced decisions taken by the living, the world of the dead in Chinese folk belief and the dead woman's life will be also included. Moreover, the traditional Chinese love, sex and marriage will be introduced, as big life events in a woman's life.

'Western tide' brought the turning point in Chinese women's lives. In the last part of this chapter, the feminist movement, women's liberation will be looked at against modern Chinese history. Women's lives in present day Taiwan will be dealt in chapter 11.

The traditional Chinese woman

A Chinese woman's status in the Chinese family and society

The easiest and best way to understand Chinese woman's status in the the family and society over the centuries is through Confucianism. During the first Han dynasty (2 century B.C.), Confucianism had become established as the political orthodoxy of the Chinese state, and from then it never ceased to shape the political order of Chinese society and the policies of its governments after the ideas of its founders (Porkert 1976:69). The central and very often the only concern of Confucian philosophy was social ethics, the relation of the individual to society.

According to Levy (1971:147), 'the traditional Chinese family was beyond a shadow of a doubt patrilocal, patrilineal, and patriarchal', and 'the traditional Chinese society followed in general an extremely common pattern of sex differentiation'. Actually the power and structure system in the Chinese family could only be understood by the 'Zong Fa' system, which was founded as early as in the Chou dynasty, emphasised by Confucius, and then influenced China for thousands of years (Wang 1964:71-99). Originally it was the system of inheritance among the feudal princes. The basic idea of it was that anybody had his position in the family and society. One had just to know one's position and behave oneself then the society would be stable and no conflict could be possible. It worked roughly as Baker's (1979:15) 'three superiority/inferiority relationships' among the Chinese family - generation, age, sex. But nevertheless it is somewhat more sophisticated than Baker's idea in order to solve all possible conflicts which Baker raised (1979:16). For instance, if one member of the 'older' generation had been younger than some members of the 'younger' generation, who should obey whom? According to this system the older generation male should obey, in order of priority, the 'Zong zi' (the elder descendants of the family, the head of the extended family) - the head of the family. The mother should obey the son if her husband had died. Many scholars argued that the ideal type of 'five generation family' only existed in the minority in China, because of the short life span in the agricultural society (Davín 1978:70, Diamond 1973:217, Baker 1979:1), or only happened among the gentry class. However it was an ideal for the Chinese and an useful model (Baker 1979:1). Its basic idea of status differentiation and power structure was popular among Chinese for thousands of years.

In the family, according to the 'Zong Fa' system, women had no position at all in the natal family. They were not taken as members of their family of origin. They would not be counted in the birth order with the males; they were not given names according to the family books; or they might even have no proper names since they did not go to school; they had no right to inherit the family property. If they were to die before they married they would not be listed on the family books, would not have tablets at the family home with the ancestors, therefore could not be worshipped and 'fed' by the family descendants. That is to say, according to the Chinese belief of life after death, they would become homeless hungry lonely ghosts

wandering endlessly around in the dark and cold wilderness. When a woman was married she would be called according to her husband's name or position in his family and then get her status and position entirely through him.

The ideal Chinese woman

'The Yin and Yang, like the male and female, are very different principles. The virtue of the Yang is firmness, the virtue of the Yin - flexibility' (Yin Yang Shu Xing, Nan Nu Yi Xing, Yang Yi Gang Wei De, Yin Yi Rou Wei Yong, Nan Yi Qiang Wei Gui, Nu Yi Ruo Wei Mei 陰陽殊性, 男女異行, 陽以剛為德, 陰以柔為用, 男以強為貴, 女以弱為美) (Chen 1965:48). women were expected to be obedient, unassuming, yielding, timid, respectful, reticent and unselfish in 'character' (Croll 1978:13)

The traditional ideal lady should have 'Three obediences' (San-cong 三從) and 'Four virtues' (Si-de 四德): Women were considered to be 'minors' throughout their life, subject first to the men of the family into which they were born, i.e. the father or the older brother if the father had died, then on marriage to the men of their husband's family, and finally on widowhood to their sons. These were known as the 'three obediences' of women, which was first expressed in 'Yi Li' (儀禮) (a ritual of dress and role play in the funeral), a Confucian classic some two thousand years old (Baker 1979:21).

The 'four virtues' were first listed in Ban Zhao's (班昭) Nu Jie (woman's discipline) in the first century A.D. It comprised: (1) a 'general virtue': meaning that a woman should know her place in the universe and behave in every way in compliance with the time-honoured ethical codes, (2) she should be reticent in words taking care not to chatter too much and bore others, (3) she must be clean of person and habits and adorn herself with a view to pleasing the opposite sex, (4) she should not shirk her household duties. (Croll 1978:13)

Apart from preparing to be a good wife and filial daughter-in-law, there was not much education for a Chinese lady. General knowledge was believed

to be bad, therefore unnecessary, for girls. For women, 'Female ignorance is female virtue' (Nu Zi Wu Cai Bian Shi De 女子無才便是德.),

The woman's world, its power structure and division of labour

'The men's world is outside and the woman's world is in' (Nu Zheng Hu Yu Nei, Nan Zheng Hu Yu Wai 女正乎於內,男正乎於外) according to 'Yi Jing' (易經) (Guo 1983:121). From the age of seven boys and girls started to be separated as in 'Li Ji' (禮記): 'Boys and girls should not sit at the same table for food, should not use the same towel and comb, and their clothes should not be hung together. They should not even hand things to each other. Relatives in-law of the opposite sex should not talk to each other.' (Nan Nu Bu Tong Shi, Bu Gong Xi, Bu Za Zuo, Bu Tong Yi Jia, Bu Tong Jin Jie, Bu Qin Shou, Shu Sao Bu Tong Wen 男女不同食,不共席,不雜坐,不同梳,不同櫛,不親授,亦不授,不通器). Men should be out to work, study, visiting friends or the brothel, while in the family house, there were only women. They were in well defined status, structure of power, duty and privilege, eg. the mother of the head of the family played the leadership role and enjoyed being served by the rest of the family, the wife was the manager and status symbol because she came from the same class family, while the concubine(s) was (were) bought from the poor lower class. The concubine's work was to serve the master and his wife, satisfy his sexual need and reproduce sons. Only very poor women would work outside the home. If she was young and beautiful she could be a prostitute, or courtesan if lucky. A widow who had no one to rely on could earn her living as a nun, a servant, a midwife, a procuress.

Stacey and Price believe that women have always exercised some power (1981:2). Wolf's idea of the 'uterine family' shows that through having sons women get status, power and promotion in the Chinese family hierarchy (1972:32). Because of the Chinese idea of 'filial piety', motherhood has always been emphasised. Besides in the household where men were excluded

most of the time, women had their hierarchical power structure and division of labour according to their own men's position and status in the family. Usually power over the women of the family institutionally resided in one woman, the wife or mother of the head, the master of the family. On the whole in the Chinese family, the males either held supreme power in the family or were subordinated to other males. Women on the other hand held considerable power only as mother and mother-in-law and were subject to dual subordination. They were always subordinate to males in the family hierarchy, but at the same time they were subordinated to other women in the hierarchy until they reached the status of mother-in-law and wife of the 'head master'. (Levy 1971:151)

Chinese religion and women's life

Whether Chinese have true religion and if so what it is is a question that has been debated considerably. According to Jordan (1972) Taoism, Buddhism and folk religion, which has variously been described as Confucian, as animistic and as folk popular, are the three main religions in Taiwan, and probably roughly throughout China among the Han people apart from the small group of Christians. "All three of these strains have contributed heavily to Chinese religious life, and their interpenetration is so extensive as to prevent a thoroughgoing sorting of the elements one might associate with each in its 'primal' state". (Jordan 1972:27)

Jordan undertook field work in contemporary rural Taiwan, where he found most people believe that there is another world underneath the earth after death rather similar to the world we live in. In this world all their ancestors stay together in the style of the big extended family. Many Chinese would refer to these kinds of belief, if they can be called a religion as 'ancestor worship'. However Jordan was right in his description of the dead: A dead soul (Ling hun) is of an immortal principle which may either go to the hell or continue life in the world of the shades, a ghostly sphere, invisible to mortals, yet interpenetrating the world of the living in

time and space. Their existence can be comfortable if they are well provided by their descendants with offerings of food, clothing, housing, and money. If the dead one has no descendants, he (she) will be a most pitiful creature. In desperation and in rage he (she) will attack human beings to gain direct fulfilment of his need or to win attention to his plight (Jordan 1972:31). A girl who has died in childhood before her marriage would have no status in her own family and therefore no offering from the descendants of the family. If she appeared to her family in a dream and asked to be married or caused illness of one of the family members, a 'spirit marriage' would be arranged by the family. A groom would be found by the family by laying 'bait' in the middle of a road. This usually takes the form of a red envelope (used in China for gifts of money). A passer-by sooner or later picks up the envelope, and immediately the family of the spirit come out of hiding beside the road to announce to the young man that he is the chosen bridegroom. If he should refuse, he would be of course in danger of vengeance by the ghost, but his enthusiasm for the venture could be increased by an offer of a large dowry if necessary. The ghost would be married to him in a rite designed to resemble an ordinary wedding as closely as possible, although the bride would be represented by an ancestral tablet (in Jordan's cases by dolls made of paper and cloth wearing jewellery and the bride). The groom and his family have to accommodate the ancestral tablet of the bride on their family altar and to provide it with sacrifices as though the spirit bride had married in real life.(Jordan 1972:140-141).

Jordan reported two actual cases and one potential spirit marriage as recently as in 1972 in Bao-an village in southwest Taiwan. Nevertheless he cited a Chinese writer Lin Tsair-yuan (1968) whose book on Taiwanese customs has described 'hell marriage' as dying out. I do not know anybody who had had, or had seen a ghost marriage, but it is still an attractive topic, which people like to talk about, so do films and novels. However spirit marriage is not being something people who were really involved would take pride in, as they are not proud of having a deceased maiden daughter. When someone's daughter dies, she is buried in a simple grave, and her ancestral tablet is then put in a secluded place in the house, such as the room where she had slept before her death or behind some doors, to guard against other people finding it. Because it looks so bad to have an unmarried girl's tablet on the altar, the motive for a ghost marriage could

be just to remove the unsightly tablet from the house. However it shows the genuine anxiety of the family to marry (get rid of) a girl, even after her death. A similar anxiety was shown vigorously by some parents of our respondents in marrying their daughters, especially among the Taiwanese.

Traditional Chinese love, sex and marriage

Marriage

According to the book of Li Ji (The ritual book), a marriage is for the purpose of 'Unity of the two families, worship of the ancestors and continuity of the life of the male side of the family' (Li Ji Hun Yi: Hun Li Zhe, Jiang He Er Xing Zhi Hao, Shang Yi Si Zong Miao, Xia Yi Ji Hou Shi Ye 禮記昏義: 昏禮者, 將合二姓之好, 上以祀宗廟, 下以飭繼後世也). In that concept that marriage was the concern of the two families for the families' benefits and advantages, the marrying couple needed neither to be in love with each other nor to know each other at all. Traditionally marriage was decided by parents and arranged through the match maker following the six rituals (Liu Li 六禮) recorded in Li Ji. After marriage all the couple had to do was to play their roles as members of the big family and do their share in the division of labour. Marriage of the poor would be slightly simpler in ritual, but also arranged by the head of the family. Concubines were bought, therefore they would not have any marriage ceremony.

Sex

According to Hsu (1963:48), China is a society which centres on the father-son axis, whereas the sexual bond husband-and-wife axis is devalued and suppressed. Nevertheless sex is necessary to keep the society (family) going, so sex had to be covered with 'filial piety' and it became the duty of the son to reproduce offspring who would worship the ancestors and

perpetuate the family and the life of the ancestors after death, as in the Xiao Jing (孝經 filial book): 'There are three ways to be unfilial, having no son is the greatest' (Bu Xiao You San, Wu Hou Wei Da 不孝有三,無後為大). Under such conditions it was inevitable that sex would have nothing to do with love.

Confucius said: 'Seeking for sex and food are human nature' (Shi Se Xing Ye 食色性也). Sexual desire is as unavoidable as food, but it is also the animal (lowest and uncivilised) part of a human being. Lust is sinful. Sex is shameful and dirty, and so is the human body. A well educated or civilised human person should build up his human character and eliminate his animal desires.

The double standard between two sexes

Under the Confucian social structure, women were not full individuals and never had the same rights and privileges as men. For the sake of having sons or for the symbol of high status, a man could take as many women (as concubines) as he could afford, while the woman could not act similarly.

There was no idea of divorce in traditional China except that a man could 'oust' his wife (Xiu Qi 休妻) and send her back to her family (A concubine was not worth enough for such bother - she could be sold, thrown out or sent away as a gift). The legal reasons for the 'oust' of a wife are the 'seven oustings' (Qi Chu 七出), namely (1) Failure to serve well or disobeying the parent-in-law, (2) Failure to give birth to a son, (3) Lasciviousness (4) Jealousy (5) Malignant disease, (6) Loquacity and (7) Larceny (Bu Shi Weng Gu, Wu Zi, Yin Yi, Du Ji, E Ji, Kou She, Qie Dao 不事翁姑,無子,淫佚,妬嫉,惡疾,口舌,竊盜) (Chiao 1971:205). In this way a man could have many spouses at home, while women were not even allowed to be jealous.

The traditional Chinese marriage was not a simple polygamous marriage of a husband with several wives, it would include a husband, a wife and concubines. The status of wife and concubine would be totally different, because the wife would come from the same social class while the concubine would be bought from the poor family. Sometimes a man took a concubine before his official marriage. Apart from having several women at home, a man could have pre- and extra-marital sex as well

Visiting brothels and having association with courtesans were regarded as proper to the intellectual man's life (Chow 1974:257). Brothel visits were their normal social occasions, where they built up a social circle and 'connections'. Through these connections they did their business and founded their career. Hence visiting prostitutes or taking them for entertainment was a serious matter which was not only approved by a Chinese man's wife and family but also encouraged. A man who stayed at home too much would be seen as a man of 'no future',

One famous Chinese writer Lin Yutang pointed out that Chinese men's purpose in visiting brothels was to seek a sort of love, romance and social life with women, since the relationship with their wives was too serious and formal, and a romance before or outside marriage with 'a woman from a good family' was totally impossible (1938:152-157). Like the Japanese geisha, the high class Chinese traditional courtesans were properly trained in music, literature and all kinds of arts. Sexual activities were scarce, and carefully covered up and arranged as if there was never any promiscuity. The courtesans played the hostess role for her man in his social activities, even being referred as his wife as in the famous classic novel in Ching dynasty, Flowers at sea (Hai Shang Hua 海上花). Women, of course, had none of the above freedom or rights. On the contrary, they had a duty to their man to be chaste. There were three kinds of chastity: virtuous (Shou Zhen 守貞, would never marry after the fiancé had died), 'Shou Jie' (守節, would never marry again after the husband had died) and 'Xun jie' (殉節, would kill themselves after the husband or fiancé's death). Zhang I (1033-1107), one of the founders of neo-confucianism, phrased the well known and often cited proverb on re-marriage. When someone asked him whether it was all right for a poor and helpless widow to get remarried, he said: 'To die of hunger is the smallest matter, while to lose chastity is the biggest' (E Si Shi Xiao, Shi Jie Shi Da 餓我死事小,失節事大). Those women were not only deprived of their ability to support themselves, but also were asked to give up their lives to their dead husband or fiancé.

Failure to achieve the standard of chastity was equivalent to being licentious, lewd, lascivious or obscene, which is the worst evil among the evils (Wan E Yin Wei Shou 萬惡淫為首). However chastity was not always followed in practice by ordinary people. For instance a poor woman was not allowed to remarry, but could be sold to the rich as a concubine or the poor

as a wife by her parents-in-law. Stories like this were recorded in Yue Wei Cao Tang Bi Ji (Yue Wei Cao Tang Bi Ji 閩微草堂筆記) in the late Qing dynasty (Yan, 1976), and in a short story of Lu Xun's of the 1920s. The only appropriate reason for postponing a woman's suicide after the husband's death was to finish his responsibilities to his family, such as serving his parents to the end of their life, or raising up his children.

Feng You-lan (1941), a modern Chinese philosopher, compares the loyalty of a woman to her husband as a male governor to his emperor and recites the Chinese proverb: "A loyal governor would not serve two emperors, a chaste woman would not marry two husbands" (Zhong Chen Bu Shi Er Zhu, Lie Nu Bu Jia Er Fu 忠臣不事二主, 烈女不嫁二夫). That is to say that when the dynasty changed, the loyal governor should kill himself, so should the woman when her husband died. This defines not only the two worlds of men and women, but also the attitudes for both of them towards their masters.

Love

There was no idea of love in feudal China. Before Confucius there was some lyric poetry about love and romance. Even Confucius himself kept some folk songs when he edited the 'Ancient poems' (詩經 Shi Jing). Along with the tightening of the Li Jiao, (禮教 ritual education), the romantic atmosphere in the society totally disappeared. Love was forbidden and less tolerable than sex, and treated as a disease. It was totally unnecessary and even harmful for the person and especially for the group because it would challenge the power of the authority and shake the stability of the family (society). The only way of avoiding it was segregation of the two sexes.

Before marriage in a sufficiently well-to-do family young women were confined in their boudoirs to preserve their virtue, honour and chastity in order to guarantee the purity of the male family's blood system. After marriage men and women lived in two worlds as cited above, the man was supposed to be outside the family, while the woman stayed in to serve his mother, raise his children and run his house for him. A good high status woman should 'not cross to the second door, not to mention the outer gate' (Da Men Bu Chu, Er Men Bu Mai 大門不出, 二門不邁). All sorts of rituals e.g. serving the mother-in-law's rising and dressing in the morning,

and supervising the parents' health at least twice a day and so on, would prevent the couple spending too much time with each other in their own room.

I agree with Hsu (1963:48) that the Chinese family is mainly based on 'the father son axis', and that sexual bond relationships and sex are consequently suppressed, but feel nevertheless that sex and love should be treated separately. In Chinese culture sex is too easy for men - it is love between two sexes that is really forbidden.

Although most of the statements above were from old books, they were the discipline put on the 'ordinary people' by emperors and Confucian governors for thousands of years. The central and very often the only concern of Confucian philosophy was social ethics, the relation of the individual to society (Porkert 1976:69), which would be useful to ordinary people as well as to the emperor. These ethics were constantly inculcated in children and reinforced in every home by fathers and masters to their subordinates. These ideas were broadcast also through the informal channels of popular fictions, story tellers and Chinese opera which travelled from village to village.

In Chinese society, familial and political allegiances were consciously blended. The ties between monarch and subject, parent and child, husband and wife, older and younger sibling, and friend and friend (Wu Lun 五倫) were all that were necessary for any individual. The principles of all of them were identical (Weber 1951:157) and their basic character patriarchial. The traditional order in China was both formidable and organic; it provided a coordinated pattern of attitudes and behaviour that endured millennia with few basic changes. To move away from a culture as rich and pervasive as that of China, to alter substantially or break with process of thought, behaviour patterns, and a way of life was possible only over time.

The 'west tide' and its echo

The missionaries were the first to attack the traditional ways in which Chinese men treated women, such as polygamy, infanticide, foot-binding and the exclusion of women from education. But missionaries were not strong enough to change the tradition (Chen 1979:380). It required the shattering defeat of China by Japan in 1895, the shame and humiliations suffered by China during this period to serve as the spur for reforms (Chen 1979:381). China responded to the western impact with reforms from the more superficial military ones (1861-72), to more sophisticated constitutionalism (1898) and more radical changes of political institutions such as the republican revolution in 1911. China moved further on to deeper changes in values and attitudes in the May Fourth Movement in 1919. The power of the conservatives was not weak. According to Scalapino and Yu (1985:691) '[In China] each high tide in the revolution was followed by a powerful ebb tide of traditionalism, which wore down or subverted most of those who tried to struggle against it. One after another, the rebels were drawn back toward the fold'.

All of these changes affected women. In the course of the revolution several contingents of armed female troops were organised, women fought for rights, such as the right to marry whom they chose, participation in public activities, and an equal role in politics. By repeated struggle and with men's enlightenment and cooperation, especially the influence of the May Fourth Movement, women gradually won their suffrage. Women's economic rights, including the right to inherit property were achieved when the Kuomintang government promulgated the Civil Code.

Women's education started around 1900, but the main purpose of a young woman's education was the preparation for motherhood to produce good sons and to strengthen China. Change went no further than from the attitude that 'female ignorance is female virtue' to an admiration for good mothers and good wives who would encourage their sons and husbands to promote social progress.

The May Fourth Movement of 1919 played a very important role in modern Chinese history, for from then on young intellectuals called for

individualism, personal emancipation of both men and women, advocated science and democracy, attacked Confucianism. Also from the May Fourth period onwards, the younger generation started to attack arranged marriage, and a romantic and sentimental attitude rose up in China, leading to a cry for romantic love. The young generation then demanded the right to decide their own marriage. Some ran away from home, some committed suicide to protest against the family arrangement, some, after an unsuccessful love affair joined the army or the revolution.

The New Life Movement launched in 1934 however was seen as a neo-Confucian revival and an anti-feminist action by Norma Diamond (1975:3). The effect of all these movements cited above on the urban middle-class family was traumatic, though the vast majority of the peasantry was scarcely affected. The long term influence extended to Taiwan when the Kuomintang government moved in.

Talking about Chinese feminists, Davin pointed out that although Ibsen was immensely popular with the Chinese intellectuals as early as the May Fourth period, nevertheless in European terms, many of the Chinese Noras had never left home. Their individualistic rebellion was not against their roles as wife and mother, but rather against the family which tried to determine for whom they should play that role (1978:14). Diamond also pointed out the retreat of feminist ideology in Taiwan (1973:211) and that those women in high-ranking jobs in the 1970s were considerably older than their male counterparts: they were the women who received their educations in the 1920s and 30s when only a brave handful of women were able to advance beyond bare literacy (1973:214). My own experience with nurses was that many of the early nursing leaders stayed single and worked in the nursing profession all their lives, but the younger generation's current leaders are all married. It is a pity that I did not manage to interview the early nursing leaders. However in this study we will learn about some young nurses' lives as women from our respondents.

Chapter 9. From 'San gu liu po' to the 'caring scholar'

The traditional healing system

 The traditional carers

 The traditional healer

The modern nurse

 Nursing, missionaries and western medicine

 Western medicine in China

 The male nurse

 Western nurses

 The Chinese take over

 Further professionalization

 The 'caring scholar'

 The military nurse

Chapter 9. From 'San gu liu po' to the 'caring scholar'

In this study, when talking about the Chinese nurse reference is to those Chinese people (nearly all women) working as nurses in the western biomedical system. They will have been trained in nursing schools recognised either by the Chinese government or by a foreign medical body. In Taiwan such graduates would have the right to take the registration (license) examination which is organized by the NAROC (Nurses Association of the Republic of China) and would be accepted by public or large voluntary and private hospitals as their nursing staff. Nurses of that kind were started in China first by missionaries at the time of the western culture invasion, and then brought to Taiwan by several nursing leaders with the Chinese government in 1949. Hence in this section, a general history the development of nursing in China before 1949 and Taiwan (later in chapter 10) will be outlined. However no basic social functions, such as looking after sick people, can be ignored by any society, therefore the traditional healing and caring systems in China before the western nurses were also scrutinized.

The Traditional healing system

The traditional carers - female family members

In Xiao-Xue (孝學), compiled Zhu Xi (AD1130-1200): 'If the parents or parent-in-law fall ill, the sons and their wives are not allowed to leave their side without reason. They have to prepare the drugs themselves, taste them in advance, and administer them to the sick. If the parents are sick, it is forbidden for their sons to display carefree conduct, to have fun or to look for pleasure. All other concerns have to be given secondary importance, so that they can devote themselves especially to their duty of receiving the

physician, selecting formulas for prescriptions and preparing drugs (Wen Gong Jia Li Yun: Fan Fu Mu Jiu Gu You Ji, Zi Fu Wu Gu Bu Li Ce, Qin Tiao Chang Yao Er. Fu Mu You Ji, Zi Ye Bu Man Rong, Bu Xi Xiao, Bu Yan You, She Zhi Yu Shi, Zhuan Yi Ying Yi Jian Fang, He Yao Wei Wu 文公家禮云:凡父母舅姑有疾, 子婦無故不喜佳偶, 無是語嘗藥餌, 父患有疾, 子也不滿容, 不戲笑, 不宴遊, 舍置餘事, 專以迎醫驗方, 合藥煎服) (Unschuld 1979:2). Even though in practice, like in most known societies, care of the sick has been a special preserve of women. they have always been 'carers' in their capacity as family members (Croll, 1978 p.22). In China this kind of work fell mainly on the younger generation, low-status women in the family, the female servants and some women healers in the neighbourhood. Treatment, healing and caring always took place at home with any healers needing to be invited in.

When speaking of caring in old-time China, two conditions must be borne in mind: (1) the segregation of the two sexes, and (2) the status hierarchy. Neither conditions could be offended during caring behaviour. An extreme example of the first might be the precept which said "even if one's sister-in-law is in the well, one should not touch her hand". As for the second condition, because caring was not separated from serving in old-time China, so the higher status one could never care for the one who was lower than her in the hierarchy.

In the division of labour of women at home, caring (which was not differentiated from serving) for the more privileged (older or higher status) was invariably done by the younger and lower status women. Children had low status according to the system, hence they would be looked after by the lower status person, ie. the servants if they had any, if not, by the older female children. They could be looked after by their mother when they were very small or ill, nevertheless parents would always come first before their own children for a filial son and his wife. There is a story in the '24 filial models', according to which a filial son wanted to bury his own son to avoid him having to share the grandma's food, but his filial piety so moved the god that while he was digging, there turned out a piece of gold with words 'for so and so' which was his name. Children were treated differently by their sexes and status in the family, that is whether they were borne by concubine or wife, were boys or girls. The possible carers in the family

would be: the daughter-in-law, the wife, the daughter (foster daughter), the little sister, the concubine and the female servants

The daughter-in-law

As a new-comer to the family with lower status and of the younger generation, the daughter-in-law must carefully and enthusiastically please the family, especially her mother-in-law, who is in fact in charge of her, by serving her.

Sometimes in northern China, the daughter-in-law, chosen by the family, would even be some years older than her little boy husband for the purpose of taking the house work and serving the family.

The concubine

Beyond the function of sex and reproduction, there was a more important usage of concubines, i.e. serving and looking after the old man. Due to the strict moral law, serving the father-in-law by the young daughter-in-law was to be avoided. If he were to be a widower or his wife was either too old or too noble to serve him, the best solution was to buy a concubine for him from the poor or choose one among the maid servants. This action was approved by society as indicating that the son and daughter-in-law were being filial, though usually the latter would not be altogether happy with this kind of arrangement, because after the old man's death, they would have to cover the concubine's expenses. The concubine's son would share part of the family property, if she were to have any. A good old wife (the mother-in-law) would not mind too much being released from drudgery and getting further compensation from the concubine's serving her, which would also be a symbol of status.

The daughter

In the past, Chinese women married at an early age, hence they were not supposed to be mature enough or to stay long enough to take part in the main responsibility of caring for their original family, except if there were no daughter-in-law or servant in the family. For the poor, the daughter

shared the household work and carried the little children on her back since she was very young.

O'Hara (1973:214) reports a special custom in Taiwan a few decades ago, that some poor families adopted young girls as foster daughters for several reasons, such as: to increase the workers available in the family, to bring a young brother to the family (superstitiously this act would make the adopting mother pregnant), to be a future daughter-in-law and save the great amount of betrothal money.

Foster daughters were usually bought at the age of eight to ten and worked until about the age of twenty when they were married off, unless they were already sold into prostitution at the age about fourteen. If this type of foster daughter had the favours of her master, she could be a type of concubine or daughter-in-law. Those girls had several unclear roles as daughters, servants, concubines, daughter-in-laws at the same time and also took the care responsibilities.

The maid servant

The servants' status and position would depend on the length of their stay in the family. If there were more than one servant, they would have their own division of labour and hierarchy. Caring was assumed to be in proportion to the closeness to the master's family, therefore only the most trusty servant would do it; however they would still take the most unpleasant dirty work underneath the daughter-in-law or concubine, who occupied the lowest status in the family.

The traditional healer

The Chinese doctor

The Chinese had developed their own healing system long before western medicine came to China. Although doubt has been cast on the claim that a

formal examining and grading system existed for physicians in the Zhou dynasty (周) by western scholars such as Croizer (1968:28) and Dunn (1976:146), such formalities, along with medical schools were certainly well-established by the Song dynasty (宋 10th-13th centuries) parallel to the consolidation of the Confucian administration.

During the Song period four classes of practitioners evolved, at the top were the Confucian medical theoreticians (Ru-yi 儒醫), below them certain famous part time specialists (Ming-yi 明醫), then a class of full time specialists (Chuan-yi 專醫) and at the bottom the wandering doctors (Ling-yi 鈴醫). (Dunn, 1976:147) All classes but the ru-i have survived to the present.

Medical knowledge was always considered to be a necessary part of the general education of a Confucian. Since the Han, Chinese medicine was integrated into Confucianism. 'However the medicine of Confucians did not suffice to satisfy all needs of the population. This is similar to the present-day situation in the third world countries, where western medicine will probably never fully suppress the native systems of healing. While this fact led to therapists such as magicians, shamans, priests, and others continuing their practice of older forms of medicine' (Unschuld 1979:19).

There were competitive struggles between the Confucians with the Taoists and the Buddhists in medical practice. Many of the early compilers of medical classics were Taoist (Porkert 1976:69), and the idea of permanent hospitals should be considered as a primary medical resource introduced into China by the Buddhists. Nevertheless in A.D. 653 Buddhist and Taoist monks and nuns were excluded from medical activity. In A.D. 845, when the monasteries were dissolved, the Buddhist hospitals were given over to the control of laymen (Unschuld 1979:20).

By the diversity of the geographical setting of traditional medicine in China, Dunn (1976:145) suspects the existence of a great diversity of local or folk medical systems which went alongside and overlapped with the evolving regional tradition, but descriptions of such systems were not recorded or have not survived. Many resources with differing degrees of sophistication remained in the hands of laymen or rather family members (Unschuld, 1979:16). Probably women, I think.

The woman healer

As Versluysen argues, in a statistical sense women have always been the main healers in history. They have delivered babies, rendered first aid, prescribed and dispensed remedies and care for the sick, infirm and dying (1980:175). They were the unlicensed doctors and anatomists. They were abortionists, nurses and counsellors. They were pharmacists, cultivating healing herbs and exchanging the secrets of their uses. They were midwives, travelling from home to home and village to village (Ehrenreich and English 1974:1).

In old time China, men were treated by male doctors. Women because of segregation could only be treated by the 'old wives' (most of the time widows) at home or in the neighbourhood. Some women became very experienced and even made their living out of it. They would be much required for advice and help on family problems, child bearing and child rearing problems etc. Those women were needed but never given any credit for their work by the society. On the contrary they were often accused of all sorts of crimes, such as abortion, poisoning, infanticide. They were also supposed to be the source of women's unchastity through their role as go-betweens, and might be blamed for stealing from the house as well (San Gu Liu Po Nai Yin Dao Zhi Yuan 三姑六婆乃淫盜之源). Those kind of women, because of their disobedience of the women's code, from the male Confucian standard - ie. by not staying at home - were called the women of 'San Gu Liu Po' (三姑六婆 - the bad women).

'San Gu Liu Po' nowadays is a term used to describe 'a bevy of strolling women' who have nothing to do apart from spreading gossip and strolling around from door to door. But in a Yuan dynasty (1280-1368) book,

they were three kinds of nuns and six kinds of old women, illustrated as: buddhist nun, taoist nun, female diviner, procurer, marriage-go between, female villain, female quack, witch, and midwife (Ni gu, Dao Gu, Gua Gu, Ya Po, Mei Po, Qian Po, Yao Po, Shi Po, Wen Po 尼姑, 道姑, 卦姑, 牙婆, 媒婆, 婬婆, 釣婆, 紅婆, 禮婆) (Guo, 1983, p.187). That is to say 'San Gu Liu Po' were once nine kinds of working women. Among them, quack, witch and midwife were definite healers, while the others would sometimes also prescribe secret herbs according to their experience, help in child birth and also circulate sexual knowledge among women. Midwifery was

actually developed as a highly skilled specialty in China (Dunn 1976:146)

Little about those woman healers can be traced from the Chinese medical history. There was one line in a medical history book about women who looked after the illness of the emperor's wife and concubines, and the problems of feeding their children, called 'Ru I' (乳醫 feeding doctors) (Liu 1974:46). Another traditional Chinese medical history only has one negative example about a women who had an incurable headache because she had made her living by selling abortion herbs, and all the little foetuses came to trouble her brain at night (Chen 1979:193).

The modern Nurse

No record exists in Chinese history through which one can trace the word 'nurse' or 'nursing' before the nineteenth century. There was nothing about any Chinese 'lady from good family' taking care of the sick other than her own relatives, because of her confinement at home. This is attributable to the segregation of the two sexes plus the absence of any thing like the Christian ethic in which caring could be lifted to a plane of moral obligation and become a respected occupation in which the most unpleasant work was ennobled by a sense of devotion to a great cause (Abu-Saad 1979:10).

Nursing, missionaries and western medicine

Western medicine in China

According to Teng and Fairbank (1981:16), a Jesuit work on anatomy printed as early as 1635 did not arouse interest among Chinese physicians. Certain new drugs such as quinine were imported but in quantities too small to have any lasting influence. The real beginning of western medicine in

China dates from Alexander Pearson's introduction of vaccination against smallpox in 1805. Although limited at first to Canton, this technique soon spread to other parts of China and was rapidly adopted by Chinese physicians.

The first qualified surgeon Dr. J. Livingstone came to China and opened a clinic in 1808, while in 1835 Dr. Peter Parker founded the first hospital in Canton, and after two years started to train medical students (Chow 1984:4). In the 1930s the Protestant missionaries began to establish free clinics and hospitals as the best means to promote Christianity, having found that Chinese officials would sponsor such philanthropic institutions. Thus modern medicine and medical education achieved a steady growth in China.

The male nurse

The nursing profession was brought to China along with western medicine and western-type hospitals by missionaries. In the beginnings of modern medical treatment in China food, bedding and care were left to the relatives or friends of the patients to supply. Soon the medical missionaries realized that it was impossible to ensure diet, sanitation or custody to their required standard under these conditions. They therefore began to hire individuals to help care for patients, of necessity offering these assistants or orderlies rudimentary instruction. At first most of the workers were male and had the status of servants. They could only provide minimal assistance to the doctors in the operating room or in any other situation requiring literacy or medical knowledge. It was unthinkable at this stage that such work could be done by women. In emergencies, the doctors turned to the few western trained nurses who had come out as missionaries or as the wives of missionaries (Lutz 1971:158). With the increase of women patients came the training of older women to care for them. Eventually, with the emancipation of women under the Republic, the female nurse came into her own in China as elsewhere, and an increasing number of young educated Chinese women made nursing their vocation, while the male nurses gradually died out.

Not all early endeavours made in the training of Chinese nurses are known. According to available information, it seems that the first attempt was made by Dr. Boone in Shanghai as early as in 1887 (Wang and Wu 1932:331).

The western nurse

Florence Nightingale's influence was also felt in China when Miss Elizabeth Mckechnie, the first trained nurse came to Shanghai in 1884, and was gradually followed by many others (Wang and Wu 1932:302,399). With the successful experience of nursing reform in England, the western nurses played very important roles in the early stage of nursing education and professionalization in China.

To initiate nurse's training in China was no simple task. Nursing was just then only slowly gaining acceptance in the West as a profession. In China there was even greater reluctance, because it was traditionally a lower status woman's work; also it was always difficult for Chinese to accord professional status to individuals who either performed menial duties, or touched the human body, as nurses do; in addition there was the general suspicion and hatred of the Chinese towards foreigners. There were rumours which said that doctors would take out the patient's heart, eyes, draw his semen or rape the women. Attacks on mission property took place. In such a situation it is understandable that few parents would send their daughters to learn nursing, except in the case of the very poor family or orphans adopted by the church, and trained as nurses. It would have been extremely rare for high class ladies, or those who had some education, to consider such an occupation. The need, however, was great as medical schools began to be organized, and it seemed impossible to attain a satisfactory medical standard in teaching hospitals without nurse-training programs.

The initial Chinese reactions covered a wide range of negative attitudes: indifference, resentment, contempt, alarm. The advocates did their best by sending out leaflets explaining the function and status of the nurse in the west, presenting the example of educated western women who performed the duties expected of a nurse in the missionary hospitals. Missions appealed to the ideals of social service and of service to China, and hired servants for the menial dirty work and the like to attract the higher class young women (Lutz 1971:159).

The Nurses' Association of China (NAC) was founded by a group of western nurses in 1908, the first president of the association being a Mrs. Hart, and the secretary a Miss Maude Henderson. The inception of the Nursing Association of China went back to November 1908, when Dr. Cousland

published in the China Medical Journal a letter written by Miss Simpson which said: '... now I think the time is ripe in China for medical students to take their training in the medical college and give place to the hospital for the training of nurses as we did in the home land' (Wang and Wu 1932:399).

The proposal to create an organization of nurses found ready support from Dr. Cousland who volunteered to act as 'coordinator'. At the same time he offered, on behalf of the editor, space in the China Medical Journal for a 'Nursing Department' until the proposed organization had a paper of its own.

For the first three years, the life of the Nurses' Association hung in the balance. New impetus was given to it in 1912 by Miss Nina D. Gage, a graduate from Wellesley College in New York City (Holden 1964:137). She called together a meeting at Kuling in 1912. In this meeting the organization, the curriculum of the nursing school, the registration certification, and the certification examination were decided, and Miss Gage was elected president. The Nursing Association of China joined the International Council of Nurses in 1922, and Miss Gage was elected the president of it in 1925 (Harris 1934:24)

Chinese take over

The admission of Chinese members to the Nursing Association of China was only possible after 1922 (Wang and Wu 1932:400). But at the conference held in Shanghai in February 1930, Chinese membership had almost reached 2000; only 200 missionary (western) nurses were reported as against nearly seven hundred three years previously. All the officers of the Association were Chinese nurses.

In the years 1925-1927, the first great anti-imperialist and anti-Christian movement occurred in China. It was directed principally against Britain. As a precaution all British subjects, mostly missionaries and merchants were evacuated from the inland regions. Most British women and children also left the British settlements in the treaty ports in China. In the course of the evacuation of South China, more than two thousand missionaries, mostly British and American, left the country. After the Nationalist government of the Kuomintang had been recognised in 1927, it continued the struggle against the 'unequal treaties' and foreign privileges (Franke 1967:133).

At the request of the head of the Health Department of China, Dr. Liu R.H., the headquarters of NAROC (Nurses's Association of Republic of China now) moved to Nanking in 1930 where an office was allotted to Miss Mary Shi, the General Secretary, in the Ministry of Health Department. At the same time Miss Shi was appointed Director of Nursing in China (Wang and Wu 1932:400). Miss Shi was one of the few female doctors who studied abroad in the early days.

However as we have indicated above, the NAC was founded with the help of Dr. Cousland. Now it was covered by the Chinese medical authorities. Since then there appears to be very limited information available of serious conflicts between the nursing and medical profession in the modern Chinese nursing or medical history.

Further professionalization

Up to now, the western nurses had done their best to push the Chinese nursing profession towards everything they had achieved in the west: the organization, the journal, the examination and registration, following the paradigm successful in Europe, and with the collaboration of their western doctor colleagues. But in the hands of the new generation of Chinese nursing leaders, the beautiful image of the western high class woman who sacrificed marriage and dignity to serve the poor and wounded was re-interpreted in the Chinese way, such as that women should now sacrifice themselves for the 'others', i.e. the patient. As the early pioneers tried to combine the religious spirit, the power of imperialism, the sense of fashion, modern and western, altogether to build up the model of the 'angel in white' (Bai Yi Tian Shi 白衣天使), so the traditional woman healers were pushed aside. For these nursing leaders who organized nursing in China, Nightingale was founder of a modern profession, not a reformer. In their belief, before her there was no such thing, neither in the western world nor in China. Hence the Chinese women working in preserving health and soothing pain were

totally wiped out in nursing and medical history, partly by the Chinese male medical historians, partly by the modern female nurses.

The caring scholar

So novel was the idea of nursing as a honourable profession that the Chinese had no word in their language expressing the concept 'nobly' and 'properly', for the nursing pioneers. Without a native term to designate the character of the new nursing school, the Yali (where Miss Nina D. Gage was in charge of the nursing work from 1909 till 1927) people were hampered, especially when writing their circulars and announcements, when they started to recruit students. A Chinese nurse, Miss Elsie Mawfang Chung (later Mrs. Bayard Lyon) who had studied at Guy's Hospital remedied this. After extensive consultation with Sinologists, she chose the term 'Hu Shi' (護士) to stand for nurse and 'Hu Sheng' (護生) for nursing student (Lutz, 1971:159). In Chinese, 'Hu' means care, look after or protect, and 'Shih' means intellectual or scholar. Those names were taken up by the NAROC meeting in 1914, and used until now. So what in the west are called nurses are in China called caring scholars.

Registration and Examination

From 1908 to 1910, the China Medical Missionary Association held examinations of pupil nurses who had gone through a three years' course and issued certificates to successful candidates. In the 1912 meeting of NAC, plans were made for the registration of schools of nursing, the compilation of a standard curriculum, the holding of national examinations and the awarding of association diplomas. In 1914 Registration Certifications were granted to schools considered up to standard.

In 1935 the Nursing Education Committee was founded as one of the six groups in the Medical Education Committee, under the control of the Ministry of Education of the central government. The nursing examination and registration have been held by the Ministry of Education instead of NAROC since 1937 (Chow 1984:9). This whole action was initiated by Dr. Liu R.H. the head of the Health Department then (Wang and Wu 1932:400).

Higher education

A few schools offered advanced nursing programs in the early days of nursing in China. Peking Union Medical College (PUMC) from 1920, served as a graduate school to train teachers of nursing and hospital administrators. In collaboration with Yenching the Medical College provided a five-year program whereby middle school graduates took a two-year pre-nursing course at Yenching and then a three year nursing course at the Medical college. Graduates received both a diploma in nursing and a B.S. degree.

PUMC, founded first by the missionaries, is given as one of the examples by Brown (1978:259) of western imperialism in China. Brown points out that: "Missionaries were the velvet glove of imperialism frequently backed up by the mailed fist, its effort in China was effective for a time in undermining Chinese self-determination". In the 1920s, the missionaries were attacked by the young generation Chinese for both nationalistic reasons and in a scientific spirit under the May Fourth movement. Brown also points out, meanwhile, that the Rockefeller philanthropists concluded that their own medicine and public health was far more effective than that of either missionaries or armies in pursuing the same ends, hence the Rockefeller Foundation moved the PUMC from missionary society control and established it under Rockefeller foundation direction. The graduates of PUMC later took many important positions in Chinese nursing history (Chow 1984: 15), and influenced its development up to the present. The Chinese government founded another nursing teacher's training school in Nanking: the Central Nursing school.

The military nurse

In some ways similar to the way in which Miss Nightingale built her reputation in the Crimean War, the Chinese nurses also gained their status during the Sino-Japanese War (1937-1945). Military health service training started in 1938, subsequently the Military Nursing School led by General Chow Mei-Yu, was opened in 1943. After the war in 1945, it joined the National Defence Medical Centre (NDMC) in Shanghai, with General Chow as the first dean of the nursing department. In 1949 NDMC was moved to Taiwan by the central government. Thereafter its nursing staffs (mainly graduates of

PUMC then) not only recruited young women to serve in the military system hospitals but also set the pattern for nursing education in Taiwan. Patriotic resistance in the 1930s against imperialism from the west, and later against the Japanese benefited the growth of nursing in China and in Taiwan. Further developments in nursing after 1949 will be detailed in the next chapter: the Taiwan case.

Chapter 10. The Taiwan case

Taiwan and its background

The health system in Taiwan

Women's life in Taiwan

The western hospital- where nurses work

Nursing in Taiwan

The early days

Social change and nursing development in Taiwan

From 'caring scholar' to 'caring specialist'

Chapter 10. The Taiwan case

In order to grasp a better understanding of our respondents' life in Taiwan, we have to have a general look at the social background where they live and work. In this chapter, the background of Taiwan; its health system; and women's life in Taiwan will be discussed. Since in Taiwan, most nurses work in hospitals, the western hospitals will be then introduced. The last part of this chapter will be the nursing history, its recent development and current situation in Taiwan.

Taiwan and its background

Taiwan (also known as Formosa - meaning beautiful - a name given it by Portuguese explorers) is an island off the southeast coast of the China mainland. Since 1949 it has been the seat of the government of the Republic of China, which is located in the capital city of Taipei. The total area of Taiwan including some small islands is 13,892 square miles.

Population

The total population of Taiwan in 1987 was about 19 million. Except the aborigines, a Malayo-Polynesian people, more than 80% inhabitants of Taiwan are the descendants of immigrants from southeast China. Taiwan's major settlement took place in the 17th and 18th centuries. Hence culturally, Taiwan shares in the heritage of the Chinese civilization. In 1895 Taiwan became a colony of Japan and at the end of World War II it was restored to China. In 1949 the Central Government retreated to Taiwan following the communist victory on the mainland. The second wave of migration occurred along with the government. In general these later migrants, about 18% of the population, ('Mainlanders') were drawn from all parts of China and

represent a more urbanized and sophisticated population than the native-born Taiwanese. This may be because the Mainlanders are cut off from their families and old relations through migration, and thus do not have to answer to significant others for their behaviour. It may be also because they were influenced by radical ideology before their departure from China and the war in which they lost their economic base. Whatever the reasons Mainlanders behave differently from the Taiwanese. For instance Diamond finds out in her study that the Mainland-born husbands were much more active in the household, and more enthusiastic about their wives' working (1973:234).

According to civil registration in Taiwan, 'Mainlanders' refers to those later immigrants, and children or grandchildren whose fathers or grandfathers were mainlanders, although they were born in Taiwan. Taiwanese means the Chinese who came to Taiwan before the Central Government, this includes the Fukien^{ese} and Hakka. The aborigines are called mountain people. We have followed the conventional definition in this study

Linguistic

The post 1949 immigrants were predominantly Mandarin speaking and because of their prominence in the Nationalist government and of the prevalence of education, Mandarin has become the official spoken language. The written language is the same among all Chinese dialects. Several other Chinese dialects are also spoken. The most popular ones are south Fukienese (Taiwanese) and Hakka dialects.

The health system in Taiwan

Health care

Western medicine was first brought to Taiwan by the missionaries as well as to China. This kind of missionary medical work has been functioning

popularly since then. The missionaries had and still have their own system of medical practice and training of nurses independently from either the Japanese during their occupation or the subsequent Chinese government systems (Baker 1967:79). In contemporary Taiwan, there persists a situation of legally structured competition between traditional and western style health care subsystems, together with the illegal use of western drugs and techniques by traditional practitioners (Unschuld, 1976:1-20). According to Kleinman (1980) the professional sector of the health system in Taiwan encompasses both traditional Chinese and Western medicine, which share a professional status based on licensing examinations, a bureaucratic structure, and systems of training. Apart from them he also described the widespread existence of folk medicine, which embraces shamanism and ritual curing. It is clear from Kleinman's data that most sick persons in Taiwan use all alternative systems to some degree (1980:12).

Unschuld (1976), however, does not find in Taiwan either a full system of traditional medicine, or a full system of western medicine. He claims that the existence of two systems side by side is not advantageous to the population at large, although everyone he interviewed wanted to keep both systems in the future, and said they could not imagine any alternative to or synthesis of the two existing systems (Unschuld,1976:314).

To adopt modern western medicine is an integral part of building a modern state, for it is effective in controlling or preventing epidemics and treating acute illness. The western medicine has certainly made a marvellous achievement in Taiwan in those fields in the last thirty years. But the integration of western medicine in Taiwan is considerably complicated by the fact that it competes with an ancient healing system which is still a deeply rooted part of the Chinese culture, linked to profoundly-valued religious and philosophical tradition, and in turn to the intense Chinese feeling of nationalism.

Women in the healing system

In traditional Chinese medicine, women have no place. Even in folk and religious treatment in current Taiwan, most of the shamans are men. Only at the very low level of 'witch-healers' are there some women called 'Wang-yi' (Suzuki 1981:90). In the Taiwan western medical system, there are few

female doctors (one in 22 male doctors in 1981) (Lan, Lan, and Liu 1985:124), most women who work in the western medicine system being nurses.

As early as 1967, Baker and Perlman announced the small number of nurses in Taiwan - one nurse in 5600 population - a lower ratio less than in Thailand, Malaysia, Singapore, Hong Kong and Philippines. Another phenomenon they pointed out was that there were twice as many physicians as qualified nurses at the time in Taiwan (1967:77). Till 1974, 4,243 professional nurses and 2510 midwives against 7724 licensed western style-doctors were reported in the Health Statistics R.O.C. (quoted by Kleinman 1980:12). In 1980, 48,165 nurses and midwives were registered in the Ministry of Interior. Having been corrected for multiple employment, the figures were reduced to 33,907 (Huang 1981:31). In 1982, there were 15,040 nurses and 3,081 midwives at work in either public, or private clinics or hospitals (Health Statistics ROC 1982)

Baker and Perlman also found the great majority of Taiwanese nurses practice in a hospital setting. Almost four-fifths of all of the 1400 nurses in their census were working in hospitals (1967:79).

In hospitals, the cure function is considered much more important than care by doctors and patients, even by nurses themselves. Nurses tend to prefer to do the more prestigious and challenging therapeutic parts of work i.e. treatment, administering medicine, operating machines etc, and let the family members or friends, known as 'companion-guests', do the dirty jobs. However in the biggest hospitals such as The General Veteran Hospital or Tri-service General Hospital with lots of student nurses who can take on the task, this practice is forbidden by the hospital for managerial reasons, except for the private patients or those who occupy a personal ward. But at the family level, most patients are still looked after by women as relatives, just as Stacey has reported for the West. (1984:170)

There is maldistribution of doctors in Taiwan too, but the distribution of nurses is worse. Young women come to big cities to secure better opportunities of jobs, marriage and freedom from the family, so do nurses who are attracted into big hospitals in big cities.

Women in Taiwan

Work and education

In the early days after the Chinese government's move to Taiwan, the percentage distribution of women by education attainment were college 0.4%, senior high 1.9%, junior 3.6%, primary 34.4%, literate 3.0%, illiterate 56.7% in 1952. In 1980 figures increased to college 6.5, senior high 19.3, junior 14.5, primary school 37.0, literate 3.2, illiterate 19.2 (Taiwan DGBAS report 1981:16-17 quoted by Barrett 1987:28). Girls showed strong motivation and achievement in all levels of education and examinations. Even in factories in Taiwan, attending evening schools to improve themselves while working full-time has become popular and fashionable among young women in recent years (Kung 1976:35-58).

Taiwan took its first steps towards modernization under the Japanese: the colonial administration introduced electrification, railroads, modern business enterprises and commercial agriculture. The modernization process accelerated in the 1950s and 60s, when diversification of the economy involved an increasing number of the female potential work force. Industries such as textiles, garment production, electronics, and chemical-drug production came to rely heavily on female workers. Women also entered the work force in large numbers as sales personnel and office staff. In 1983 42.12% women participated in the labour force (Chou 1987:31), but they are distributed unevenly within it. Women tend to cluster in the low-skilled industrial jobs and in short-term service occupations. As to civil servants in the governmental organisations, 73.69% low grade positions were occupied by women, whereas in the high grade only 3.63% were women (China Times, 1986. 8. 25)

Women also appear in large numbers in such professions as nursing and teaching at the primary school or middle high school level (Diamond 1973:214). Thus according to Diamond, after some years of a low status, low pay, few promotion prospects, little job satisfaction, it is understandable

that present-day young women look forward, on the whole, to an offer of marriage.

Family and career

A study of 293 women on their attitude towards family and career, showed that most women believed both family and career are important to them. A very high 93.84% voted in favour of (against 6.51%) women working. But among them 50.57 supported an interrupted career plan in accord with women's life cycle (Lu 1980:54), and 60.38% would give up an ideal occupation for their husband and family (Lu 1980:42). In the same study, 67.05% thought a women should follow her husband's opinion rather than him following her (Lu 1980:41).

In another study of the employment of 1500 female graduates in 1983, 84.8% supported the idea of 'both family and career are equally important', against 0.5% who preferred career to family and 13.2% family to career. But just the same, if their work is conflicting with their family, 74.3% compared with 10.5% of the respondents would rather choose family than work (Zhu 1983:75-77). In the same study although only 0.2 % admitted that the purpose of their education is to secure a better husband, nevertheless (putting aside the consideration of the job market) their first choice of study still would be domestic management (33.9) (Zhu 1983:85). 'Pursuing high knowledge' (34.1%), 'cultivating noble character' (33.4 %) and 'raising the quality of the family life' (16.1 %) were the leading reasons given by the respondents for female higher education, 'finding a better job' only got 4.5 % support (Zhu 1983:79). This might have said something about the fact in Taiwan that although a very high percentage of women were in schools, and they were scattered over every level of education, the ideology of the total society in respect to the purpose of education for women aims not for service to the society (to work), but to the women's self improvement and the family's reputation, if not for the women's pursuit of a better marriage. For women educated at the level of high school or beyond, their education has become a status symbol rather than a matter of practical concern.

Diamond points out that in recent decades there has been the development of a peculiar 'nostalgia' for the past in Taiwan. It is a view of the past which describes the role of women as a life of gracious leisure

within the confines of the home, her only responsibility is loving care of the children and the management of the household. Thus to be a respectable middle class family in the modern Taiwan setting means to emulate the traditional upper class by separating the women from the workaday world. Thus according to Diamond in Taiwan 'What is crucial to status is not what a [married] woman does but what she does not do. She does not work'. (Diamond 1973:216)

Marriage and education

Usually in Taiwan, the wife has three or four years less schooling than her husband. If a girl is uneducated, she probably would have no chance to marry a man holding professional or white collar job. Even if a wife does not work after her marriage, she is still willing to go to school as much as her family allows her to, but not too much to handicap her chance to secure a husband. Too much schooling is still considered not good for a woman's character and will threaten her husband's self-confidence and sense of security.

Social activity, love and marriage

In Taiwan men have considerable freedom in sex even though they cannot now take concubines legally. Mistresses exist in the form of 'mid-day wives'. Hotels and guest houses supply pornography and charge by three hours interval (rest) in the day time. Prostitution is legal and tolerated, not encouraged. Prostitution covered by other erotic business (massage, bar, restaurants, dancing halls, clubs etc.) is wide spread, although customers are assumed to be tourists.

At home, there is a change from the old model in which a women should serve her husband by 'raising the food tray up to her eyebrows' (Ju An Qi Mei 舉案齊眉). Ideally husband and wife are nowadays expected to treat each other more equally, as 'respectfully as host to guest'. In other words, courteously and distantly.

In present day Taiwan, boys and girls go to different middle schools or classes, wearing unattractive military-style uniforms. After a bitter and lengthy dispute lasting many years, eventually the hair styles of high school

students are allowed to be decided by individual schools instead of the Ministry of Education. Previously at middle school level, boys wore practically no hair, while girls were forced to adopt a 'bobbed' style, cut right under the ear, without waves, or levels. Some schools even required the same side of parting. For high school students, one centimetre longer was allowed. Social contact between two sexes is strongly discouraged. Passing messages covertly, dating and dancing are punished. These regulations are stricter in 'good' schools with high examination results: the more famous the school, the stricter the discipline.

Students' interest is induced, encouraged and pushed towards 'The new imperial exam' (新科舉). Hard competition and repeated memorizing takes away their energy and leaves them no time to ask what the purpose of their education is. Furthermore, the continual stress on learning by memory kills intellectual curiosity and critical judgement.

A strongly materialistic element in Chinese education sees academic success in terms of achieving the 'huang jin wu, yan ru yu'*. In the imperial time, splendid clothes, food, honourable wife and beautiful concubines came naturally after a man's success in the imperial exam and his selection by the emperor as a governor. To some extent it is still true in Taiwan nowadays. There were stories such as the acceptance by a medical school of a young man could bring him a rich fiancée with dowry and even a clinic. Parents would never worry about their son finding a good wife as long as he worked hard in studying. For a girl, it is another story. Too much education could bring trouble in finding a husband. From the time of the May Fourth movement, Chinese young educated men began to reject uneducated women as wives, so girls of the middle or higher classes could not but be sent to school by their parents. Nevertheless, now, although young men demand women with some education, they still can not bear a woman who keeps up with or even overtakes them intellectually. Hence a girl must be educated but not too much. In general her education should be 2-3 years

(* The full quotation is interesting. It goes 'shu zhong zi you huang jin wu, shu zhong zi you yan ru yu' (書中自有黃金屋, 書中自有顏如玉 through study you shall achieve the golden villa and the (women of) jade-like complexion.)

less than her husband. Recently with the coming of economic growth, girls of high school certification seem to have lost their place in the market for middle class university graduate men. Junior college became the favourite level and minimal education for the middle class girl. Many nursing junior colleges opened to take advantage of this situation.

University (mixed sexes) and college life are the dream of all young people. But what they dream about is not the high academic standard there, but the status of university students and the little more freedom they have. At university students need wear no uniform, they can have longer hair, and above all more social life with the opposite sex - parties, journeys, dancing etc, even the luxury of cutting classes and running a small business as a stall-holder.

The dream of these young people is that they meet their 'Snowwhite' or 'Prince Charming', and fall in love with each other in university days. With the approval of their parents on both sides, they finish their education at the same time and get married. Then they live happily together for ever.

The real story is usually not like this. Since boys and girls are socialised in different interests, there are only a few, perhaps not very interesting, girls in departments where boys study (e.g. engineering), whereas in others (eg. literature) there may be only one or two boys who usually are supposed to lack masculinity. Some boys are very zealous in organising activities with different departments or schools in their early university years, but soon lose their enthusiasm for the girls of a particular group after having found no-one interesting among them. Nevertheless in some cases a relationship may develop between two people. After several meetings in group or alone only with the two, they may go to the boy (girl) friend's home to meet their parents. In quite a large number of cases, the parents will disapprove, because they think more practically and broadly than the young ones, eg. concerning the status and the position of the opposite parents, future prospects of the boy etc. Thus many stories end unhappily. Only a few young people managed to raise a family 'revolution' to protest their fate.

If the two youngsters refused to give each other up, in older times, the parent would have locked them up at home, cut off their letters and communication, or sent them away to cure their 'madness' by isolation. Nowadays, those methods seem to be impossible for their school or work. The

parents may instead try introducing another girl (boy) to their own son or daughter, so as to distract their attention from the original ones.

In some extreme cases, the cooperation of school and parents in prevention of contact between boys and girls is so successful that the young ones lose altogether their ability to make friends with the opposite sex, or simply give up trying. Some of them become reluctant to waste their energy, they simply just wait for the parents' arrangement.

Chinese enjoy match-making very much, so that what was formerly an old lady's career has been taken over by all ages and sexes - except now it is called 'introducing friends' instead of 'match-making'. After two or three meetings, if both sides feel all right, the two families go ahead happily with wedding preparations.

In response to social need, new enterprises arise, eg. 'Teacher so and so' introducing marriage in newspaper advertisements. 'Teacher so and so' may never have been a teacher in his or her life, but 'teacher' is a code-word supposedly ensuring that the introduction would be handled by a decent person. Recently TV, religious groups and even some local government departments have also joined the work. Several 'ribbon ball' throwing events based on a Chinese opera episode have taken place. Girls throw the ribbon-ball into a crowd of men - the man who catches the ball could become her boyfriend and may eventually marry her as in the original opera. Several couples have turned up on TV and in the newspaper on their wedding day as examples of success.

Some people believe arranged marriage to be even better than marriage chosen by the couple, because love makes blindness and also because the status of both families, education, personal characters of both sides, and even body weight, height and appearance were considered in advance by the introducer and parents on both sides with more experienced eyes. Couples who are each other's first man and woman friend in life still are assumed to be the luckiest and the most beautiful.

The western hospital where nurses work

In hospitals in Taiwan, patients are looked after by a great variety of 'nurses' - from the patients' view of point, all women looking after them are nurses; from the assistant and maidservant trained by the doctor in his own small clinic, to the master degree-nurse. The former would never be recognized as nurses by nursing-school graduates. Nevertheless, in 1982 Year book of ROC, there were 9994 private hospitals and clinics owned and run mostly by doctors in Taiwan. Only a few big private hospitals among them hired nurses trained by nursing schools. Recently, the government has required a certain number of registered nurses in the private hospital, as a condition for joining the Labour or Government Employee's Insurance scheme. Some private hospitals would rather hire the RN licence than actually hire the nurses. Those doctors who own the private hospitals or clinics prefer their own family members (wife or daughter) or assistants trained by themselves to properly trained nurses.

Most nursing school graduates and RNs work in big public hospitals in big cities. Some of them also work in the voluntary (religious) hospitals, and 'open' hospitals. They feel ashamed of working in private clinics or small hospitals. The reasons for their dislike are: the lesser job security relative to that in public hospitals; less payment; lower status; less independence from the control of the boss (doctor); the ease of getting an image of sexual liaison with the owner, which would cause difficulty in their future marriage; the lack of social contact with young male doctors or patients who could be their candidate husband in the future. Apart from economic reasons, there are reasons from the doctor's side for their incompatibility with such nurses: doctors who run private clinics are usually older doctors in local areas or small towns. They do not expect nurses with professional training. Their family or servants could handle the usual task in the clinic, besides the wife could not bear another woman standing in her territory taking charge.

Western hospitals in Taiwan

The earliest hospitals were set up by missionaries. In 1871, Rev C.L. Mackay of the Presbyterian Church of Canada founded a hospital in Damshui. Dr. David Landsborough came in 1896 and opened a hospital in Zhanghua in 1906. Many of these hospitals are still working today. They train their own nurses in their own system of which some are approved by the government, some are not.

The second type of hospitals are the provincial and city hospitals founded by the Japanese government during their occupation after 1896, and taken over and extended by the Chinese government after 1949. Today there are a total of 27 provincial, 11 municipal and 7 city and county hospitals in Taiwan.

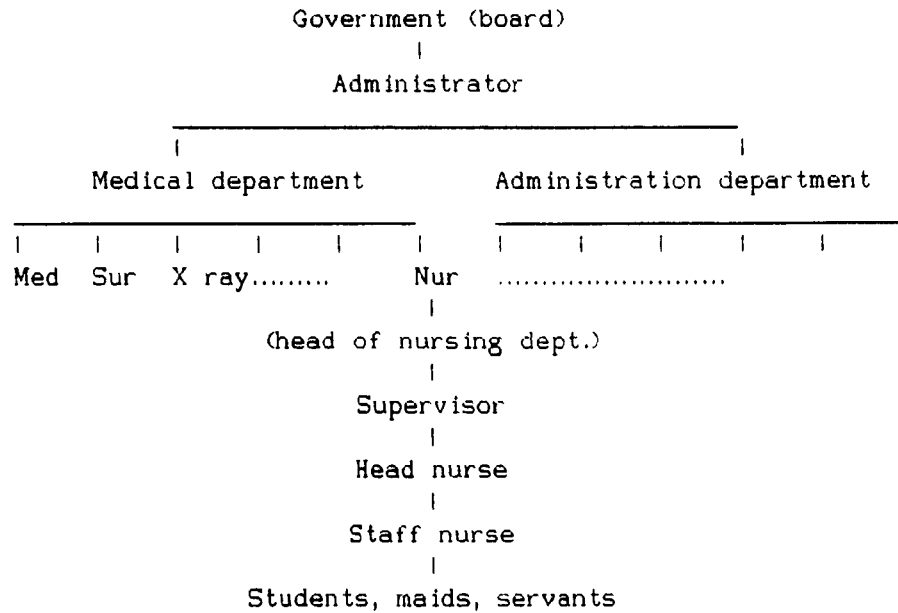
The third kind of hospitals are military and veteran hospitals founded by the Chinese government following the system which had existed on the mainland China under American influence.

The fourth type of hospitals grew out of the rapid economic growth and urbanization in the 1960s. In response to an insistent demand for better and more expensive medical care, many so-called 'Open hospitals' were set up, first by groups of rich doctors then by big enterprises. In parallel with the opening of the many private nursing schools, many of those schools are also run by the same kind of people with a business perspective.

The remaining hospitals are the small private ones. Having worked in the public or big hospitals for some years, and having gained both experience and a certain number of customers, some doctors start their own business. These private practitioners are considered as 'old' (type) doctors or 'street' doctors by the doctors working in the big teaching hospitals, supposedly being more conservative, and having backward medical knowledge. Private doctors usually make a fair amount of money, but a too successful one could work himself to death, if unable to refuse patients and money.

The Power structure in the big hospitals

Most nurses try to keep themselves out of the hands of private doctors, but submit themselves to a big bureaucracy - the hospital. The general organization of this system is as follows:



The hospital administrator follows the order of the organisation above him, i.e. the governmental health department for public hospitals; the veteran consulting board for the veteran hospitals; the ministry of defence for military hospitals; the committee for the open hospitals and the church for the missionary hospitals.

The administration of a hospital usually is undertaken by a doctor coming from the medical or surgical branch. There has been a dispute about whether a dentist could be elected in this position. A nurse in charge of a hospital is unthinkable.

The nursing department has its own strict division of labour and hierarchy. Usually it is numerically the largest team in the hospital. But because of its predominance of women, it bears a lot of pressure from many directions. The head nurse takes responsibility for the management and administration of the ward and the patient; other nurses work underneath her, functioning rather as an extended Chinese family, based on the Confucian idea of sex and age order.

Besides obeying their superiors, nurses also take orders from doctors or at times from the administration department. But because they are under the umbrella of the medical department as part of medical profession, nurses do

get some respect and recognition in the eyes of other co-workers in the hospital.

Nursing in Taiwan

The early days

In his book 'The medical history in Taiwan', Doctor T.M. Tu divided the medical development in Taiwan into five stages: (1) the primitive stage (-1544), (2) the malaria epidemic stage (1544-1865), (3) the missionary stage (1865-1895), (4) the Japanese occupation stage (1895-1945), and (5) the Chinese medical stage (1945-) (quoted by Chen 1978). No doubt, this statement reveals his Chinese western doctor attitude that there was no position for Chinese traditional doctors at all, and by the last stage 'the Chinese medical stage' actually he means the current medicine which is known as '西醫' (Xi Yi, the western doctor or western medicine).

In the first two stages, traditional Chinese doctors, folk and religious healers looked after the health of the population, while the family and relatives cared for them when they were ill. This kind of mixed function has been working popularly since then. The first British Presbyterian doctor James L. Maxwell, came to Taiwan in 1865, and some others followed. Working in cooperation with them was the Women's Missionary Association (Davidson 1903:606). For the sake of broadening their work, they also started training native aides. The missionary medicine did not develop as well as in mainland China in the same period, but suffered underneath the Japanese occupation. The second wave of the Nightingale type nursing did not arrive in Taiwan as it did in Mainland China.

In 1895 the Japanese took Taiwan from the Qing government, and in July of the same year, the Governor-general appealed for 21 nurses from Japan to protect their own people from infectious diseases of indigenous origin. The colonists also built up western hospitals, and started nurse and midwife

training by the doctors within them in 1897. By the time of the 1945 registration, there were 508 Taiwanese nurses and 312 Japanese.

However during the period of Japanese occupation, nurse training was limited and managed entirely by physicians (Abu-Saad 1979:16); nurses occupied a position which was half servant and half assistant. In the eyes of the Chinese nursing leaders who served in the Sino-Japanese war, and then came to Taiwan with the government, there was no accredited school of nursing before 1945. The modern nursing education system first transplanted from the west, especially America, to the Mainland was only brought to Taiwan by them, a unique group of nurses who mainly were graduates of the school of nursing of the Peking Union Medical College. This could probably explain part of the fact that at the time of 1946 re-registration by the Chinese government after the reconstruction of Taiwan, there were only 114 of the 508 Taiwanese nurses who had been registered in the previous year left. Conflicts between the American-English style Mainlander nurses and the Japanese style Taiwanese nurses continue as competition goes on between the two medical systems under the same titles.

Social change and nursing development

Just as elsewhere in China, the Taiwanese were rather conservative and reluctant to send their daughters to nursing school in the early days. According to the traditional Taiwanese attitude, there was virtually no possibility of sending daughters to study nursing. Most nurses at that time were mainlanders who followed the Chinese government when it retreated to Taiwan in 1949. But from the year of 1962 a radical change took place. Not only did the number of nursing schools increase surprisingly (from 6 before 1962 to 28 in 1981) (Wang M. K. p.145), but also nursing became one of the most favoured choices of young girls. After 1973 there were more than 3,000 nurses finishing training each year (Shih 1978).

The great expansion of western medicine in Taiwan first started from the opening of large military and veteran hospitals to look after the large amount of military personnel and veterans who retreated from China with the government in 1949. In those hospitals, the English-American style nursing

was brought in by the Mainlander nurses following the system which had existed in China. Some of the nursing leaders were the nurses who organised nursing services during the Sino-Japanese war.

Economic development

According to Abel-Smith 'in general the demand for nursing service is inevitably part of the wider demand for medical care. It is influenced by national wealth; by medical skill and the public's recognition of it. Thus the demand for nurses depends on the ability of the community to pay for such services, on the family's desire to call upon outside help when faced with sickness and on the competence of those available to provide it' (Abel-Smith 1982:1)

In response to rapid economic growth and urbanization during the 1960s, and the consequent demand for better and more expensive medical care, many 'Open hospitals' were set up to serve the rich. The idea was started by NDMC's clinic (Central Clinic Zhong Xin Zhen Suo 中心診所) to 'serve and help the civil general public' to achieve better health care, 'also to improve the welfare of their own staff. The idea of hospital as a money making business covered by the great advocacy of 'serving the country and society' was copied soon by groups of rich doctors and then big enterprises.

These 'Open hospitals' claimed that patients could have access to any famous doctors whom they like instead of queueing up for hours to see young, inexperienced doctors. Modern technology and beautiful, young, more modest and caring nurses, rather than the old military type nurses, are available too. These hospitals used to have trouble with the NAROC for encouraging their nurses to be beautiful which the NAROC was against.

Doctors' order

In the military and veteran hospitals, large numbers of nurses were taken in to look after patients who had lost their family in mainland China. In the new 'Open hospitals', also, doctors needed helping hands, nevertheless except the few rich, who treat nurses as a type of servant, most families are still reluctant to leave their patient in the hands of outsiders. Nurses

are beckoned only for certain functions which the family can not manage or in serious conditions they can not handle.

The family need

For the middle class and lower middle class, better medical care became more and more in demand, but families still would neither trust outsiders to look after their patient, nor simply be able to pay the expenses of private hospitals. Thus some families sent their daughter nursing as an insurance for the family in sickness and old age. She could thus either look after them or use her 'connection' with her doctor colleagues to guarantee her family better care. Letting daughters serve strangers in hospitals was not their original purpose and is still a matter of reluctance. For the same kind of need and reason, some families of middle and lower middle class started to accept nurses as their candidate daughter-in-laws.

The parents' attitude

Parents chose nursing for their daughters for different reasons. For Mainlanders, retreating to Taiwan made them lose their property and sense of security. Most Mainlanders work as civil governors, teachers and military personnel, while Taiwanese work as farmers, businessmen, and manual workers. Without land or family business, Mainlanders encouraged their daughters to seek a secure job which would not be threatened even in time of war.

During the Japanese occupation, the ambitions of the Taiwanese as colonial subjects, for military, economic and political posts were limited. The only promotion available to a Taiwanese man was being a doctor to achieve high status and high income, and for a Taiwanese woman was to marry a doctor. The new fantasy of romance in the clinic raised indirectly by American and mainlander influence in recent years, combining with the old intention of marrying a daughter to a doctor, probably induced the Taiwanese to let their daughters join nursing.

The image of nursing

Conflicting images of nurses are popular among the Chinese in Taiwan, on the one hand of low status maid servants who serve and are in contact with human, especially men's, bodies, and on the other hand, new powerful, high status, modern, fashionable, western professionals. As social change goes by, the image of nurses changes as well. Without the new image of western nurses, and the opening up of the marriage market lately, nursing would be totally unacceptable to the Chinese for their daughters.

From 'Caring scholar' to 'caring master' and 'Caring expert'

Most nursing leaders were not happy with this proliferation of schools and increasing interest in nursing (Yu 1977:44). One Chinese senior ex-nurse who had taught in America referred to this period as repeating the 'dark days' in nursing in the 1920s USA, when an orthopaedic surgeon could start his own nursing school in a 50-bed orthopaedic hospital. She condemned 'Some of the private groups, with questionable appreciation of the necessary foundations for professional education, which added two-thirds of the total number of nursing schools' (Wang M.K., P 145). Nursing leaders also criticize the Ministry of Education for having no definite policy for the development of nurse education, lacking clear standards of permission for opening nursing schools. There are confused multilevels of training nurses; applicants to study nursing range from junior to senior high school graduates. Curriculum contents, structure emphasis and duration of study vary in length and depth.

The nursing leaders have their own aim and method in nursing professionalization. On the one hand they try to raise up nurses' status by higher education and qualification, on the other they try to eliminate numbers of nurses by evaluation of nursing schools and examining their graduates through the NAROC.

Higher education

Due to Chinese worship of academic status, a tradition left over from the old imperial examinations, competition among nursing schools was evident in the opening of a higher degree course of nursing. In 1954 the Ministry of Education first gave B.S. degree to NDMC nursing department graduates. In 1956 the TUMC School of Nursing started B.S. degree training. The NDMC school of nursing began a master's programme in 1980, and the TUMC school of nursing following in 1984. JNC attempts to become the first nursing university independent from medical school. Its ambition of being the first in Taiwan has been achieved by having male students in 1985. (Chin 1988:111). A Ph.D. degree course on nursing is also being considered by the NDMC.

Other private nursing schools are asking permission from the Ministry of Education for an advanced teaching programme, from vocational to college and university level.

Now the B.S degree nurse is called 'the caring master' (護理師 Hu Li Shi), and the masters degree nurse is called 'the caring expert' (護理專家 Hu Li Zhuan-jia)

Examination and evaluation

Another strategy in response to the booming of nursing is evaluation of nursing schools and registration examinations for nurses, which was organized by the members of the three main nursing schools (NTU, NDMC, TPCN) through the NAROC. There are two levels of examinations, the degree and college level ('nursing master' 護理師) and the registered nurse ('Hu shi' 護理士).

NAROC cut the numbers of classes or stopped recruitment to nursing schools of 'badly equipped, lacking in teaching staff, or unsatisfactory practice environment'. NAROC, which is mainly organised by the teachers of the three leading nursing schools, also refused graduates of some nursing schools license because of poor examination results or the students' unfamiliarity with the way of examining. Nursing teachers of other schools, who are also mainly graduates of the three leading nursing schools, question the fairness of these examinations in the NAROC meetings, because of their extremely uneven distribution of pass rate from 15.5% of the worst to 100%

the best, an average attrition rate nearly 50% (Wang p.147). They also ask in vain for NAROC to set out standard teaching materials and examination answers.

Nursing leaders attribute the low pass rate and attrition among graduates who fail to pass the certification test to the failure of those private schools. In addition, and more significant, is the low motivation for work and achievement among those young girls. However the autonomy licence is not strong enough to stop hospitals hiring unlicensed nurses, if they want to. This might also contribute to the low pass rate.

Here we can see clearly that the nursing development attaches tightly to its culture background, social changes and history. It was neither independent from the Chinese and local subculture in Taiwan, nor the social changes in recent Taiwan and the modern Chinese history. At the individual level as nurses in the clinic, whether they behave universally, scientifically, and totally free from culture and value judgement as some of the Chinese nurses believe, we still do not know. This is something we would like to find out from our respondents.

Part 4: The emergent themes

Part 4: The emergent themes

chapter 11. The filial daughter and the rebel

Chapter 12. The legend and truth

Chapter 13. The forbidden game

Chapter 14. A woman's life

Chapter 15. Nursing - a profession in dilemma

Chapter 11. The filial daughter and the rebel

The process of decision making

Who decided?

The factors that were taken into account

The enthusiastic parents and their filial daughter

The rebel

Education, work and marriage

The summary and conclusion

Chapter 11. The filial daughter and the rebel

'Filial piety is the most important virtue, and unchastity is the most evil crime' (Wan E Yin Wei Shou, Bai Shan Xiao Wei Xian 萬惡淫為首，百善孝為先) for Chinese people, especially for women who are expected to be submissive and docile; a great number of them would follow their parents' opinion in job decision and marriage, and their social activity would be under their parents' supervision. Also parents would be considered in their future life-plan, even though traditionally it was not supposed to be a girl's duty to support the parents in their old age. In this chapter, the parent's role in job decisions will be discussed. The parents' influence in marriage and social activity will be scrutinised in Chapter 12 (the legend and the truth) and chapter 13 (the forbidden game), their influence in work and futures plan will be detailed in chapter 14 (a woman's life) and 15 (nursing - a profession in dilemma).

In joining nursing, some parents encouraged their daughters, or even forced them to go; some on the contrary tried to stop them. Some daughters went to nursing schools by submitting to their parents, some by rebelling against them. In this chapter first the process of decision making in entering nursing will be illustrated by two examples which were initiated one by the parent and the other the daughter. Then factors involved in their decisions will be examined.

More extreme cases were classified as filial daughters who were sent (forced) to join nursing by their parents against their own will, and rebels who went nursing against their parents' wish^{es}. The characteristics of both the filial daughters and the rebels, as well as the parents who forced their daughters to go and those who were against will be analysed. In the end parents' ambiguous attitude towards nursing will be shown in the light of the traditional attitude towards girl's education, marriage and working, especially in a woman's job which has heavy traditional and also modern social meanings.

The process of decision making

Deciding on a job was usually a rather complicated process, which might be started by the parents when the daughter did not want to go to work as a nurse or was not interested, or vice versa, the girl might take the initiative, but parents did not approve or were not enthusiastic. Sometimes a third party was consulted (a relative, a teacher, a doctor in neighbourhood). Then in the end one side persuaded the other by some sort of reasons, or by some other hidden mechanisms which really made the girl go to work as a nurse (eg. family conflict or psychological factor). Two examples as follows will show the process and mechanism of decision making and its complexity.

Nurse W: *(Mainlander, from high social class family)* She always wanted to be a interior designer but her father discouraged her by saying that that kind of work has no future. He persuaded her to take nursing instead, for it is an 'iron rice bowl' which means even though it is hard work it would never be broken, no matter whatever the outside environment could be, in war or of her marriage broke up. There would always be demand for nurses, so she could support herself in any case. She followed his wish, also because secretly she wanted to get rid of the tension at home, where her father kept a concubine (called an aunt), whom he took after fourteen years of failure to have a son by her mother. The 'aunt' had several children, and unavoidably there were always rows, 'riot' and a heavy atmosphere at home. She went into nursing reluctantly.

Nurse C: *(from poor Taiwanese family):* The whole family tried to make her work in a factory from the time she was in middle school. She loved reading, while she was reading she said she could forget all unhappiness and worries in life.

She went to NDMC for its free education, and also because she had asthma. She had got to know nurses when she had stayed in hospitals with asthma attacks.

The family disapproved because NDMC was a military school and also worried that if she went there she might marry a military person, although

her father worked in the navy which was very rare for Taiwanese. The mother worried about her health. Her two brothers were opposed because they thought a child from a poor family should not study that much. Both brothers only finished primary school. She persuaded the father by saying that if she finished with better education she could marry better. She said that he thought it is not bad to marry a doctor. She also wished to marry a doctor for the sake of her own health. One of the father's colleagues also helped by telling him that she would be a head nurse, and NDMC is a good school.

Who decided?

The mechanisms of decision makings are rather complicated, and in most cases, multiple reasons worked together. The final decision would be based on some combination of reasons, including unsayable, unknown to self, unidentified and denied reasons. The written stories which came from nursing students and non-nursing students, because of their simplicity, were not as easy as interviews to analyze in examining the negotiation process of decision making. Nevertheless students did give their reason or reasons for entering nursing school in their writing. On the whole, girls who went under parents' encouragement tended to give reasons such as: 'parents' order', 'family economy', 'failure of alternative', while girls who made their own decision tended to give reasons of individual interests, such as good image of nurses, leaving home, social freedom. Main factors involved in the decision making process that were taken into account are as follows:

The parent

A girl's education was often decided by the parents, mainly the father. Although a girl should obey her father, mothers played some role in girls' 'matter' (education and marriage). However this does not mean that the

mother had a different opinion from the father. In their decision, many parents did not even give any reasons, and daughters did not ask either.

Table 11.1 Job decision and parents

	Written stories			Interview		Questionnaire	
	DNS	DNNS	ONIT	DN	ON	DN	ON
Total	23	28	40	13	11	1	10
Decided by parents	11	4	19	4	5	0	4

DNS: Degree nursing student

DN: Degree nurse

ON: Occupational nurse

DNNS: Degree non-nursing student

ONIT: Occupational nurse in Training

After carefully analysing who was the decision maker, interviewees were grouped in the following way. The 24 interviewees were classified into 6 groups according to their parents' attitude and their own intention to study nursing (Table 11.2a). In this case only 11 out of the 24 entered nursing schools because they wanted to (those were the daughters who made their own decision). Of these the 9 who went without the parents' approval are the rebels. Four were encouraged by a third person, who might be a relative, a teacher or a doctor in the neighbourhood, while both parents and they had no strong feeling either positive or negative towards nursing. Nine were persuaded by their parents. Among them four went against their own will (these are the filial daughters), 5 without their active intention (these are the conformers).

Table 11.2a Attitude towards going to nursing
of the 24 interviewees

Parent	=	-	0	1	0	1	+	+
Daughter	+	+	+	1	0	1	0	-
No. of nurses	1	8	2	1	4	1	5	4

"+": approved, "0": no opinion,
"-": disapproved, "=": strongly disapproved

Table 11.2b Who decided?

Decided by:

<u>Self</u>	<u>Neither</u>	<u>Parents</u>	<u>Total</u>
11	1 4	1 9	24

In analyzing the written stories from students and nurses in training and the questionnaires completed by working nurses, only people who gave the reason for their going to nursing schools as 'my father (mother) wanted me to go' were counted as 'decided by parents'. According to their writing, no parent of the JNC students opposed their going to nursing school, therefore no one went to nursing either ignoring or against their parents' wishes. It looks the same both in the interviews and the written stories and questionnaires, that parents of occupational nurses played slightly more active roles in the decision to send their daughters to nursing schools than the parents of degree nurses. This could be due to their age (about fifteen) when they went to nursing school, which is three years younger than the degree nurse. The most common story of an occupational nurse is like this one given in a interview:

Nurse N (occupational nurse): *She was too young to make decision for herself. She had no interest in studying business. There was a girl in the neighbourhood who went to nursing school, and everybody praised her. Her father thought that nursing education is good for girls. Her mother was not*

very keen because she was worried her daughter would suffer from the hard work.

Apart from the parent, older family members and relatives also have some influence, for instance elder brothers and sisters, uncles and aunts. Another 13 of the JNC nurses, 2 of the interviewees and 5 among the questionnaires were influenced by relatives or neighbours working in medical field.

Among the NDMC nursing students also said in their writing that parents played rather important roles in job decision (11/23). Parents' influence in FMC students seems not as strong as on nursing students, Comparing the two military schools (NDMC and FMC) offering the same degree level free education, parents seem to prefer nursing to other jobs for their daughters.

Ten occupational nurses and only one degree nurse returned the questionnaire. The ten occupational nurses shared with other occupational nurses among the interviewees and the written stories of the JNC students, that parents played important roles in their job decision. Four parents encouraged and two opposed nursing for their daughters. The reasons for their disapproval were the hard work and suffering in the work. The reasons for approval were strict discipline, near home, 'nun-schools' (strict disciplinary girls' school in the young girls' language).

In the pre-test, four Chinese women tested in London showed the same sort of parents' influence in their education. Three fathers chose their daughters' schools for the same reasons as cited above. The other Taiwanese girl's widowed mother also sent her to a 'nun school' (a non-nursing Catholic high school). The Hakka girl's father did not allow her to attend a coeducational school even at university level. Her high school was chosen because it was only five minutes walk from home. The two overseas Chinese women were sent for education in Taiwan because the father decided that they should be educated in Chinese culture (China or Taiwan). Among these two, the younger sister wanted to follow her sister to leave home. Her only chance was to go to a junior nursing college in Taiwan where her sister was near by in another university. They both abandoned their original potential careers (nurse and psychologist) and came over to London to study business

In order to help the family business in the future. The other reasons for their being in London was that their older brother was there to keep an eye on them. The two Taiwanese women came to London to avoid the family pressure to arrange their marriage. However when the ultimate time comes one said that she will go back home to accept her widowed mother's arrangement.

Factors that were taken into account

Factors listed below were taken into account in the decisions either by the daughter or by the parent to enter nursing schools. Possible reasons and factors were worked out first through the more detailed interviews and then tested against the written stories and questionnaires. However in some cases the respondents simply could not give an account of the reasons. For instance in interview, four said that they went to nursing schools only because their parents wanted them to. No reason was given to them, neither did they ask why. Parents' order was enough for their going.

Independence

Some girls went to nursing in order to escape tension of the family problems and the parents' control over them. Putting together the reasons 'leaving the family', 'having more social freedom', 'making money by my self' and 'marrying a better husband' above the family social status, 'afraid of marriage' arranged by the family, makes eight interviewees who went to nursing school for more independence from the family. Degree nurses and Mainlanders tended to appear slightly more often in this group than others.

Table 11.3 Factors in job decision (1)

	Written stories			Interview		Questionnaire	
	DNS	DNNS	ONIT	DN	ON	DN	ON
Total no. of cases	23	28	40	13	11	1	10
Independence	6	3	1	5	3	0	0
Family economic	11	7	2	4	0	0	0
Image	3	0	11	2	5	0	2
Failure in alt.	5	2	0	10	2	1	2
Job security	0	3	2	5	0	0	0

DNS: Degree nursing student

DNNS: Degree non-nursing student

DN: Degree nurse

ONIT: Occupational nurse in Training

ON: Occupational nurse

*: Nurses may have mentioned no, one or more factors. The number of reasons therefore does not equal the number of cases.

Authoritarian parents, or parents' marriage problems could trigger the girl's leaving home as in Nurse W's case cited above. Another example is as follows:

Nurse L: (Mainlander, middle class, occupational nurse) To her surprise, she failed the high school entrance examination. Both her mother and step-father were disappointed, because they thought that she had done well, therefore should have gone through high school to a university. There were five girls in the family, no boys. She was always the rebel at home, and had no sympathy with the mother's remarrying. Her own father was a general who was killed in the war. The step-father was really nobody to her compared with her own father.

As a child she wanted to be a diplomat or a stewardess because of her interest in English. After another failure in a language school, she went to a 5 year junior nursing college without the parents' approval. She admitted in the interview that it might be true that she went nursing to get away from home.

Besides family problems, family economy and family health conditions or just for the sake of looking after the parents' old age could push a filial daughter into nursing schools

Family economy

A girl would be forced into free or less education by the parents' economic situation, in order to ease the family burden or just to sacrifice for the sake of other smaller children or boys in the family. Moreover a filial daughter would sacrifice herself without the parents asking or even knowing she was doing. A Hakka girl interviewed went to NDMC for the sake of 'saving the family economy for other children's education in the family'. Because she did not explain the reason to her parents, the family blamed her for making them loose face in going to a military school. Of course there were other reasons working together, in this case they were patriotism, and to glorify the family in the future by showing her achievement to relatives and neighbours who once laughed at the poor family.

Four interviewees who went to nursing schools because of family economic difficulties were all in the group who went against their will. Family economic difficulty was first assumed as one of the reasons for girls going to NDMC, because girls from rich families gave it as the reason for their parents' disapproval, saying: 'Only girls from poor families would go to military school'. Nevertheless only three of the 13 degree nurses interviewed who were NDMC graduates admitted family economic difficulty was the reason for their joining nursing

Nevertheless, comparing the two military schools ie the NDMC and the FMC with the civil Junior Nursing College, economic factors did work in the previous two, but less in the JNC. Only 2 among those all occupational nurses (40 written stories, 11 interviewed, 10 replied questionnaires) gave the family economy as their reason for entering private or public nursing school, whereas the number was 22 among the military school students (23 NDMC, 28 JMC in written; 13 interviewed and one answered questionnaire). The truth could be that there were more cases for it is a taboo for Chinese to talk about money and admit being poor. In some of the private schools the tuition fees are rather high.

Sending daughters to higher education is a higher class attitude. However a family with economic ability preferred sending their daughter to junior nursing colleges rather than to free military universities. This again shows the attitude towards military systems. Junior colleges have been very popular in recent years in Taiwan as the minimal education for a middle class girl (see the Taiwan case) which we will look at more in chapter 12 in the light of marriage conditions (the legend and truth).

Family health problems

In interviews, three girls said that they went to nursing in order to look after their parents in their old age, one went because of her mother's ill health. One in questionnaire gave the same reason.

The image of nurses

Nursing itself feeds young women several desirable images - power, beauty, independence and romance. In the interview nurses used terms, such as: noble, pride, free, independent, western, pure and beautiful to describe nursing, of which ideas they got from their own childhood illness experience, or from a relative staying in hospitals. Some girls were fascinated by the beautiful (or even martyr) image of nurses rather than the nurses' work. Six against one of the interviewees who wanted to go to nursing schools and the one who did not, gave the image of nurses as their reason. This is more common among the occupational and Taiwanese nurses. Eleven among forty JNC nurses gave nursing image as their reason for joining nursing, second only to their parents' and family influence.

A. Powerful (modern western new profession)

Among people who went into nursing because of the image of nurses, four interviewees, 4 JNC nurses in written stories and 3 nurses who answered questionnaires had had experience in the hospital watching nurses manoeuvring medical equipment and giving injections, and thus felt nurses to be powerful figures in the clinics. Among them two had the experience of their relatives being in the hospital where they had felt helpless. One

complained about the bad manners and apathy of the nurses when her grandmother was in hospital, therefore she made up her mind to be a good nurse.

B. The western high status beautiful 'angel' and 'lamp lady'

Some girls who gave the nurse's image as their reason for joining nursing were attracted by the image of 'Nightingale' - the ancestor and founder of nursing profession in their sense. Due to her kindness and patriotism, the rich high class, gentle and elegant lady sacrificed herself for the poor soldier. The lamp in her hand was transferred into a candle to fit the metaphor of 'burning self to give light to the sufferer (Ran Shao Zi Ji Zhao Liang Bie Ren 燃烧自己照亮别人)'. Candles also have many other romantic associations in Chinese poems such as dripping tears, sleepless nights, faded romance and endless longing..... This romantic image was carefully built up by the leaders of nursing to improve the status of the profession. Joining nursing for its beautiful image was more popular among the occupational nurses and Taiwanese in this study than among the degree nurses.

Failure in other alternative

The most common reason above all others for the interviewees to go to nursing schools was failure in the examinations for alternatives. Twelve nurses among the 24 interviewed gave this reason, especially among nurses who were against or had no idea about joining nursing (11). Only one who did want to go said the same. The most common stories of Mainlander degree nurses are like these:

Nurse A: She always wanted to be a teacher since she was a child. She failed the university examination. She was afraid of taking it again, while her mother (or a relative) encouraged her to try a nursing school. She accepted in order to look after the family (mainly the parents) later. She went to NDMC also for the sake of easing the family economic burden. But if she had any other chances to go to a university, she would not have come into nursing.

This route is more common among the degree nurses. The occupational nurses were either led by their parents or wanted to be nurses. There is a Chinese saying, 'Once in one job, never be happy with it (Gan Yi Hang, Yuan Yi Hang 幹一行, 怨一行)'. However it seems that degree nurses felt more that they did not want to do nursing in the first place. It was only when they could not achieve what they wanted, they withdrew into something which a woman can and should do (nursing).

The original ambitions of the interviewees who eventually took nursing as an alternative included: teachers (6), doctor (1), diplomat or stewardess (1), fashion designer (1). Two said that they wanted to study mathematics, one said agriculture, but all three had no definite job in their mind then. Four girls had not had any idea about jobs at the time. These data may indicate something about girls' ideal occupational model and their job decision in Taiwan now, which is either having little idea of working at all, or limited choices (teachers and other feminine jobs such as: stewardess and fashion designer). However it could be argued that it is possible that only very feminine girls went to nursing while more ambitious girls went into engineering or more masculine jobs.

In written stories, none of the NDMC students said they were studying nursing because that was their preferred subject, although only five went to nursing because of failure in other alternatives. When the two FMC students talked about the failure of their preferred alternatives, they were referring to their failure to get into similar departments in other civil universities, comparable to those they were now in such as music, literature, art. The NDMC students were referring to other non-nursing departments in civil universities. Had they been accepted by a nursing department in another university (college), they would go to NDMC to spare the family fee burden. As one of the interviewees said: 'I was not enthusiastic about nursing anyway, so just let them (the parents) bother. Here I am. It did save some of their money'. This reflects the parents' attitude that it is not worthwhile to spend money for girls to study nursing. Perhaps the investment in girls' education is still more or less a waste in terms of parents' old age and the workforce of the society.

Some three out of the 40 JNC nurses and two among the twelve who replied the questionnaire went into nursing to avoid alternatives (studying business). Four JNC nurses and one questionnaire respondent took the same

action in order not to take the university entrance examination. It is assumed by the general public in Taiwan that if a girl goes to university, she may have as many choices as the boys. but at the occupational level, there are only two possibilities, ie. nursing and business.

Have the girls at the degree level as many choices as the boys? Due to the stereotype of female jobs, their ambitions were rather limited in this sample. This is more apparent among Taiwanese girls. On the whole mainlanders talked about their dreams of being a diplomat, stewardess, pop star, secretary, designer, fashion designer, lawyer, mathematician, and agriculture. Whereas the Taiwanese girls were divided between two extremities, either having great ambitions to be a female officer, as a doctor, or having no ambition at all.

In interview, two Mainlander degree nurses showed their interest and ability in mathematics. One of these two was accepted by a mathematical department, but abandoned that because her elder sister who is a mathematician told her that being a mathematician is not a good job for a woman. She did not regret her decision to go into nursing.

On the whole the message from our respondents was that the general social attitude in Taiwan encourages women to become nurses rather than go into other 'male' professions, because nursing is a women's job. In this study women who once had had more ambition in other jobs also withdrew into nursing when they failed the alternative. However the original assumptions of the Taiwanese entering nursing in order to get married and the Mainlanders to get job security, did not turn out to be as important as we had presumed before the field work. This might be because of the taboo on talking about marriage intention for a woman. More discussion about job security will come later in the section about the enthusiastic parent and the filial daughter. Job decisions can only be properly understood when they are examined together with marriage and other items in a woman's life. Thus marriage intention will be examined and explored indirectly in the section on education, work and marriage later in this chapter. Entering nursing to pursue independence will be looked a little more in relation to the rebels.

The enthusiastic parent and the filial daughter

Comparing Taiwanese and Mainlanders, the parents who were most enthusiastic about nursing seemed to be middle class Mainlanders who made decisions for their daughters and forced their filial daughters to go into nursing schools, while Taiwanese daughters more often made up their own minds. Among the interviewees eight Mainlanders against one Taiwanese were in this group of enthusiastic parents and filial daughters:

Table 11.4 Decision and geographical origin

Decision by:

	<u>Self</u>	<u> </u>	<u>Neither</u>	<u> </u>	<u>Parents</u>	<u>Total</u>
Taiwanese	7		2		1	10
Mainlanders	4		2		8	14
Total	11		4		9	24

It is difficult to see clearly the parents' attitude among the written stories and questionnaires because of the simplicity of the account. However the numbers of parents who decided their daughters' education are as follow. In both nursing programs (NDMC and JNC) Mainlander parents showed more enthusiasm than the Taiwanese parents. They also showed their greater enthusiasm for nursing than for the other non-nursing programs.

Table 11.5 Geographical origin and parents who made the decision

	<u>Taiwanese</u>	<u>Mainlanders*</u>	<u>Unknown</u>	<u>Total</u>
JNC	10 (25)	9 (12)	3	19 (40)
NDMC	2 (10)	9 (13)	0	11 (23)
FMC	2 (13)	2 (14)	1	4 (28)
Total	14 (48)	20 (39)	4	34 (91)

* : According to official registration

(): Total number

Besides Mainlanders more often had practical ideas about nursing being 'secure work' than the Taiwanese. This may be because Taiwanese parents own land or a family business so that they do not have to worry too much about the girls going into paid work, while the Mainlanders parents mostly work in the government or military services. The other possibility is that mainlanders accept women working better, while the Taiwanese tend to think of their daughter's future more in the terms of marriage. However for a practical job such as nursing, only three Mainlander parents gave job security as the reason for their choice of nursing for their daughters. Two of the JNC nurses and five of the interviewees chose nursing for practical reasons, such as: 'easy to find a job in the future', 'a skilled work', 'people will come to ask for help', and they were all Mainlanders. One Mainlander father whose daughter was interviewed had said to her that nursing is an 'iron rice bowl' as reported earlier. These data suggest that when they made their decision about entering nursing school, only a few parents and daughters considered the possibility of the daughter's working in the future.

Parents' attitude towards nursing and their control over their daughters could be also seen in their objection to other choices too. Among the 24 interviewees, seven talked about their original ambitions which parents (usually fathers) objected to. It seems that more mainlander girls and degree nurses had had objections raised against their original ambitions by their parents. The most common reason for the objection given was 'difficulty to find a job'. These parents had shown a more favourable

attitude toward nursing for job security reason. That more Mainlander and degree nurses' parents had objected to other choices gives the impression that mainlander parents and the parents of degree nurses were even more authoritarian than the Taiwanese parents and the parents of occupational nurses whose entering into nursing schools was decided mainly by their parents as we have seen before. The truth could be that degree nurses and Mainlander girls tended more often to have their own ideas and so they complained more than the Taiwanese and younger occupational nurses when they were sent to nursing schools.

Table 11.6 Parents against other choices

Decided by:

	Self	Neither	Parents	Total
Taiwanese	1	0	0	1
Mainlander	0	1	5	6
Degree nurse	1	1	3	5
Occup. nurse	0	0	2	2

Apart from geographic origin, social class plays a rather important role in this work too. However it is difficult to determine the social class background of the interviewees, not to mention the women in the written stories. In this study, two items were used as indicators of social status of the interviewees, i.e. self-identification and father's occupation. Examples of self-identification are 'We children of the poor, should not go to high education', or 'My father is a big figure in the town. He belongs to the Lion's Club'. The relative status of the profession in the society of Taiwan was taken as a reference also.

The middle class parents seemed to welcome nursing more than the others. But when one looks at social class and regional origin together, only the middle class Mainlanders were still enthusiastic about sending their daughter to nursing, the Taiwanese parent showed very little interest (Among

eight middle class parents who encouraged their daughter seven were Mainlanders, see below). The lower class girls had a better image of nurses which led them to join nursing. As for the reasons for going into nursing, the high class girls went for independence, i.e. leaving the family or more social opportunities, whereas the low class girls tended to go for the good image of nurses.

Table 11.7 Social class and parents' attitude

		Parents' attitude				Total
		Against	Neutral	In favour		
		-	0	+		
Social class	High	3	1	1	5	
	Middle	3	4	8	15	
	Low	3	1	0	4	
	Total	9	6	9	24	

The rebel

Table 11.8 Attitude towards nursing

		Parents				
		+	0	-	Total	
Nurses	+	0	2	9	11	
	0	5	4	0	9	
	-	4	0	0	4	
Total		9	6	9	24	

"+": approved, "0": no opinion, "-": disapproved

Nine interviewees' went against their parents' wishes. Among them six were from middle and high classes, three were lower class. The high class parents reasons for objecting were mainly their own face, which included: free education or military school(4), not a good school(2). In these parents' eyes only poor girls whose parents cannot afford expensive education go to NDMC. Hatred towards military systems was another reason. Here Taiwanese parents' attitude against the military is enhanced by disagreement with Mainlanders who mainly staff the military systems. At the occupational level, good schools mean good reputation and strict discipline. An extreme rebel case is as follow:

Nurse T: *(from a rich Taiwanese family) she never thought of being a nurse. Since childhood she always wanted to be free, and to be away from home. The father was a big feather in the home town. She described him as a 'provincial master' (Tu Cai Zu 土財主). She took the entrance examination of NDMC without the parents knowing^{ledge} and went to the school by herself, while all the other girls were escorted by fathers and crying mothers. The other reason for her being there was to be a military officer. Her father*

felt 'faceless' because she had entered a military school with free education. She took no notice of him. The mother dare not say anything in front of him, but behind his back she said: 'I heard NDMC is not all that bad!'. Nurse T went to NDMC on her own initiative.

Two parents among the three lower class girls whose parents opposed their daughters did so intention on the ground that nursing is hard work. These were the people who seriously thought about the possibility of their daughter working as a nurse. The third one opposed only because they believed that girls from poor families should not have too much education.

Characteristics of the rebel

The Taiwanese

Taiwanese girls were much happier to go into nursing than the Mainlander girls. In the eyes of the the Taiwanese nurses, nursing was more romantic and beautiful than in the Mainlander's eyes. Taiwanese girls themselves were more eager to go nursing. They were not passively sent there by the parent, not as we presumed at the first place. Perhaps the Taiwanese girls who obeyed their parents may have gone to business schools to be trained in helping the family business (both of her family of origin and of marriage), so would not appear in the sample. Many occupational nurses mentioned business training in their stories as an alternative occupation to nursing. Here we realized that apart from being a teacher which we presumed as the other main alternative for girls in Taiwan in our hypotheses, actually business study was more popular for the middle class Taiwanese girl at the occupational level; teachers' education which is free, was seen as more for poor girls from the rural areas.

The rank order of their reasons for joining nursing were slightly different between the Taiwanese and Mainlanders too. The Taiwanese girls went there more for the 'nice image' of the nurse, whereas the Mainlanders went because they failed the alternatives and were persuaded by the parents.

Another astonishing fact was three Taiwanese girls who said in the interview that they went to NDMC only for the reason of patriotism and admiration of female officers. Among them two had never thought about nursing at all. This is interesting for its far difference from the older generation's hatred and fear attitude towards the mainlanders and the military. These actions could be due to the patriotic education in schools and the propaganda in the media.

The Mainlander

Since Mainlander parents accept nursing better than the Taiwanese, there were only slight opposition from the parents. One Mainlander degree nurse from a rich family confessed that she went for the smart and handsome young doctors in NDMC. She was the only one who admitted this. Her father was not happy with her going. Independence from the family, romance, modern fashionable free daring adventures were the image of a nurse's life for her.

Education, work and marriage

For education nursing is good but not for work

On the whole, not all nurses went into nursing under their parents' power, nor were very motivated. Many parents did not force their daughters to go to nursing schools, or did not oppose them going strongly because they too like their daughter have conflicting attitudes towards nursing. ie. in their mind it is woman's work, it is drudgery, it is skilled work, it seems secure, but nurses do have to 'serve' the patients who were assumed to be male, work which in the past was carried out by the low status poor women. This ambiguity is best demonstrated by the story of a NDMC student's father, who indicated to his daughter that nursing is all right for somebody else's daughter but not his.

Apart from ambiguous attitudes towards nursing, the parents had limited idea of women working. Whether a woman needs to work or will work after she has finished her education is still in doubt. As education for girls nursing is good for its feminine image. Nursing schools offer strict discipline to protect girls' reputation which is necessary for marrying, and skills to look after the family which may bring even more marriage possibility. As a job nursing is suffering and faceless. As far as we have seen in this study education had little to do with work, therefore the patients accepted nursing.

There was no father who was so upset about his daughter's choice of nursing that he cut her off from the family. Rebels could be possible, partly because of the ambiguous attitude of the parent (fashionable, western, good for girl, the possible marriage market). Partly because a girl's education is neither so important, as boy's, nor as her marriage. Boy's education is taken more seriously by the family because according to Chinese tradition boys would support the family while girls would be married and belong to another family. All investment on girls' education would be wasted. There is a more important matter in a girl's life - marriage. After graduation they will get married.

The main problem is Marriage

The most important matter in a girl's life was still her marriage. In this study, however none of these nurses said they went into nursing to marry a doctor, neither was it given as a reason by the parents. One woman hinted at this reason by saying that she would be able to marry 'better'. For Chinese people, it is a taboo for a girl or her family to talk about her (their) marriage intention (for her) (Do not forget marriage is a family thing). Nevertheless the facts appeared indirectly. Seven out of the ten NDMC Taiwanese students, said that their parents wished them to marry a doctor although among them only two parents supported them going to the military nursing school. Another three out of the four Taiwanese degree nurses' parents in the interview wished the same thing, whereas only one with a Mainlander father among the NDMC students said her father raised the subject, saying that doctors are cold people and advised against marrying one of them. It seems that the Taiwanese parents of degree nurses are more

keen to marry their daughter to a doctor. It is asking too much for them to say that they wanted to marry a doctor, or admit that their entering nursing was for the reason of marrying a doctor. However it seems much easier for them to say: 'my parents want me to marry a doctor'.

Occupational nurses seem to be even more modest on this point. They seem to have learned and accepted their 'position' not even to expect marriage to a doctor. (on ideal husbands see chapter 12). One JNC nurse said: 'Who would be interested in us with only occupational training'. Two girls used marrying 'better' to persuade their parents successfully to let them go to nursing.

Parents' attention towards a girls' education and her marriage were quite different, the latter was much more emphasised. This will be seen more clearly in the next two chapters about nurse's marriage and social life with the opposite sex.

Summary and conclusion

On the whole, parents and family reasons played an important part in the daughter's job decision among all the samples. Nurses might join a nursing school in order to obey or run away from the father and family problems. Looking after the family in future, economic difficulties in the family, the image of nurses and failure of other alternatives were also reasons. Parents' influence was even stronger about their going into occupational nurses, since these were women younger than the rest when they made the decision. Family economy was a reason for women entering the two military schools which offer free education. It also showed in the negative attitude of rich parents (both Taiwanese and Mainlanders) letting their daughters go.

Most nurses were not very motivated in the first place, especially the Mainlander degree nurses. The most motivated had 'a rosy image' of nurses. The occupational and the Taiwanese lower class girls tended to be in this group. The middle class Mainlander parents accepted nursing as their

daughters' profession for practical reason better than the Taiwanese parents.

At the occupational nursing level, girls had less choice of education. the only alternative was business. At the degree level, women seemed to have more opportunities, but, because of the attitude towards 'jobs suitable for women', the choices were still rather limited for both Taiwanese and Mainlanders girls, although the latter showed a little more ambition in this study.

The decision processes were usually quite complicated, including all sorts of reasoning, compromising, conflicting, some tears but not much real difficulty. Girls are more 'attached to the parents' heart' (thoughtful for parents) than boys as most parents admitted. They do not ask things beyond the parents ability or wish. When there is difficulty in the family, they know to sacrifice themselves for the parents or other children in the family. When there is conflicting they usually would yield the way. They would not cause too much trouble for the parent.

It seems that geographical origin played some part, but not so much as I initially presumed. My presumption had been that Taiwanese girls were more conservative, therefore have less freedom from their parents than the Mainlanders, and have less intention to work. However, on the contrary in our sample the Taiwanese tended more often to be rebels. The Taiwanese degree nurses also seemed to have more freedom from their father to make their own decision of joining nursing. This could be a result of the lesser self-confidence of Taiwanese parents in a changing and politically Mainlander-dominated society. Or it may be that the rebels turned up in (military) nursing schools while the filial Taiwanese daughters stayed away. Moreover since the Mainlander parents accepted nursing better than the Taiwanese, there is less need for the Mainlander girls to join nursing by rebellion against their parents. However in this study, we have seen that Mainlander girls tend to join nursing schools as conformers and filial daughters, whereas the Taiwanese tended to go as rebels. As rebels went, a few of the Taiwanese girls were even more daring than the Mainlanders.

In cases of both Taiwanese and Mainlanders, however the same Chinese cultural background was at work although to different levels. For instance even though the Mainlander parents had a stronger influence upon their

daughter in their going to nursing schools, and the Taiwanese parents were more hesitant towards nursing, nevertheless all parents had influence over their daughters. Both Taiwanese and Mainlander refused or accepted nursing roughly for the same sort of reasons. Even though the Mainlander parents considered more the possibility of the daughter working, her marriage is still far more important than her work for both Taiwanese and Mainlander parents. Parents sent or let their daughters to go to nursing schools, mainly because nursing is good for girls in terms of education, rather than as a job.

Chapter 12. The legend and truth

The meeting of the married couple

The mechanism of marriage

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Summary and conclusion

Chapter 12. The legend and truth

The modern legend about nurses is like this: that their love stories happen at work with doctors, patients or patients' relatives, then the lucky couple go into marriage with the blessing of parents on both sides, relatives, colleagues and friends. Then they live happily together forever.

It is also assumed by some of the general public in Taiwan that nursing is a modern and fashionable job for young women, and nurses are more westernised (i.e. have more chance to get to know the opposite sex) than women in other occupations, live a more active social life with men. It is also assumed that they tend to marry doctors, and even if they do not marry doctors, they still have more choices and freedom than most women. Some are even thought to have a scandalous life. This kind of belief is popular even among some of the nurses.

In this and the next chapter, I will examine the real story of our nurses in relation to marriage and romance. In this chapter I will discuss questions such as: how did they get to know their husband and get married? how did they feel about him then and now? what was the response of parents on both sides? and what was the mechanism of the marriage decision? The single and their social life will be discussed in next chapter: the forbidden game.

Among all respondents in this study there were only eleven married. They were all interviewed. There are fewer married nurses than single ones. As we explained in the methodology chapter, it was difficult to find married nurses, especially those who would fit the variables I required. None of the students were married including the JNC students, which has no limitation on marriage (marriage is not allowed in the two military schools during students' school period). The JNC program was meant for mature students who had worked several years in the clinic. It may be that only those who are very ambitious or who fail to get married go to JNC. Among those who answered the questionnaire, only one was married. I interviewed her later. It is a pity, although expected, that I could not have had more married nurses to study the problem of their marriage and work. However I exhausted all the possibilities of finding more within the very limited time I was in

Taiwan.

In this chapter, the story of married nurses in marriage and courtship will be presented first, then the mechanism and process of marriage negotiation. The conditions and factors involved in marriage will be examined. Then feelings of the married about their husbands and the expectation of the single about their future husbands will be discussed. This will tell the reader partly whether nurses really live in a kind of romantic and exciting life.

The meeting of the married couple

The most common place for the couples (4) in this study to meet for the first time was at university (the medical institute) as fellow students. Three couples were 'introduced'. Two couples met at dancing parties. One couple was introduced by a school friend. The last, and only one to do so, met her husband in the clinic where both of them were working.

It seems that fellow students at the university have a better starting point, as they have slightly more social freedom with the opposite sex than the others in the clinic. This would be denied by NDMC students, because they are under military discipline which gives little freedom. NDMC students in this study also complained about the lack of freedom of social activity in the campus.

Most girls hate to be 'looked at, inspected, examined and evaluated' by the man and his family in the 'introduction' arranged by the marriage go-between, a role performed by the match-makers in the old days and taken over by friends or relatives now. Yet in our study, three among the eleven nurses admitted that their marriages were 'introduced' by family and relatives in this way.

Dancing by couples in pairs came with the 'western tide'. Until now dancing is still an exciting activity for young students, and taboo for the conservatives in Taiwan. Going to a dance is still not allowed by most of

the high schools. In 1986 a radical mayor of Kaohsiung organized a dancing party for the young students, which was big news at the time. Dancing was and still is considered immoral and sexually corrupting for youngsters by most parents and schools. Among adults, a respectable young married woman will never go to a dancing hall, where dancing girls earn their living by collecting a certain amount of money (tickets) from the man whom they have danced with for each two to three pieces of music. Dancing is an important part of the young people's life, both in getting to know the opposite sex or as rebellion against authority. In the last few years, innumerable underground discos under the cover of dancing schools or gymnasiums opened. In our study, two nurses met their husband at dancing parties, which were organized secretly by friends whose new-fashion parents are more tolerant than most. Another two married nurses lamented that they never went dancing after marriage. One of these two mentioned how nice her husband was to her by taking her dancing before their marriage; however they never went a single time afterwards.

Table 12.1. The way of meeting the husband

	Total
Known by selves:	
Friend students	4
Parties	2
Colleagues	1
Known by introduction:	
Through relatives	3
<u>Through friends</u>	<u>1</u>
Total	11

Four out of the five degree nurses met their husbands at the university as fellow students. One was introduced by a school friend. The usual way of getting to know each other in the institute were: the religious or social groups (music, social service, cards, etc.) run by the commissars. A day trip organised by these groups usually triggered those romances.

While the marriages of three among the six occupational nurses were arranged by family or relatives, the other three met their husband in dancing parties (2) or clinic (1).

All nurses who married doctors got to know their husbands on their own initiative, and none of the husbands introduced by relatives were doctors. Doctors who had married degree nurses had been fellow students with them, or they married graduates in other fields, these women would be either at home or working elsewhere, hence would not appear in our study. To marry a doctor needs more attributes than simply being a nurse. For instance in our study, four of the five nurses who married doctors were degree nurses. The fifth was young, beautiful, from a high class family and a junior nursing college, which is one or two years longer in education and higher in status than the occupational nursing schools. Five-year-junior colleges are the new fashion taken by upper middle class as the most appropriate education for their spoiled daughter, for whom study is not their thing, and the minimal requirement for daughter-in-law candidates. This kind of college was grouped as occupational training in this study because of the similarity of their possibility of promotion in the clinic.

By contrast five out of six nurses who married non-doctors were occupational nurses. Their husbands' jobs included four military officers, a policeman and one working in a insurance company. Since I have no comparison sample of girls at the same education level, I can not know whether nursing helped them to marry better or not.

Table 12.2 Education and husband's occupation

	<u>Husband's occupation</u>	
	<u>Doctors</u>	<u>Non-doctors</u>
Degree Nurse	4	1
Occupation nurse	1	5

The Mechanism of marriage

Love?

Of the eleven married nurses, three indicated they liked their husband before marriage. Among them, one said that she admired him at school and 'There were other boys who were interested in me, but he was not.' 'He was so outstanding. It did not take him much time to court me. The other two said that they got to know their husbands through the student religious societies and 'gradually it developed into a boy friend and girl friend relationship'.

Five nurses said that they did not have any special feeling at all towards their husbands before they were married. Among them, two couples were 'introduced' by a relative or their families, one couple were introduced by a school friend, two got to know their husband on their own. Among the ones who got to know their future husband on their own, one even married against her father's wishes. The typical saying was: 'I was getting on then, It does not make much difference whomever you marry', 'He looks honest, not too handsome, down to earth, that was enough', 'It was about time, a honest one would be OK', 'He was OK', 'It was not that sort of desperate love, just stable. Stability is more important after marriage'.

A further three even had negative ideas about their husband, before marriage, including the one (see example Nurse L) who got to know him on her own and rebelled against her mother to marry him.

Table 12.3 Nurses' attitude towards their husband before marriage

	Nurses' own feeling			
	++	+	0	-
No. of nurses	1	2	5	3

Chinese are modest about their feelings, especially when a woman is talking about her man. There could be some underestimate of their feelings or shyness. But apart from that, it may be also true that Chinese society emphasises 'non-romantic' marriage and many marriages are not based on strong emotion. First let us look at nurses' feelings towards their husbands before marriage comparing the people who got to know their husband by themselves and the introduced, to see whether the ones who got to know their husbands by themselves loved them more at the beginning. Because the previous kind of marriage is called 'free love' (Zi Yo Lian Ai 自由戀愛, free from parents' intervention) style, it is assumed to be based on love.

It seems that nurses who got to know their husbands by themselves as fellow students had more chance to like him at the beginning stage. It goes without saying that they were degree nurses. But getting to know each other on their own initiative did not guarantee they would like him. Four nurses who were in the group who got to know their man by themselves, did not have positive feeling towards him at the beginning. This led to an interesting question, i.e. Why and how did they marry the husband?

Of these four who got to know the husband on their own but did not like him very much then, three were occupational nurses and the husbands were not doctors. Whether the husband's job had influenced their feelings towards him would also be interesting. This then is also examined.

Although attitudes varied rather widely, doctors seemed to be slightly more liked by their nurse wives than non-doctors. Apart from the way they got to know their degree nurse wives, the prestige of his occupation might make him a more 'ideal husband', even though both one of the single occupational nurses and a married degree nurse who married a doctor told me that young doctors were not assumed to be ideal husbands, because of their heavy work and night duty. None of the non-doctor husbands were liked very much by their wives before marriage.

Table 12.4 Attitude towards the husband and his occupation

	++	+	0	-
Doctors	1	2	1	1*
Non-doctor			4	2

* This case had another story that he once failed his exam and was excluded by the institute. Later he finished his training in another medical school as a dentist and then married her. The relationship was once in danger for his failure which was a great shame for a girl that she had a 'no good' boyfriend. She was then encouraged by her mother to accept him.

All arrows pointed to the conclusion that degree nurses held more positive attitudes towards their husbands than occupational nurses. It seems unlikely that the education itself changed their attitude towards men. One explanation is that it was because of the way they got to know him. They believed that they had their own choice rather than being forced to accept a man by the family. Because of that perhaps they thought they had got the right man, or they did have more freedom and better chance to choose. Or could it also be that having made their own choice they would lose face if they admitted they had not chosen well?

Table 12.5 Attitude towards the husband and the nurses' education

	++	+	0	-	Total
Degree nurse	1	2	1	1	5
Occupational nurses			4	2	6

The parent

If not all the nurses loved (it would be better to use 'like' for the Chinese) their husbands that much then, why did they marry them? The most common answer was the parent, especially the mother. Parents had such a strong influence on marriage that none of the nurses could imagine marrying

without consulting their parents. All 11 marriages in this study were eventually permitted by the parents, otherwise a wedding was not possible (see the rebels: Nurse L).

There were two types of marriage negotiation processes: (1). Started by the couple named 'love marriage (Lian Ai Jie Hun 戀愛結婚)' or 'free love marriage (Zi Yo Lian Ai Jie Hun 自由戀愛結婚)' (2). started by family or relatives named 'Introduced (Jie Shao Jie Hun 介紹結婚)' or 'Mutual inspected (Xiang Qin Jie Hun 相親結婚)'. In both cases the parents had the right to veto.

However at the outset not every parent liked the future husbands of our respondents (see Table 12.6 below). Parents usually do not show their full approval to the man who is either brought back by their own daughter or introduced by a mediator, even if they actually approve. This is because they take a detached attitude in order not to appear desperate to marry 'out' their daughter, or to show that 'she deserves better'. They may give their permission by keeping silence, or telling the daughter: "You have grown up now, you make up your own mind". Those were the happy stories of the three lucky ones of our nurses who said that the parent had 'no opinion'. Those three actually did have slight trouble with the parents. In one case the parents objected that the man was three years younger than their daughter. In another they were reluctant to marry the daughter to a member of the military personnel. In the third case regional differences made them hesitant, because the man was Hakka, and she was Taiwanese. Compared with the big troubles with their parents faced by many young people, these were so slight that the nurses said that the parents had no opinion. We thus put them in this category on the basis of their account. All three lucky ones were degree nurses. Among them, two were Mainlanders who both got to know their doctor husbands as fellow students. The third Taiwanese nurse knew her husband through a nurse classmate.

Table 12.6 Parents' attitude towards marriage

	Parents' attitude			
	+	0	-	=
No. of nurses	4	3	2	2

The 'introduced', marriage is begun by relatives who have carefully investigated and matched conditions on both sides and probed the intention of parents on both sides. Then the introduction takes place in the mediator's house or more often in a restaurant. If parents of both sides are happy with the arrangement and the young ones have no strong objection, after the two youngsters have gone out together a few times, the wedding ceremony would be prepared by the two families. In our three stories of couples who were 'introduced', things went on a bit slower, because the daughters were not happy with the man arranged. They were persuaded by their mothers eventually (see the filial daughters). Among four future husbands whom the parents liked, three were 'introduced'. Whereas among the four parents who disliked the husband three were found by nurses themselves.

The mother's role

In a daughter's marriage, the mother plays a quite active role compared to the other decisions in the family, while the father distantly supervises. The interviewees told us that four mothers (3 Mainlanders and 1 Taiwanese) persuaded their daughters to accept the man they did not like or had no feeling for at all in the first place. Among them two were introduced (Nurse H & Nurse C), the other two were fellow students and colleagues. One more example of filial daughter who was influenced by her mother is given as follows:

Nurse M. *She met him, a young not handsome doctor, in the clinic when she first started working as a nurse. She did not have much impression of him at the beginning. She said that she was too young and there were others who were interested in her. He went to visit her mother as a*

colleague of the daughter. The mother took a liking to him and persuaded her saying: 'Although he may not be a good lover, he will be a good husband'. She ran into the marriage also to get rid of all the other bothers from men and their relatives around her (including her head nurse who wanted to introduce her to the head nurse's own brother). She married the man her mother liked thinking: 'At least this one I got to know by myself'.

According to the nurses' accounts, eight mothers showed their opinion of their daughters' marriage compared with two fathers (the rich Taiwanese and the authoritarian Mainlander father who had a concubine at home). 'He looks sincere and honest' was the usual reason the mothers gave to their daughters.

Table 12.7 Which parents influenced the marriages

	Father	Mother	Both parent	Total
Mainlanders	1	6		7
Taiwanese	1	2		3
Kin-men			1	1
Total	2	8	1	11

The mother is expected to play the supportive role to the children in everyday life, while the father plays the authority role. The mother has more power over their daughter than their son. In the biggest decision in her daughter's life (i.e. marriage) she is even more assertive than over other matters. If she thought it would be a good marriage for her daughter, the mother may do her best to achieve it, even though the daughter may have different ideas about it. One mother concealed the fact from the father that her daughter was three years older than her boyfriend in order to accomplish the marriage. This age difference is unusual in a Chinese marriage nowadays, although it was formerly rather popular in some areas.

The deeper mechanism:

From the example given above, we could see that the mechanisms were rather complicated, and could have a deeper psychological or sociological basis. The way the arrangements worked out could have been because the nurses wanted to be independent of their parents, to grow into mature persons rather than remain as minors, to leave the parents' home, to have their own home, so that they would feel that they had a family they belonged to. (Traditionally, a daughter had no status in her home of origin. The original home treats daughters, more or less, as temporary members, while the Chinese extended family is somehow eternal. See chapter 8). To rebel against the parents, or to get revenge on them as Nurse L. did to revenge her mother's remarriage was possible. Some nurses married for the feeling of being loved and needed. These were the cases of the three nurses who had no feeling or a negative attitude towards the husband when they agreed to marry him. All three said the same thing that the husband 'courted me urgently and insistently'.

The other reasons could be the internalised social attitude that a woman should be married at certain age. If not, there must be something wrong with her, either mentally or physically.

This kind of attitude was even reflected in the nurses who got to know their husbands by themselves. Three degree nurses who married their doctor fellow students said: 'It came naturally' after they had known each other for more than four years and were just waiting for the graduation to get married. Usually a girl will be married two or three years after the end of her study at any level of education. Hence the university graduates nearly reached the top limit of the suitable age, which is not after twenty eight for university graduates, so they got married as if it were the most natural thing in the world. Age is an important factor. It seemed that most educated middle class girls married around twenty five when I did the research. Apart from the degree nurses, three occupational nurses implied the same: 'Anyway it was about time to get married, so it made no difference whom you were going to marry'. Nurse N in our example said the same thing. One Taiwanese mother was so frightened by her own sister's being single at the age of forty, that she started to look for a husband for her daughter immediately after she had finished her training as a occupational nurse when

she was twenty.

It is generally thought that the Taiwanese tend to get married earlier than the Mainlanders. But the sample is too small and has so few Taiwanese in it that it is difficult to tell. The only thing we can say is that from what nurses said, there seems to be greater pressure about age, either from the mothers or from themselves, than for the mainlanders; for example, Nurse N. and the one Taiwanese nurse whose mother had a early start for her. Another one was persuaded to marry by her future mother-in-law, since the husband was the elder son in the family.

This is not to say that all nurses in our study married their husbands without any feelings towards them. As we have seen from the examples, there were rather calculated conditions such as : 'He was the only one I know who is a university graduate and also a mainlander' (Nurse W). But there were also emotions and even sentimentalism, as: 'I thought he was maturer than the other boys and he was the only one who could control me, - perhaps it was Electra complex!'. Some said: 'He was good to me', 'I was moved by him', 'He looks like my brother' and 'He sounds and looks like my previous boy friend'.

Quite a few nurses in this study talked about 'fate' or 'destiny' which they accepted with a sigh or a meaningful smile when they mentioned their husbands or previous boy friends and the stories between them. In the past Chinese believed that marriages were decided by gods (some may still believe that) and were noted or carved on big stones in the heaven, so it is impossible for the couple to avoid each other. Fatalistic ideas in marriage still seem well accepted among our sample, even though they did not talk about gods and heaven.

The conditions involved

The parents' reasons for approval or disapproval of a proposed marriage depended mainly on factors such as: the proposed husband's regional origins or social class; occupation, economic ability, and personality. Apart from

personal character, the ideal candidate for their future son-in-law in the parents' view could be concluded as (A) a man of our kind, and (B) a man with future.

(A). A man of our own kind

Regional origin is an important factor. A man of 'our kind' seemed more likely to be accepted by the parents than a man who is not. For instance, the only one of the degree nurses who did not marry a doctor, said that it was because most of the male students in the institute were mainlanders (She was Taiwanese). She explained this fact to her mother, who therefore did not expect her to marry one. She married an military officer, a Hakka which is better than a Mainlander but still not as good as a Taiwanese in the Taiwanese eyes. Her mother accepted him as a compromise with a mild comment that 'he looked honest and sincere'.

Nurses tend to marry a man of the same regional origin as themselves (figure as follows). As well as their parents, nurses themselves prefer marrying a man of their own regional origin. One mainlander nurse said: 'he was the only mainlander and university graduate around'. It is said by the government that it is nearly impossible to tell the geographic origins of the younger generation from their appearance and speech, so that the younger generation accept well inter-subculture marriage between the Taiwanese and the Mainlanders. This study suggests no clear-cut pattern but perhaps a tendency to regional influence. The figure below is the parents' attitude towards the marriage and the man's regional origins.

Table 12.8 Regional origin and parent s' attitude

	Parent's attitude			
		+	0	-
Regional origin	Same	4	2	1
	Different	0	1	3

(B). A man with future

Among the 11 married, one marriage was opposed for economic reasons, two were encouraged for the same. A man in a job with a future, eg, doctors, seemed to be less rejected by the parents than men from other occupations. Of the five future husbands who were doctors there was only one of whom the parent disapproved (because of geographical difference), while there were three out of six they disapproved of among the men who were not doctors.

Table 12.9 Parents' attitude and the future husband's occupation

	Parents's attitude			Total
	+	0	-	
Doctors	2	2	1	5
Non-doctors	2	1	3	6

The rebels and the filial daughters

With regard to attitudes towards the future husband of the daughter there was no case where he was liked both by the daughter and her parent, nor any case where both disliked him. There was no case of a nurse who got married without the parents' knowing. No couple ignored the parents' objection and went on and married in defiance. In cases where the parents really did not approve, the marriage had been abandoned or there had been a struggle until either the daughter or the parent gave in. Although there was no real rebel, nurses who overcame their parents' opposition to marry

were labelled as rebels. Nurses who disliked their future husbands (or had not much feeling towards him) but eventually were persuaded to marry him were grouped as filial daughters. In this way of classification we had five filial daughters and three rebels. Two rebels fought for their marriage without really liking the man they chose. One filial eventually married the man whom her parents disliked and she had not much feeling either (see example Nurse Y).

Table 12.10 Attitude towards the marriage

		Parents				Total
		+	0	-		
Nurses	+	0	2	1		3
	0	1	1	3		5
	-	3	0	0		3
Total		4	3	4		11

"+": liked, "0": no opinion, "-": disliked

The rebels

Nurses who had different ideas from their parents about their becoming a nurse tended to have different ideas from their parents about their marriage. This was true both of those who followed and those who went against their parents' wishes when they entered nursing schools. In this part of the study, two (Nurse L & Nurse T) who went into nursing ignoring their parents' unhappiness did the same thing in their marriage. One (Nurse W) who was the most reluctant to go to nursing school, but was forced by her father, also defied her father in marriage.

Nurse L. (Mainlander, occupational nurse) She met him, an officer, at a dancing party. He was seven years older than her. She felt that he was the only one of the men she knew then who could control her. She smiled and explained in this way: 'Perhaps it was Electra complex' (Her father was dead). She did not feel that she loved him.

Her mother was against the relationship from the beginning, because of the economic and regional difference between him and her family. Nurse L married him by a 'family revolution' (her own language). To understand her wedding perhaps I should explain the practices at a normal Chinese wedding: For a Chinese wedding, parents on both sides should be present as the hosts. A wedding without the parents would be taken as some sort of elopement, which would be shameful for both the couple and the parent. At the wedding nurses L's mother kept a long face and did not toast the guests, although she did turn up at the wedding.

Nurse L. said: 'Actually I did not really want to get married, nor marry him particularly. It was all because of my mother'. She also said: 'Without my mother, I would not have married him. I would have married better. ... I don't mean my husband is no good, but I would not have married that early'. She was twenty three then. It seems she married to defy her mother rather than because she wanted that man. There were other covert problems in her family of origin, her father died in the war and mother remarried.

Nurse T. (Taiwanese degree nurse) The couple were fellow students. She was the only one in the sample who said that she admired her husband. The father was against the marriage because the young man was a Mainlander and would become a military doctor. The father changed his attitude when she had an operation. While the father came to see her the young man deliberately showed him around the modern buildings and equipments of the huge TS General Hospital where both the young couple were having their clinic practice. Later the father was ill and was also taken to the same hospital, and looked after by the young intern doctors (his daughter's boyfriend and his friends).

Nurse W. (Mainlander occupational nurse) She started to have her first boyfriend (for Chinese girl, it means roughly like 'steady' - more stable male friend, no hint of sexual relation at all) when she was seventeen. She did

so according to what she said: 'Because my family did not need me anymore' (The father had taken a concubine into the family for the sake of begetting a son). The husband was her third male friend. They met in a dancing party. In the dark she felt that he both looked and sounded like her second boyfriend who left her to go to America because he could not bear her past (i.e. having one boyfriend before him). She said that the marriage was not based on a passionate sort of love. It was all because she felt that she had reached the age of marriage (she was twenty five then). 'Marriage would be the same whomsoever she married'. She said: 'He was the only Mainlander, a university graduate I knew at the time. All I wanted was a stable common life'.

Her father disapproved of the proposed marriage because he thought that the man had no future, could not 'eat bitterness' (bear hardship in life). The man's own family borrowed money to send him to study abroad. He did not adjust to the life there and came back within three months. Nurse W then thought that he was brave to face the music. 'I rationalised his behaviour in this way. It could be because I did love him then' she admitted. The father gave way at last, saying: 'You have chosen by yourself now, You should accept your fate, afterwards'.

Apart from some consistency in rebellion in their job decision and marriage choice, rebels had other characteristic in common. They tended to be either Mainlanders or degree nurses

The filial daughters

All four filial daughters were occupational nurses. Three of them had an 'introduced' marriage. Two of them were Taiwanese, the other came from Kin-men which is culturally closer to the Taiwanese than Mainlanders

Nurse H. (Taiwanese) She had first been introduced to a man whom she quite liked. But because he was twelve years older than her, he was refused by her mother. After that the husband she eventually married was introduced by relatives. She said: 'He was very old fashioned, did not know life, was

not thoughtful and understanding, not good at expressing himself'. The other reason for her dislike of him was that he was a police man and not properly educated. Two years later, she was moved by his patience, and also because of her mother who told her: 'It is more important to marry someone who loves you than to marry someone you love.'

Nurse C. (Mainlander) They were 'introduced' by relatives. She was twenty two and eagerly wanted to leave home. They became engaged quickly. After their engagement he went to work at sea. Then a dentist started to be interested in her, and asked her to cancel the engagement. Her mother did not allow her to do this, because the fiance's family were natives of where her own family came from. The mother warned her to be careful not to be seen by the fiance's sister with the dentist. The mother said: 'If she should have seen you, how could we live with it afterwards'. She said: 'My fiancé was good to me. I feel guilt'. She married her fiancé eventually. She said that: 'I am not very good natured. If I had married the dentist, I am not sure whether we could have been happy.'

Nurse Y. (Kinmen) She said that she was very introvert, so she never had a boyfriend-to-be, until she was twenty seven. The boss of her husband-to-be introduced him to her. She said that there was no passion, she only felt that he had no particular personal shortcomings. She said that her parents were very open minded. But when the man proposed marriage, the family wanted to wait longer to see whether there were other possibilities. The marriage was held up for five years. The couple exchanged a few letters during the period. When she was thirty two, they got married. She said: 'I was getting on, an honest and sincere man will do'. The reason her parents postponed the marriage was that the husband-to-be was a mainlander and a member of the military personal.

Expectation and happiness

It seems that whether a woman is satisfied with her husband depends on her expectation of him. High expectations may lead to low satisfaction. Traditionally Chinese had low expectation in marital life and took a rather fatalistic attitude towards it. This has stabilised many Chinese marriages in general. In Taiwan the divorce rate was one in every 11.24 marriages in 1981 (Tsai, 1982)

Apart from satisfaction with marriage and the husband of the married woman, a single woman's expectation of marriage and husband can be seen through her image of an ideal husband. Expectation in marriage and husband can also be seen through what a married woman is satisfied with. Here let us see what kind of husbands the single nurses were looking forward to first, and then what the married felt about their marriages and husbands.

An ideal husband

In the 40 written stories, most of the occupational nurses (JNC) talked mainly about their expectation of their future husbands, so did the degree nurses who had no boyfriend. According to our results so far the profile of the 'ideal husband' would seem to be somewhat as follows:

Economic security was the most popular condition given by thirteen nurses (job security 6, economic security 4, stability 3). Among the nurses who mentioned economic security, the standard expected varied from 'not rich, but enough to feed me' to 'rich'. One nurse explained more clearly that she wished he could help her family and her brother and sister's education, supposedly out of her filial piety to the parent.

Personal emotions came next (12) as: empathetic towards each other (6), cares about me (1), thoughtful (2), understanding and supporting (1) sharing (1), full sense of love in general (1). Romantic or passionate love between each other was not taken into account at all. No one was naive enough to expect that love could suddenly fall on them as happened in films.

Many girls also talked about their ideas of marriage as: the harbour of life. They were full of fantasy about the future life, and fear too. They

were looking forward to the mysterious future and did not know what life had in store for them. They wanted personal characteristics in their future husband such as: responsible (5), honest (1), decisive (1), no bad habit such as gambling, drinking, visiting prostitutes (1), caring about the family (1), academic (1), preferring mental life to material (1), and no hereditary disease (1).

Not a single one accounted 'handsome' as one of a necessary characteristics of her future husband. Two mentioned 'average looking', that meant not too ugly. Male appearance seemed not to be taken as important.

The list that the occupational nurses gave may represent the general expectation of a present-day girl for her future husband, i.e.: 'some tenderness and understanding', economic or job security and stability, 'good nature as a good man and not too good looking'.

The expected future husband's occupation was also given by these nurses. High status, stable, well paid, regular jobs were more welcomed such as: applied scientists (eg. engineering) (3); teacher, doctor, military officer, farmer and government officer were mentioned once for each among the list of occupations that would be welcomed. Sailor (1) and police (1) and military officer (1) were among the list of unwelcomed.

Towards doctors, the attitude was somewhat contradictory. Doctors were both welcomed and unwelcomed, once for each. Thus, according to what was said, it is by no means as in the stereotype impression that nurses were all that keen on marrying a doctor husband. Whether this was due to their disillusion with doctors in the clinic or they did not tell what they thought because of their modesty or dignity, needs more investigation.

Four degree nursing students, who had known some male school friends but none of them were close enough to be called boyfriend, shared the same attitude and behaviour with the JNC nurses. They talked about their model of the future boyfriend and husband in their mind in the same way as the occupational nurses.

A satisfactory marriage

We have seen earlier in this chapter that some of the marriage mechanisms had nothing to do with love, and now we learn about the expectation of an ideal husband of some nurses. What did the married nurses

feel about their husband and their marriage now? Are they happy with their choice? satisfied with their marriage?

None of the nurses said that 'I love him' or 'he loves me'. It would be too much for married couples to say. Love is unsaid even between a married couple in public or to a third person. However, two nurses showed stronger positive attitudes about their life or towards their husbands than the rest. One said: 'It is better to be married'. The other said she loved her husband so much that she loathed to let him look after himself or help with the housework; she wanted to cosset him.

Three gave credits: 'He is a good husband and good father'; 'He bears in mind the family, although he lacks thoughtfulness and romanticism.'; 'He is very "manly"'; and 'He tolerates my family of origin and my friends. He is kind and open-minded'.

One among this group of very satisfied with her marriage said: 'There is no limit for me in married life' although he did not like her working (she was the only one at home as a full time housewife in this study), and she always rushed home before him if she had been out with her friends or doing shopping.

The other one is a widow with two children. Her husband died in a car accident two years ago. She said: 'I could never find a man as good as my husband in this world.' But when she talked about the past about her marriage she said: 'I was too young to understand (she was twenty then)...I liked him but not enough to marry him. He was a good husband but not a good lover'.

Five showed some positive some negative feelings, complained a little, regretted a little, neither positive nor negative (neutral). One was really suffering. However she said that she could not go back to her own family for help, because the father's concubine would laugh at her, also because she married against her father's wish. He had said: 'Now you have chosen by yourself. As long as you have chosen, you must accept your fate'. She talked about her husband's failure in several attempts to start all sorts of business. eg. trade company, restaurants.... He changed five to six jobs, borrowed money, complained about her father not being helpful. According to her, he was tightly attached to his mother, and the mother was a hypocritical woman. When the nurse was pregnant, he started drinking out and coming back late at night. She described how she stood by the window waiting for him

at two or three in the early morning, counting the traffic lights and told herself that after ten changes of the traffic light, she would give up waiting and go back to sleep. But after ten times, she said: 'I was still waiting'. That was the unhappiest time in her life, so she did not want any more children. She had a three year old daughter. She once thought about divorce but she abandoned the idea for she could not leave her daughter. In Taiwan, the man has the custody of the children unless an offence has been proved against him such as she had caught him in adultery and had a police witness, or he had repeatedly beaten her up plus she had several doctor's reports, or he had totally abandoned her, and the court gave her the right of custody of her own children. The other way a woman could have the children is that he gives up the custody in a divorce of consent. This case came from a rich Mainlander family. She was trained as a nurse in one of the private junior nursing colleges.

Table 12.11a Nurse s' attitudes towards their husbands

	++	+	0	-
No.	2	3	5	1

Table 12.11b Attitude towards their marriage

		After				Total
		+	0	-		
Before	+	2	1	0	3	
	0	0	4	1	5	
	-	3	0	0	3	
Total		5	5	1	11	

"+": liked, "0": no opinion, "-": disliked

Comparing nurses' attitudes towards their husbands before and after marriage, 6 stayed the same, three improved and two deteriorated. Among the five happy ones who were satisfied with their husband and marriage, four married doctors. The reasons for their satisfaction was mainly that he played the role of a good man and responsible husband, whereas in the most distressful case he was an irresponsible spoiled 'boy'.

Apart from the extreme case given above, other trouble came from housework. One Mainlander degree nurse complained of the division of labour with her husband. She got home tired from work, 'but' she said: 'I cook the meal, while he reads the newspaper'. He would feel 'faceless' if he were to help. She gets upset about this but she still does her house work, because all her friends do the same. She feels that the society is all against her. She said: 'It seems that there is something wrong with me if I complain, because my schoolfriends' husbands, not only do not help, but also criticise the food the wives make'. Now her husband helps her when she is upset, but stops if she joins him in the task, or when his friends come. She said that she understood now and also tried to save his dignity in front of his friends.

Another dilemma of degree nurse was again the conflict between being a career woman and a good housewife. Even one among the most satisfied felt sorry for herself sometimes when the husband laughed at her for being back in study. He said: 'What was the point of being successful at school? In a few years time you'll be exactly like any one of the old nurses'. She also felt bad when she was doing the washing up while he was in bed. She did all the cooking for fear of the unclean food in the hospital canteen. She made his lunch boxes. She phoned to get him up for work. He said: 'I would not know what to do without you'. Her colleagues told her not to spoil him, but she could not help it. She could not let him share the housework because she saw her mother did the housework on her own. Asking her father to help in housework was totally unimaginable by her mother. She was the one from a rich Taiwanese family and a rebel who decided both her own marriage and education. She is one of the most interesting cases in this study, because apart from her family's social and regional background, and being always a rebel, there were other interesting points about her. She went to NDMC in order to be an officer. She was the only one who showed passionate emotion to her husband both before and after marriage. Being a

Taiwanese she could not bear to let her husband help with the housework. She also was really encountering the most conflictful situation of a woman at work and home. This case also showed the husband's conflicting expectations of a modern wife - a successful career woman and a traditional housewife.

The last sorts of complaint came from looking after the husbands' family. Actually among the eleven married, only three lived with the husband's parents, because most of them worked away from the home towns where the parents lived. However four revealed trouble with the mother-in-law and sisters-in-law, and about having to look after too many of the husband's family when they were ill. However, they still felt that it was their responsibility to do so.

It is very difficult to draw conclusions from the very much scattered results, not to mention the small number of respondents we have got. Neither the respondents' background of geographical origin and education, nor the way of the couples' getting to know each other showed great association with nurses' happiness and satisfaction in marriage. However one thing for sure is that rebels who marry against their parents' wish seemed to tend to complain more than the filial daughters. This could be because of their higher expectation in marriage and that having sacrificed being a filial daughter to fight for their marriages, therefore they believed that they deserved something better than what they had got.

Seven of the eleven nurses had been married from two to four years. The others had been married: three months (1), one year (1), eight years (1) and thirteen years (1). No clear relation emerged between their feelings towards their husband and the length of time being married.

The result of satisfaction among couples who got to know each other on their own also spreads wildly. Some were very satisfied, some so so, one even tragic. It depends whether the marriage worked or not, and perhaps more on personal general expectation of marriage, which we could not distinguish here, than the particular person and the way they got to know each other. Among the couples who got to know each other on their own, the two couples who got to know each other at dancing parties were less happy than the others who were once fellow students.

For the few introduced ones, satisfaction stays at the moderate level.

The three who were introduced were neither totally unhappy, nor much unhappier than the couples who got to know each other on their own.

It is perhaps a question as to whether the couples really had achieved some extent of mutual understanding before their marriage and therefore might be happier. This would not be admitted by the older generation because comparing with their time the young people's situation is much better in the old people's minds, in the sense of greater freedom in social life. The young people may not want to admit either that they are not independent enough. Nevertheless in a situation in which the social activities between two sexes are so limited and so sensitive, whether the real understanding loving relationship rather than infatuation or bodily attraction could happen is doubtful. Social activity will be dealt with more in the next chapter.

Table 12.12 The attitude and the way of getting to know each other

	++	+	0	-
Self	2	2	3	1
Relatives	0	1	2	0

We learned from chapter 11 that degree nurses and mainlanders expected more in their education choices. In the previous part of this chapter, we also found that degree nurses were in a better position in marrying than occupational nurses. They too had a slightly more positive attitude towards their future husband before marriage. What did they feel about their marriage now? Are they happier for their better situation or unhappier for their higher expectation? It seemed that degree nurses were a little happier with their husbands, which could be due to the way they got to know their husbands. The Mainlanders tended to be slightly less happy than the Taiwanese, which probably can be explained by their higher expectation, or just that they talked more openly.

Four of the five satisfied nurses had doctor husbands. We have learned

before that doctors are not assumed to be good husbands by some nurses, because of their irregular working schedule and more contact (even scandalous) with the opposite sex, ie. the female patients or nurses. This may be due to the couples better knowledge of each other through their college life (four in five), which is longer and more stable than couples meeting in a dancing party. Or it may be that they are just newly weds and the husbands are just starting their career (Resident doctors work overtime and stay in the hospital in Taiwan), therefore had not enough time, energy, and money to spend on other women and drinking. It seems that the nurses understood and accepted his 'on call' time away from her.

Table 12.13 Attitude and the husband's occupation

	++	+	0	-
Doctors	2	2	2	
Non-doctors		1	3	1

Summary and conclusion

Romances leading to marriage seldom happened in the clinic in this study. In marriage decisions, compared with education and job decisions, parents were more dominating and daughters more submissive, since marriage is a more important matter in a woman's life. Among the eleven interviewees, no one said 'I took no notice of him (the father). I went (married) on my own' like Nurse T did with regard to entering nursing school. All of them consulted the parents (usually the mother first, then through her the father) and got their permission even if it was given reluctantly.

Mothers were more assertive because they were assumed to be more

concerned about their daughter's happiness. But what we have seen here has been that they were actually more dominating than in the daughter's education decision. In many cases the mother coerced her daughter to marry a man against the daughter's wishes, making her unhappy. The mothers usually covered themselves by saying that they were thinking of the long term, and the young daughter could only see the present, because young people are assumed to be short sighted and inexperienced. Most daughters accepted their mothers' explanation.

If the Chinese marriage stayed as it traditionally was, based on no personal emotion, very stable, with each partner playing their well defined role to achieve the purpose of the continuity of the extended family, the mother would be right. According to many sociologists the ideal five generation family did not ever exist in Chinese history, due to the enormous tension among its members and short life span (Davlin 1978:70). What did exist was the value of the ideal family - everybody had his position and played his role. In a fast changing society like Taiwan today, women are really in trouble in building a new system of methods and values to secure happiness in their own life and marriage. Since the May Fourth movement, it seems that idea of courtship before marriage has been copied from the western novels and Hollywood films, but life after marriage seemed to remain the same. It is understandable that this would cause trouble and suffering for the younger ones and mocking from the older ones. The older ones called the younger ones' 'free love' (戀愛 Lian ai which in Chinese means free from your parents intervention) 'Messy love' (亂愛 Luan ai a near homonym in Taiwanese means promiscuity). There is some evidence (see also next chapter) that in recent years there seemed to be a retreat from love and romance. Falling in love is taken to be naive and foolish by the younger generation. For lack of longitudinal quantitative material, I could not examine the change of attitude in the past years. All I could say is that in this study, many women took a rather conventional and fatalistic attitude towards their marriage and husband. Sometimes in some sense they behaved and expected as a traditional Chinese woman (e.g. low expectation of romantic emotions from marriage), sometimes and in other ways they did not (e.g. fighting to marry the man chosen by themselves with their parent). On the whole, marriage is a serious matter for the nurses, so it could not be entered into in consequence of suddenly losing one's head or falling in love.

On the contrary marriage is thought about rather carefully, even calculatedly. This kind of attitude was stronger among the parents. Marriage is the 'biggest event in a woman's life'. 'A man worries about choosing a wrong job, and a woman worries about marrying a wrong man', is still true for these nurses to certain extent. This is not to say that the family is less concerned about a son's marriage, or boys have more freedom in their marriage decisions. Boys' problems were beyond the interest of this study and also could not be addressed by our data. However a boy's situation is different, because they have different duties and privileges from girls in the family. A boy's marriage is more important for the family, for it concerns the family descendants, the parents' life in old age when they may live with the daughter-in-law, while the girl's marriage is just for her own life's sake.

The married nurses were the successful cases. The potential marriages which were disapproved by the parents and therefore abandoned we could trace by the experience of their social activities before marriage. These will be discussed in next chapter, along with the couples who were still struggling with the parents.

Chapter 13. The forbidden game

The forbidden game

The current model

The rules

1. Supervised by the parent
2. The conditions involved
3. The other guards

Self

The authority

Friends and colleagues

Love stories in the medical world

The legend

The taboo

The conformers

The good player

The non-player

The filial daughter

The rebels

Summary and conclusion

Chapter 13. The forbidden game

In this chapter we will concentrate on the social activity of the single nurse with the male and the process of courtship to elucidate more about the nurses' social life. In the last chapter, we have seen the marital process of the married nurses and the process of marriage negotiation (mechanism) between them and their parents. Those married cases, we assumed to be the successful cases because they had achieved the parent's approval even if with reluctance. Those who had failed to get their parents' approval who were therefore still single will be looked at in this chapter. So will the pre-marital failed romances of the nurses who are now married. The process of and the factors influencing these social intercourses will be analysed. The ones who had not had any boyfriend, will be studied from the point of view of their general social life and their parents' attitude towards it.

From the data which included interviews, questionnaires and written stories of degree and occupational, staff and student nurses, a picture of the modern style of love and marriage emerged with its own rules and regulations. In all this the conforming 'filial' daughter stands in sharp contrast to the 'rebel' and the consequences for each of them will be examined, so will other guards and shepherds appearing in the love and marriage game.

The forbidden game

According to our data so far, it seems that 'love' is a forbidden game which could only be played under strict supervision according to certain rules, at certain times and by privileged people. Many girls did not even have the chance to play. Even the lucky ones will have been very careful not to offend rules and taboos, for fear of great trouble.

There was a popular classic literature 'The West Chamber Story' based on

a real story of a Tang dynasty poet in his autobiographic work, 'Yang Yang Zhuan' (**鶯鶯傳**) (Hsia 1970:143). This story was rewritten twice in Yuan and Ming dynasties, made into Chinese opera and filmed several times. The main theme is that a young scholar accidentally saw the daughter of the ex-prime minister in a temple where she, her widowed mother and her family stayed. He fell in love with her and wrote her poems. She wrote in return. One night he could not help jumping over the wall to see her when he knew that she was in the garden. She lectured him about his misbehaviour. After this event he fell into 'love sickness'. One night escorted by her naughty maid-servant the young lady visited him and granted him the last favour. Later her mother found out and sent him away to the imperial exam. There are two different endings to this story. Historically the real story of the poet is that he abandoned her because of her misbehaviour, thinking that she was not good enough to be his wife. In the sentimental fiction and films they got married and lived happily forever. The written fiction based on this story used to be a forbidden book for girls mentioned in another Qing dynasty novel 'The Dream of the Red Chamber'. In this latter book, love was also forbidden between two cousins who were both loved by their powerful old grandmother. Eventually the male cousin was tricked into marrying another woman cousin whom he thought was she he loved, and later left home to be a monk. His real love died on his wedding day. Thousands of readers and audiences have cried for these poor lovers and smiled for the happy ending of 'The West Chamber Story'.

'Love' used to be a slogan in pop music, sentimental films, novels, and soap operas watched by young women and housewives, but it was assumed that, as in fairy tales, it never really existed in real life - just as other popular classic novels and plays deal with ghosts and spirits (**聊齋**), or happen in revival (**牡丹亭**) (Hsia, 1970:163). Readers and audience appear to need dreams and sentimentality when their life is so dry and uninteresting, and this may be the reason why such stories have survived so long.

Recently love stories have virtually disappeared in the 'new-wave' Taiwan film and literature. The message is now that, to be in love is sentimental and foolish. People in Taiwan today are thought to be much more mature and experienced than in the past. Love stories are only for high school girls and factory female workers.

The new wave films were made by the young generation scholars and deal mainly with present-day society and the life of youngsters. Because of the films' supposed realism to life, love seldom plays important part in them. If there is any love story, it must be only hinted at. Nevertheless sex is described as simple and easy. A few years ago, the original ending of the poet and his lady in 'The West Chamber Story' was studied and the story was rewritten again according more or less to the real story.

Young people were also influenced by Hollywood and Chinese gong-fu films. In the former promiscuity is presented as daring and modern, in the latter women are merely sexual objects or nothing. It is true that the Chinese have survived thousands of years and produced the largest population in this world without the idea of love. Why should they need it now? It was only the New Youth who were 'poisoned' by the west in the May fourth period, wanted their free choice and love based marriage away from the hand of the parent and grand parent. This once influential generation shook China into several great political changes. However gradually most strong emotions were directed into patriotic love, while personal emotions were belittled as selfish and petty. Through the stories of young women nurses we will show something of the current state of love and courtship in Taiwan, a country which, we must bear in mind, has at the time of writing, existed in a virtual state of war for nearly 40 years (Martial law was eventually lifted in 1988).

The current model

For most Chinese, any relationship between a man and a woman who do not have formal or kinship connections can only be a love affair, which under normal conditions should lead to marriage. Otherwise it would be an immoral relationship. The question of 'whether this is real friendship between two sexes' is raised often, and for most people the answer might be 'no'. Hence we will look at both love and marriage together, as we did in the last chapter. Moreover in this study, it was not my purpose to uncover any illicit relationship the nurses may have had, so I did not involve them in questions of their sexual experiences. Personal sexual life is still a taboo and very difficult subject to gather material on without considerable psychological manipulation and embarrassment.

In the past, a proper marriage should be under 'the parents' command, the matchmaker's mediation' (Fu Mu Zhi Ming, Mei Shuo Zhi Yan 父母之命, 媒妁之言), and under the condition of 'well-matched equal status (Men Dang Hu Dui 門當戶對)'. In this kind of marriage, the marrying couple did not even necessarily meet or see each other before marriage. In contrast, the ideal marriage advocated by the 'New Youth' at the May fourth period was: 'Free love - known by self, chosen by self, based on unconditional love'.

The ideal marriage for young people today in Taiwan is a sort of combination of the above two i.e. a combination of traditional and modern styles. It is then supposed to be: 'chosen by self, based on love, blessed by both sides' parents. According to the account of the married in our last chapter, we know that two types of process could happen:

1. got to know each other by themselves or through friends of hers, and subsequently both sides' parents approved, or
2. introduced by relative or parent's friend (modern match maker), arranged through parents, then consented to by the daughter.

Both cases give a feeling of 'chosen by self, based on love, blessed by parents', therefore both the parents and the young couple are happy with this sort of legend. Also from the married, we have seen that both the parent and the nurse, deep down inside their heart did not really believe in, trust, or rely on 'love'.

'Love? how much a 'catty (Chinese weighing unit)?' or 'Can you eat or wear love?' were the usual questions raised by parents to the lost-headed young ones in early Chinese films. Today's parents were young once and cried watching those films. When encountering their daughter's marriage now, they are more skilful than the parents in these films, nevertheless unavoidably take some of those parents' points of view, and behave in some way like them too. Most of the youngsters are maturer and more skilful too than the young ones in the old films. However the legends live on.

The rules

Two basic working regulations were found in our study, viz. Social life between two sexes must: (1). take place under the parents' supervision (2).

within the same social category. We note that both these coincide with the traditional requirement of marriage. We will also describe those who went by the rules and the ones who did not.

1. Supervised by the parent

For all of our respondents, marriage was serious and should be in consultation with the parent, social activities should be known by them too. However so far as simply having male friends is concerned, among the thirteen unmarried interviewees, 12 nurses said that their parents are very open minded, one said that the parents checked her telephone-calls and letters. That meant that no parent forbade them to make friends with the opposite sex for they were all mature working woman of marriageable age (Chinese women usually marry within two to three years after their education, no matter how much education they have). Only one interviewee pointed out her parents' paradoxical attitude to the social activities while the others said that their parents were very open and encouraging about them having male friends. She said that the parents encouraged her to make friends but when there was even a telephone call they would chase and ask endless questions. A twenty five year old degree nurse's father told her that now she could 'seriously' 'make friends'. 'The alarm started ringing' because she had graduated for two years and time was running out. Before the second year of university, having a boyfriend was not allowed for her. In the background chapter we noted a dominant factor in the development of social relationship among university students, that was: In the first one or two years boys are very keen on organising activities with the girls. But after they had investigated the ones in whom they were interested, the enthusiasm waned.

What was the parent's attitude when the male friend really turned up? Among the six with steady friends, only two parents fully approved. Two stayed nearly neutral by saying that 'you are still young, wait and see a bit more, don't blame me (for not advising you) in the future'. i.e. slightly unhappy with the man for geographical or social status reasons.

According to the written stories of two NDMC nursing students, one father insisted on his authority to approve a boyfriend or not, the other said that she grew up in a very strictly disciplined family (whose father would pick her up from school if she were ten minutes late) and was therefore too proud to give a glance at the male students when she was in middle school.

Parents are in a rather difficult situation. They want their daughter to marry. They want her to have the best choice. In order to do so they have to let her expand her social circle and help her to look for more candidates. However this can also damage her good reputation. If she had a boyfriend before (see the example of rebel) or had several failed 'introductions', her chance of having a good marriage could be ruined. Parents have to keep their daughter in her best way, and marry her at her best years. They do hope that she can marry well i.e. into a richer and higher status family, but they also worry that in such a family she will be looked down on, and therefore suffer. They are in a kind of desperate situation as years pass by, but they could never show their feelings and tension.

The parents were conditioned by social attitudes towards marriage, and probably more sensitive to the social norms than their young daughter. When considering the daughter's future, they still could not see any other alternatives but marriage. For her sake they would do their best to prepare her and to help her find a good man, whom she could rely on for the rest of her days, and a good family not too difficult for her to 'cope' with. The parents tried their best to educate her in the way that is most suitable for her to find a good husband and marriage; they tried to keep her virginity and good reputation to secure her the best chance, at the best market value. It is taboo for Chinese to think or to talk misfortune for by doing so it could come true. But the parents nevertheless thought about crises or bad times for her (i.e. if she could not find a husband or if he should die, treat her badly or abandon her)

The methods used to keep her virginity and good reputation included: Sending the girls to the 'nun schools' (strict disciplinary girls' schools, usually mean nursing schools or religious schools), to which many of our respondents went. Those high reputation schools cooperated with strict

discipline, endless memorizing without asking the purpose of studying, ugly uniforms and hair styles to isolate from the male and the outside corrupted world so full of sexual messages; checking up on social relations, e.g. letters, telephone calls. As a result of all this, many of the most conformist and filial daughters lost their chance or ability to play the game which we will look at later from the point of view of the non-player.

Sending to nursing schools, especially five year junior nursing schools was one of the best choices the parent could see (see the Taiwan case, the nursing education in Taiwan). However in the end the parents' goal is her marriage, so when they think the time is right they will start to seek a husband for her. Time is important, because, if the courtship lasts too long, she may have lost her virginity, and then if he changes his mind, she will have difficulties trying again, or have trouble after marriage if she did succeed. The ideal courtship may last half to one year for the couple who get to know each other on their own. For the introduced ones it would be much shorter. This is supported by Norma Diamond's study in which she found that many couples only met each other two to three times before the marriage (1973:213).

When the right time comes, the parents will start looking for the right candidate through relatives or, if they are more modern and open minded, they may tell the daughter that she can start making friends now. This gave the girls in our study a feeling that most of their parents were open-minded, but when the real thing happens, it would be another story as we will see later. The parents only asked to be told who the man is and the process as early as possible in case any serious emotion should happen, and they would be too late to stop the affair if they felt that he were not the right one. If he is all right for them, parents may ask for help through their connections to gain detailed information about the man's family and his parents' attitude towards their own daughter becoming his parents' daughter-in-law. They will wait for the opposite family to pay their court to the family of the female side. This gesture also shows that the family has a lot of (or better) choices for the daughter and are not desperate to marry her off.

Nevertheless, if time is running out, the parents may well really become desperate because they might have to take social blame for having hindered

their daughter's life. They may then ask help from relatives, friends, neighbours and colleagues to introduce possible candidates for her.

In accordance with the Chinese saying: 'There is no parent who is not right' (Tian Xia Wu Bu Shi De Fu Mu 天下無不是的父母), none of our respondents 'blamed' their parents for being too strict or old-fashioned. Although they complained about lack of social freedom, they also believed that the parents were thinking for their sake i.e. their future and better life. They believed that parents are more experienced than themselves and more realistic. At the worst two said that 'She is my mother, what can I do about that, I can't change the fact that she is my mother'. Most girls felt that the parents are very tolerant and that it was themselves who were being stupid and immature, as one said: 'They were kind, when I brought somebody back whom they did not like, they did not say that they did not like him, they just hinted that I was too young. I did not get the message then, but now I have realised that I was too young and too naive'. Being too young seems also to be used as an excuse when somebody tries to arrange or introduce a man to a girl and the parents are not satisfied with him, but wish to save the opposite side's face.

2. The conditions involved

Only social activities among the same social categories were encouraged, i.e. same social class, same regional origin, with the woman slightly beneath the man in education, such as the degree nurse in relation to the medical students.

Social and economic background

Among JNC students most of whom had no boyfriend, 13 out of 40 gave economic factors as a necessary condition for an ideal future husband. Economic and social status were also raised from time to time by the interviewees as the reasons for either approval or disapproval of a relationship or a marriage (see also chapter 12). Social class is notoriously difficult to define. In this study, both subjective and objective indicators were used for the interviewed nurses' social class. But for the

other data, written stories and questionnaire, lack of details of their background made it difficult to characterize the social status. Because of the even greater difficulty of finding out the boyfriend's social status, here I use again the question whether he is a doctor to test the attitudes of nurses' parent towards a relationship. Another reason behind this choice was again that the general public assumed doctors were more welcome to parents than men in other jobs. It is the same as the married (chapter 12), the doctors seemed to be less likely to be rejected by the parents. Among the five single nurses who had a doctor boyfriend in the interview one was rejected. Among the degree nursing students in their written stories, one doctor boyfriend was disapproved of, whereas four in seven men in other jobs were rejected.

Apart from the morals of the nursing profession (not to be involved with doctors and patients), social background and personal status could explain most of the taboos on personal relations in the clinic. (see also love stories in the clinic).

Table 13.1 Parents' attitude and the future boyfriend's occupation

		Parents's attitude			
		+	0	-	Total
Interview	Doctors	2	2	1	5
	Non-doctors			1	1
Written (NDMC)	Doctors	4	4	1	9
	Non-doctors	2	1	4	7

Regional background

It shows the same as the married, that nurses either tend to marry or were prepared to marry men of the same regional origin. Couples with the

same regional origin seemed to have more chance to be approved of by their parents than couples from different geographical origins.

Table 13.2 Parents' attitude and regional origin

	+	0	-	total
Same	5	3	3	11
Diff	1	2	3	6

As we saw in last chapter, it is also true that if the daughter gave the regional origin as a reason for not marrying a doctor this would be accepted and forgiven by the mother.

Regional origin was used a lot for being unable to have a boyfriend, such as: Two Taiwanese student nurses hesitated to accept any male friend in the institute because the medical students there were mostly Mainlanders and would serve in the military hospitals as military doctors. This also showed the Taiwanese negativeness towards the military system even though they were in the system themselves.

However in chapter 12, we have seen four married couples of different regional origins, even though three of their relationship were disapproved of by their parents at the beginning, the other one was being neutral, neither approving nor disapproving. In this chapter among the seventeen single nurses who had boyfriends, six boyfriends were from different regional origin from the nurses' own. There could possibly be differences between what people believed and said and what they did. Nevertheless the data from the single nurses show the same evidence as that from the married nurses that 'a man of the our kind' and 'a man with future' were more likely to be accepted by both nurses and their parents.

Things were not always as the parent expected. They had to compromise among conditions, for example partners were approved in such terms as: 'Even though he is a Mainlander at least he is a doctor', or 'even though he is

younger he is a doctor'. Marriage decision is a complicated process, conditions worked together dynamically, not singly.

3. The other guards

Apart from the parent, there were other guards of the nurses' morality including nurses themselves, the authorities at their work, colleagues and friends.

Self

These girls had grown up and been socialised in Chinese society, they were the first line guards of themselves. We will see later that most girls guarded themselves and chose a male friend with the parents' standards, so as not to feel the guilt of being unfilial.

In all samples, none of our respondents wanted to be single for the rest of her life (see chapter 14), and no one could accept that making friends with the male can be independent from marriage. One nurse pointed out that there are two types of men: the marriageable (good character, not good looking, relatively rich or with job security, (also see the ideal husband in chapter 12) and the unmarriageable. A good looking and tender, romantic man is unmarriageable and thus can be a good lover but not a good husband. A man like this could assumedly talk sweet nothing or even cheat women; they would chase women or attract other women all the time.

All nurses in our study were 'good women' and they all would marry, even including the potential rebels (see chapter 14), therefore they could not let their good reputation be ruined by having scandals with a man of the unmarriageable type. It could be also that, since Chinese do not believe in friendship between two sexes, when a girl gets to know a man, she has already judged him by the standard of a good husband and the possibility of him being one, for only then will she start to get a little closer to him. If he does not fit this standard she would not waste her time and her good reputation with him.

On the whole our respondents definitely did not expect romantic relationships very much from their future husbands, even though it was assumed by the general public that young girls are unrealistically romantic

and dream of being in love all the time, because they are the main readers of sentimental novels, and audiences of the same kind of films. Our respondents' indifference could be due to the difference again between what they said and what they thought and did. It could also be that they believed themselves to be well educated mature women rather than sentimental high school girls, and factory girls. In the interview, one degree nurse even blamed herself for being too romantic and unrealistic and hoped that as time passed, she could grow up to be better and accept someone without feeling disgusted.

The Authorities

Both the schools which these girls attended and the hospital they were working in had the responsibility of checking on the social life of the students and staff nurses, both the married and the single. Although the staff nurse has more freedom than students, affairs are seen not as matters of personal life or privacy, on the contrary should one happen it would shame the whole group. For instance: In our interview, one occupational nurse reluctantly leaked out a piece of scandal in her ward (which she did not want to gossip about, and also felt it was too dirty to talk about) about a colleague who had an 'abnormal' relationship with a married doctor. Because of this the head nurse had had her moved from the ward, whereupon in revenge the doctor tried to find fault with other nurses in their work. She believed that the head nurse has the right to know the nurses' private lives and is also responsible for the behaviour of whomever is under her umbrella.

Another occupational nurse was warned by her teacher in the class that they should not 'sell themselves out for a cup of coffee', i.e. if they went out to have coffee with this or that man, that would ruin their reputation as a good woman by a few cups of coffee.

Friends and colleagues

One single occupational nurse in the interview, said that there was once an intern interested in her. They went out together a few times (probably in a group with others) but had not yet reached 'boy friend and girl friend

condition', when colleagues started to talk about them. So she broke it up to avoid being talked about and also because she was afraid of it being said that she had 'fooled around with' him. She said: 'This is a small world'. She was clearly worried about ruining her good reputation by being seen to have 'played' around with somebody, which would both cause suffering through being gossiped about by people and create later difficulties for marrying well.

Friends and colleagues clearly played very important roles in a girl's social activity with the opposite sex. Girls got to know the man of their choice through them. They exchanged experience, making suggestions, it appeared to be generally easier to talk to the peer group than to their own parent. They also created a standard of judgement and control, since the Chinese care so much about what the indefinite third person would say, i.e. 'the other'. Friends and colleagues form the pressure group.

Love stories in the medical world

Unlike soap operas, according to our respondents, love stories seldom happened in the clinic. There were nurses who married doctors or were going to marry one, but their relationship started as fellow students in their university days. Nurses do not often fall in love with patients and marry them either. Two possibilities will be discussed more in detail below from the aspects of the legendary and the taboo.

The legend

Doctors and nurses

In our study, romance between doctors and degree nurses as fellow students in university days, was the most common and most approved type, being actually the combination of the two legends: romance at university and romance between doctors and nurses. This formed the modern 'well-matched

equal status' ideal marriage with slightly less education on the woman's side, which makes her respect the husband, serve and help him both in his career and at home.

All results pointed to the same fact described above. i.e. that degree nurses had both more chance to marry a doctor and more chance of parental consent to having a male friend. Since we were considering the possibility of social contact with men and doctors, all sort of connections were included, such as: the one JNC student who said in her written story that 'once a doctor (intern) was interested in me' were included, so were the four degree students who said that they had medical student friends not close enough to be called a 'boyfriend'.

All contacts of degree nurses with doctors happened in the university period, including among those interviewed: four of the five married degree nurses, three of the four single degree nurses with doctor boyfriends and three who once had had someone whom they called 'ordinary friend (普通朋友)'; in the written stories, the nine degree student nursing students had medical student boyfriends and four had 'ordinary friends'. While only one out of the 51 occupational nurses married a doctor, two had intern boyfriends and one once had one, and a fourth was once the subject of interest of an intern doctor. This is the same as we found among the married, more degree nurses married doctors whom they met as fellow students. whereas most occupational nurse had no such opportunities.

Table 13.3 Education, social freedom and the chosen man's occupation

		<u>men's occupation</u>			
		Doctors	Non-doctors	No man	Total
Degree nurse	Interv.	10	2	1	13
	Written	17	4	2	23
Occupation nurse					
	Interv.	4	6	1	11
	Written	1	10	29	40

* including NDMC degree nursing students

Degree nurses studied in a co-educational medical school, while the occupational nurses were in a women only nursing school. The degree nurses were older than the latter at graduation. Moreover, according to both legends the degree nurse did have more freedom in the forbidden game than the occupational nurses. Nevertheless three degree nurses said that 'I never joined the day excursion organised by the boys' classes inviting the girls' classes' or that 'I was never interested at all'. 'But only once did I join, on which occasion I was only accompanying somebody else in my class and that was the very time I got to know him'. From the stories they gave, we could see that even accepting invitation by the boys to join group activities of the two sexes, in which the boys' intention was obviously getting to know the girls, was taken to be embarrassing for a woman.

The staff and interns in teaching hospitals

Resident doctors in the hospital are usually either married or too proud to chase staff nurses, so the only possibility between doctors and nurses would be intern and staff nurses. Occupational nurses may meet an intern doctor when he practices in the teaching hospital. However three occupational nurses said that love stories with interns usually end up sadly because the intern still has a long way to go both in his career and in his personal growth, especially the NDMC graduates who had to serve in the military hospitals or even in the frontier islands away from home. This means that he may change his mind in the future and the woman will suffer from a wait which may lead to nothing.

One occupational nurse said in the interview that in her position the only possible doctors were young and low status ones who would spend most of their time at the hospital and therefore could not look after their family. There are two cases in our study of relations between an occupational staff nurse and an intern. Both nurses were Mainlanders, good-looking and rather self-confident. Both worked in ICU for a few years. Their stories were not as smooth as the other degree nurses who got to know their doctor friends at the university. Their stories are presented as follows:

Nr. D When the interview took place, her boyfriend was serving in the army as a junior doctor away from Taipei. She had been to his home several

times and discovered that his mother did not like her (that is a slight hint that the mother looked down on her). He was a gentle, weak and dependent man. He even told her not to phone him at home. She believed that she had the confidence to overcome their problem, but he said he had not. Her own parents liked him very much, but she did not let them know the problem. She did not want them to be worried. At the same time she had another intern friend (now a postgraduate student in the medical institute) whom she had considered as a real friend for years, which meant she helped his study and looked after his parents in the hospital when they were ill. She could not accept the idea of this man as a boyfriend, because she already had one and also because they knew each other too well, and he knew too much about her story with the other man. She believed that a couple should not know each other too much, each one should have their own privacy. Recently she started to worry about the relation between herself and the intern friend, because he came to see her more often than before, and she started to be upset with him (which she took as a signal of change of the relationship). She felt it was not a good sign. She even wished that they could have a real row and then separate.

She said that she used to be very decisive, but she could not give up her boyfriend for the intern. Because of his weakness, she felt it to be cruel to him. She knew that he did not know what to do and was waiting for her to take the decision. She felt very tired, and felt she had had enough of 'making friends'. The only one she wanted to marry was the boyfriend in her sense, the one who was away. 'Wait and see' what is going to happen was her attitude. If this marriage could not be achieved, she believed that she knew how to arrange her own life. She would not marry just for marrying's sake or because she was getting on in age. She saw herself as a very independent and responsible person. The only worry at the moment was that she did not know what to do with the man who was a 'real friend'. She said that it would not be possible for her future husband to imagine and understand this kind of friendship. Neither would her colleagues and friends be able to because they all thought that he was a boyfriend. She is now seeking more education to improve herself and escape the worries.

This girl had made up her own mind which man she wanted to be her boyfriend and whom she should marry. She did not tell me the reason why

his mother rejected her. It seemed to be too rude and cruel at the time for me (a degree ex-nurse) to ask her whether it was because she did not have a degree. In any case she might have answered 'no' for the sake of 'face' or defence, if I had done so. However, it seems impossible for me to ignore the possibility of education and status factors in this case. Outsiders to the medical world (like his mother) cannot tell different kinds of nurses, but they can tell the difference between an occupational school and a university. The fact that this girl was trying very hard to pursue higher education might have supported this supposition of status concern. In their interview, a few occupational nurses also said 'who would be interested in a girl only having occupational education?'

The second nurse was also trapped in the family difference, economic and regional (He was a Hakka and came from a poor family). Her family neither stopped her nor encouraged her, but took a 'wait and see' attitude. Her mother said: 'You are still very young, maybe you will meet someone better'. 'Try a while then choose, Do not blame me in the future'. His school friends pressured her not to leave him. Another young doctor had turned up recently, with whom she felt that she could communicate but felt too insecure to marry him. She still felt that she should marry the first man, even though she admitted that they did not get along well. They had made up their mind to try another half year to see whether it would work or not. Then they would decide whether to get married, or separate.

A taboo: the patient

Contrary to the general public assumption that nurses have more chance to get to know the opposite sex than women in other occupations and therefore tend either to marry a doctor or the patient or the patient's relatives or visitors, actually in our study, not a single one among the 24 nurses interviewed married a patient or patient's relative or visitor, nor even fell in love with such a person. Neither did this happen in the written stories. The only possible exception was one whose boy friend was once a patient in the hospital but he was also a school friend at NDMC. She especially emphasized that he was not her own patient i.e. she did not really care or look after him, but her classmate did. This can be understood in the

context of the taboo that nurses should have no private relationship with the patient beyond the 'therapeutic' ones sanctioned by the profession. It might be also because of the different social status between the patient and nurses in the clinic. Chinese are so status-orientated that patients frequently complained: 'All healthy ones are higher than us, aren't they?'

The conformers

Those who played the game according to the rules would be approved by parents and society, and so would be happy. Those who broke the rules were disapproved of and would suffer. A variety of conformers and rebels will be examined below.

The conformers include the ones who followed the rule of play (degree nurses), the ones who followed the rules not to play (some of the JNC nurse and the MFC students), and the filial daughter who gave up her boyfriend.

The good player

The privileged degree nurses in their university days could take a boyfriend, but have to follow the rule. Limited freedom is granted in the activity supervised by the institute, such as music, cards, social service, religious or organised day-trips. Four out of the seven romances between doctor and degree nurse interviewed happened in this way. As for the other three, one was visited by the man at the girls' dormitory entrance to invite her out to a film. After three or five invitations, she still did not dare go (this is the one who went nursing because she heard that the medical students in NDMC were handsome). Then when she accepted an invitation she took a friend to accompany her for a long while. In the second case the crucial meeting took place at the sportsground, where the medical student (now a doctor) taught her to play tennis. The third nurse did not give a definite place, simply saying that they were schoolfriends.

Since the man is pre-judged by the girls using their parents' standard,

if he were beneath the standard of course he would be pushed off-stage. If he was at the boundary line, or she was not sure, perhaps after a few meetings, she might take him back to show him to her parents (possibly in a group to save the embarrassment for both sides if he failed the test) before she risked any deep emotions towards him. The 'new parents' also welcome this type of arrangement to show their openness and kindness towards her and her friends. Two girls in this study said: 'All the others brought their boy friends back to their parents after they had fallen hopelessly in love. I brought mine back one or two months after I had known him. If they had said no I would have given him up'. In this way they tried to spare themselves trouble and suffering from deeper emotions towards him, should they have to give him up. If the parent hinted at disapproval by saying "you are still too young, better think more and look around more", a good player would cut him off. If the parents did not disapprove the real romance may then start.

The non-player

Without the right qualifications and the right situation, some girls kept themselves out of the game. A majority of the FMC girls and JNC nurses were in this category.

In this study the military school female students were selected for comparison with the NDMC nurses, to see whether girls who went to military school were different from girls who went through the civil system, and also because in these two military schools the ratio between male and female students are roughly the same, which is much higher than the ordinary civil universities. In NDMC each year there are 30 nursing students against 200 medical students and another 100 male dental, pharmaceutical and public health students. Under the same military system, love stories at FMC did not happen as frequently as in NDMC, the medical school. Seventeen of the twenty three NDMC students had boyfriends and only two of the twenty eight FMC students had boyfriends. Among the 17 NDMC students with boyfriends, 5 had boyfriends who were medical students of the same institute, and another two were in the public health department. So apart from the opportunity of meeting each other in the same campus, there must be other factors which

inhibited the other military students to be in love with one of their male fellow students, and which encouraged relationships between medical students and degree student nurses, which eventually led them into marriage.

Romantic social relations with the opposite sex among those girls of the FMC were quite limited. Apart from the two who had steady boyfriends, the others had frequent opportunities of being with men, and some even were the only female in the class, but claimed only to have created a sort of 'brother and sister relationship' with the men. This kind of contact might even destroy the fantasy of each concerned. Could it be the case that the male (especially medical) students in the NDMC were relatively more welcomed and approved by both nursing students and their parents?

There seems no doubt that better education in nursing did lead to better chances of marriage to a doctor and more social freedom for degree nurses at the university than occupational nurses who had no such chances. This is true both among the sample who was interviewed and the sample who produced written accounts, the married and the single.

According to their written stories, most of the occupational nurses had very limited experience with the opposite sex, so they talked generally about their expectation of their future husband, whereas the degree nursing students talked about their own direct experience of the male. These two groups of nursing student (NDMC and JNC) were in the same age group, although most of the JNC students had a few years experience working in the clinic. Only 11 out of 40 JNC had a boyfriend or had had one, including four which were only of 'the man showed interest in me' type, while the number having a boyfriend was 17 of the 23 NDMC students.

It can be argued here that only the single occupational nurses who had no definite boyfriend would go to further training in the JNC, whereas the married and the ones who had found their possible future husband would not, therefore the JNC nurses could not represent the social life of all occupational nurses. However the statement would be rejected by both the educators and the JNC nurses themselves, because it hinted that only the ones who failed to achieve a marriage would go for more nursing training. Occupational nurses in the interview did not show the same lack of social experience as the JNC nurses in the written stories. What they did show was fewer romances with doctors than the degree nurses. If there were any

romances, they were not as smooth as the degree nurses' romances. However the number of occupational nurses in the interview was too small to draw a conclusion, and hence more research is worth doing.

However actually we found that most of the nurses in general in our study had very little experience of the opposite sex. Among those I interviewed, two single ones, who were thirty four and thirty seven years old respectively, said that they never had any serious relationship with men which could be called 'boy and girl friend'. It is possible that these two did not want to give their real stories of the past, yet it could also be true that they really did not have anything special (according to their own standard) to tell. For Chinese girls 'boy friend' means more or less the same as 'steady' in the western sense, or some one they thought about marrying (see example Nr D in this chapter), but has nothing to do with going to bed, at least they want the audience to believe it that way.

Two occupational nurses interviewed said that they were too young (twenty two and twenty) to have a boyfriend or to think about it. This could have something to do with the link between boyfriend and marriage. What they really meant was they were too young to marry. The same saying of a woman being too young was used by her parents to reject a man whom their daughter brought home, or a relative introduced.

Three single degree nurses stated that, with no experience of a man friend before, they had accepted the first one who came to them. But after a few dates, the man stopped coming again for reasons unknown to them. Since then, they were hurt and too frightened to accept anyone else. All three blamed themselves for being too immature, introvert and shy. One said: 'Until recently when he came to practice in the ward, I still could not bear it, but he has got somebody else already.... If it were now, I would not let it happen like that, I would go and find out what's going on.... He once gave me a drawing of me, which I kept at my bed-side table. My mother said: "This boy is bad, he hurt you so much".' From this story we could see that even among the degree nurses at the university, which was assumed by the general public to be the place where young people enjoy freedom to get to know the opposite sex and to be in love with each other, chances are still very small and moreover limited, by the control exercised by the nurses themselves, by the institute and also by their friends around them. Also

even though they supposedly have the freedom, lack of skill in handling the situation, could lead them and the other to being hurt.

Although the social contact between two sexes was so limited, only a few degree nursing students complained about it. Occupational nurses did not only not complain but also believed the authorities had the right to check their social life with the male. For Chinese, the couples who become each other's first beloved while at university are still the ideal type for the middle class. There was a danger that they might have told me little of their experience with men so as to show how pure and naive they were as good Chinese women. The reason for this could be that to have had any boyfriend could be a bad record (see example of the rebel). One should try to keep one's record as clean as possible. Nevertheless there is an counteragent which is that too little record may mean 'no body is interested in me', which is also a face losing thing.

In their writing, two Taiwanese and one half-Mainlander degree nursing student complained about the lack of social opportunity for them with students in other schools. One also complained about the boredom of military school life, and how the students in other civil universities treated the girls in military school as 'monsters' (Guai Wu 怪物). In the military schools they also looked down on the other non medical school students. Status differences existed inside the medical institute too, among the medical, dental, pharmaceutical, nursing and public health students. These degree student nurses pointed out the social status differences which separated them from being friends with the opposite sex, just as the occupational nurses talked about their situation in the clinic. Here we could see that status as well as geographical origin, traditional reluctance towards the military and prejudice towards certain professions all worked together.

The filial daughter

Many girls gave up their friendship with the man they had got to know because they knew that he would not fit their parents' wish. Whether those kinds of relationships were accounted as 'boyfriend' relationships depended on how deeply their emotion developed.

The parents' expectation of a future son-in-law is usually higher than

the rule 'well-matched equal status' because they would like their daughter to make the most of her choice. Marrying higher is a promotion of herself and the family. But if they went too far, they would be condemned by the neighbour and their own social group for being greedy, and not knowing their own place.

Even one of the youngest in this study, said that she had learned that marriage is not just marrying a man but marrying his whole family also. Marriage has never been a personal thing for the couple in Chinese society; it is still a matter between the two families, even though most families of both sides were not old friends or relatives as it used to be in the past, and some young couples could live alone by themselves for work convenience. As we emphasized earlier, personal emotions and feelings still play a very limited role in marriage arrangements.

Most miscarried romances were probably unspoken or faded into the background of their stories. A more serious case history was the following:

Nr. C. (married occupational nurse, Mainlander). Once a dentist was interested in her after her family had arranged an engagement. Cancellation of the engagement was suggested by him, but she gave him up for the sake of the family's face. She now accepted fatalistically and rationalised: 'I am bad tempered, If I had married him, perhaps we would not be happy'. Her husband did not fully know this episode. He thought it was before their engagement.

The rebels

The rebels were the ones who did not follow the rule. They might just find the wrong person whom the parent did not like, for instance:

Nr. H. (degree nursing student) Her relationship with him was opposed by the parents from the beginning. When they first went to a film and he walked her back home at about ten, the mother met them in the alley and

courteously 'lectured' him.

The mother was unhappy with him for all sorts of reasons, such as family background, appearance, personality etc. The girl said that 'She is unhappy thus she can say anything wrong about him'. She also said: 'But a mother is a mother, one cannot be against her'.

One couple was opposed by the parents because, apart from being a doctor, he graduated from the public health department of the same institute with her, and her mother said he would have no future. Her family has tried to arrange marriage to an overseas Chinese Ph.D and coerced her to write to him. She said that she had nothing to say to the second man. Then the whole family were united against her. She felt depressed and sometimes thought of running away abroad, but she was also afraid of being lonely there. Her boy friend wanted to talk to her parents. She stopped him because she felt ashamed of herself that as grown-up at her age she was still making her parents unhappy.

She is waiting to see whether the mother will relent or whether she should abandon the man eventually.

The third case who twice found a wrong man, had to end both romances herself:

Nr. N (resigned occupational nurse) *She once got to know a coach at the driving class. She did not bring him back because she thought they were just 'friends' [the real reason could be that he was beneath the family standard]. She said if she had, it would have been too 'special' [opposite to the one who brought her friend back as early as possible]. There were troubles between the couple and she felt there was a third person, another woman. She left him and went to work in Saudi Arabia for a few years. There she had a serious Lebanese boyfriend. She gave him up because he could not take her back to his home, and he could not find a job in Taiwan. Of course her family would not have accepted him either, so she never let them know about him. She was summoned back home by her parents who worried that she would become 'bad', and it would hinder her finding a good husband.*

Another kind of rebel was one who played the forbidden game 'too much' (by their standard), therefore ruined the good image of a naive and pure creature. A woman was punished by both her second man and herself. In her interview she sounded like 'a woman of the world'. Here is her story as follows:

She started to have a boyfriend at the age of seventeen. She explained this as 'Probably due to lack of tender emotions at home' and 'My family did not need me'. She was the one whose father had a concubine at home. Her second man, whom she loved, left her because he could not bear her having a past. At twenty five she got married in the mood that she has lost all passion and should go into marriage because, as she said: 'It was about time; it hardly matters who I marry.'

There were some meaningful characteristics of the rebels: there were all (8) mainlanders. They tended to be of higher and middle class (7 middle class and 1 high class). Most had different ideas from their parents in taking up nursing, None of them entered nursing for its beautiful image, or really wanted to be a nurse.

Summary and conclusion

From the stories of the married nurses in last chapter, we realised that for them, romance was neither necessary nor sufficient for marriage, and love did not guarantee marital satisfaction.

In this chapter, we found furthermore that love is a forbidden game which most girls could not afford to play, or had little chance to play, and certainly rarely happened in the clinic. When romance did happen, it followed many rules, in particular being restricted to the same social class and geographical group, and under the strict supervision of the parents. The parents had a very strong voice in their daughters' social activity with the

opposite sex. The friends and colleagues, the authorities, the nurses themselves, their chosen man and his family all were influential.

Most nurses in our study had limited experience with the male, for fear of having a bad record, which would lead to difficulty in future marriage or romance. Such limitations were set by the nurses themselves, as well as by the people around them.

In the clinic occupational nurses made up most of the nursing staff; degree nurses were in the minority, and would not stay in the clinic very long (see chapter 13 the profession). Degree nurses had a little more freedom and were more privileged in choosing a mate. Occupational nurses lived in really puritanical style life, totally against the general idea that nurses have lots of personal social contact with both doctors and patients. Altogether their life was not nearly as colourful as the general public imagines.

Parents did not prevent social activity with the opposite sex since all nurses were mature and working women at a suitable marrying age, but parents did show deep concern and had kept strict supervision of their relationships with men. It seems that both the parent and the daughter had accepted the idea of a girl getting to know her future husband on her own. The old fashioned professional match maker has totally disappeared and become a joke and evil figure only now seen in films of the past.

Parents even encouraged their daughter to make boyfriends when she was in the 'suitable years of marrying', although the final marriage decision is another story as we have seen from the evidence of the married nurses. However in the clinic, because of other guards and barriers romance is rather impossible.

It could be argued that sexual contact could happen very secretly and suddenly, even without the participants knowing each other well, as in the classical Chinese novel 'The West Chamber Story'. Therefore the nurses' lack of ordinary social activity in this study does not prove that they are not promiscuous. I still believe that stories like 'The West Chamber Story' i.e. a story of sexual intercourse taking place after 2 or 3 very short meetings under strict segregation of the sexes - is very rare and exceptional, otherwise it would not be circulated as something unusual for hundreds of years and still remain so popular to the present day.

Chapter 14. A woman's life

Marriage - woman's right way to go

The way of pursuing marriage

Motivation of marriage

Work - woman's virtue

The nurse worker - the conformist, the compromiser and the struggler

Motherhood - woman's heavenly assigned duty

Summary and conclusion:

Chapter 14. A woman's life

In this chapter, a woman's life will be looked at from three points of view: marriage, work and motherhood. Traditional women only had one career - marriage and then work at home; now it is possible and even, sometimes, necessary to work outside, at least before marriage. We will see how our subjects coped with these two careers - home and work; we will enquire what society expects from a good woman nowadays; and we shall see what happened to the women who conformed with the social expectation and those who rebelled.

In the end of this chapter a model of a dream life of a lucky woman will be synthesised and concluded, according to their attitude towards marriage, work, children and their plan in life.

Marriage - the woman's right way to go

Although the topic chosen was their 'future plan', in fact every single respondent talked or wrote about their marriage, at the very least raising the subject by saying something like: 'I am too young (or too busy with my studies) to talk about marriage'. These responses could have been triggered by the previous topics around their social activity with the male, or simply borne constantly in mind whenever they thought about their life and future. According to their reaction, the first priority of a woman is certainly still marriage. Only a few (4) had ever thought about the possibility of not marrying.

The conformist and the rebel

Those who thought that a woman should not inevitably marry, were the potential rebels, and the nurses who wanted to marry were the conformists.

The conformist

Eleven interviewees were already married. Apart from them, 5 who said in their writing that they had not thought about marriage yet and 4 potential rebels about whom I was not sure (also in writing, see below), all the rest that is 111, of the nurses in our sample wanted to marry (13 in interview, 10 questionnaire, 82 in writing, and 4 in pre-test, 2 in casual talks) of our samples wanted to marry. Marrying is the principle in life rather than a practical action at the moment. Actually according to the way of pursuing a marriage to be explained in the following, it really does not matter at all whether there is already a boyfriend. For the three single ones over thirty being single was still their second choice. This was true also for the two whose relationships were disapproved of either by her or his parents. All remained single only because they had not found someone they could bear to marry. One 28 year old said proudly: 'I am not the kind of woman who would rush into marriage when I am getting on. If I can't find the one I would like to marry, then forget it'. But the next minute she said: 'Sometimes, I also thought of just shutting my eyes and picking one up accidentally'. The two oldest of 34 and 37 were still looking forward to marrying, although it was rather late according to Chinese standards.

The potential rebel

Four young students in their written stories said that they did not think a woman need marry. Among them one said that she needed a very knowledgeable (Male) 'friend' but cared very little about marriage. Which is unthinkable for an ordinary Chinese girl, if she did in fact mean 'a lover'. This part showed up both the advantage and the disadvantage of non-interactive data collection. The respondent may have said something more daring than the others would in interview, but it was difficult for us to

check again the meaning and credibility with her in person.

One girl who did not want to marry said that her mother laughed at her saying: 'When you have met the right man, nobody could keep you at home any longer'. This is a popular joke laughing at young girls, for nobody would take what a girl says about her marriage seriously (including herself). It is common that a young girl would talk like this in her adolescence, or say: 'Oh! forget about this! I am going to marry!' when facing some problem in her school work, without any definite potential man in her mind at all. But as time passed, marriage would become a serious matter to talk about, and later a conversational taboo. In marriage, age is an important factor; the young are sure they will marry some day, but when they are approaching the suitable marrying age, uncertainty increases. Finally as they grow near the top limit of the marrying age, confidence almost disappears.

Two other girls said that they were frightened away from marriage by stories of painful experiences. Fear of marriage was also expressed by the oldest single one, and probably could be influential in her staying single.

Apart from the sureness of marriage, all other matters in life were far from sure. Uncertainty in life and future was a general phenomenon, for it is so much in the hand of others (the future husband and his family).

Among these 130 Chinese women (97 nurses and student nurses), only one talked about long-term time future till the age of forty, when she hoped to start to enjoy life, and only one was thinking of working towards the minimum pension year (the fifteenth). None wanted to work all her life as a nurse. Some five even never thought about their own future at all, being either too young, or too busy with their studies to think about it (using the same argument about marriage).

When things were not sure, or went wrong, they tended to attribute to fate or simply took a fatalistic attitude. One who had trouble with her family because of her boyfriend said: 'When coming near the bridge, the boat will go straight by itself'. She would just 'wait and see' for actually apart from this, there was not much she could do. This conflict with her family did nevertheless influence other parts of her life; she said that she had no purpose in life, she did not like nursing in the first place and was still not interested in it then.

Most of our respondents would marry in the future, but from the last chapter we knew that their social life with the male was rather limited. How they would achieve their purpose of marrying was discovered out in the interviews.

The way of pursuing marriage

When the parents felt it to be about time for the daughter to be married, they would tell her and either give some freedom for her to make friends, as we described in last chapter, or start to make 'arrangements' through relatives, friends and neighbours.

The younger girls hated to be 'looked and checked-over' by the man and his family in the 'introduction', but the older ones would accept this to increase the chance of success and relieve the burden and responsibility to the family, however embarrassing the process of 'introduction'. Except the two just above twenty, five of the seven single interviewees without definite boyfriends said they had accepted or would accept 'introduction' reluctantly at the age of about twenty eight.

The horror of being introduced was recounted by one interviewee thus:

"It was not just that one was choosing them, but that one was chosen by them as well. Hence, when I saw him not looking very interested, I said to my mother: 'so thin!' or 'so short!'. I did not really mean that and, if my family had forced me to try a bit harder to go out with him, I would have done'."

All these processes of face saving are really painful for all Chinese, and especially for girls.

From the last two chapters, we know that some marriages were arranged by the families. This kind of marriage usually develops very rapidly, and therefore had little to do with having a boyfriend or not at the time, let alone how long they might have been together and how well they had known each other. Whereas, if a relationship was not approved by the family, it would take an indefinite time or could never even be possible. Therefore in

this way, lack of social activity for many girls did not and would not really hinder their getting married.

Most of the nurses in this study would marry in a few years. Therefore why they wanted to marry must be also interesting.

Why nurses wanted to marry

The intention of marrying was so strong and deep that the question of why they wanted to marry seems out of place - just as the question of why and whether a woman should be married. It went without saying that a normal person should marry anyway.

The idea was taken for granted as if the most natural thing in the world - the ones with boyfriends would marry soon, the ones without as well. Nevertheless the hidden motivation for marrying could still be gathered from the interviewees' general talk.

Parent's orders

In the chapter on the married, we found that it was always the parent or especially the mother who was impatient and tried to push the daughter into marriage.

Like the married, whose marriages were encouraged by the parents (mother), the single ones were also under pressure from the parents to marry. The usual attitude of parents like this is seen in the remark of the mother of a 34 year old single Taiwanese woman: 'Even if we were dead, we could not close our eyes'. A single woman would be unfilial for making her parents worried and 'turn in their graves'.

In the past, if the family kept a girl at home too long they would be condemned by the society as being selfish, and not thoughtful for the daughter's sake. This pressure from the society could be one of the reasons why, as we saw in the last two chapters, parents, especially mothers, were so keen on marrying their daughter. Another reason could be that, since sooner

or later she would be married, it would be better to do it at the best market price. Parents do love their daughters, even though perhaps not as much as their sons; they do worry about their future. In a society like Taiwan today, a woman still can not live alone by herself; if the parents should die, they really have no confidence that she could live with the brother's wife and rely on their children in her old age. She cannot really earn her living (the job she is doing now could only be a temporary and low paid one, and there could be no better alternatives for her). They do worry about her life after their death, and her old age.

Practical needs

Both living alone by herself as a young woman, and in her old age would be impossible for a woman, practically and socially. Women are vulnerable, living by herself could be practically dangerous for young and old women. Socially a single woman should under her parents protection and discipline. It is also her duty to serve her filial piety to her parents until her marriage, ie. to be with them, to serve them, to make them happy, to look after them.

Only one Mainlander degree nurse of the 130 respondents actually lives by herself away from home. She said that she would live with her parents in the future because anyway she should look after them. The others had only the experience of being away from home by staying in the school or hospital dormitory, or under the protection of relatives. Another one, also a Mainlander, once thought about buying a little studio for herself using the money she saved from working in Saudi Arabia in the health program coordinated by Taiwan. From there she was beckoned back by her parents because of the fear of 'ruining her reputation'. The plan was rejected by the parents even though she promised to stay at home and keep that place let for an investment, because the mother was in charge of her money and her father told her that only bad women stay in the little studios and they all have body guards therefore she could not even collect the rent. She was still thinking of buying a little place for herself and said that she would move out from the home, if she were to be still single at the age of thirty-four or thirty-five. Up to now she has not become a 'real rebel' (see

below).

In the past girls stayed with their natural family until they were married off to 'her' own family i.e. her husband's extended family. The natural family would not be her family and they would not treat her as a family member; she would have no right to inherit property from the family except a dowry for the rich. Now there were two in our study that had passed thirty and still were single, and the question of when can they be treated as adults and hence have the right to live alone has become a problem. If they were men it would be easier, for a man could either stay with the family, if they wished even after their marriage (most still are expected to), or live by himself, although with some reluctance on the part of the parents. While for a single woman both staying with the family and living alone seem to be inappropriate. There is really no rule to follow and it will be difficult for them and the family to handle.

Basically Taiwan is still a patriarchal society, which has not opened many doors to women. For women ambition is guilt, shameful and should be hidden. Achievement is not confirmed. Women in general do not have long term work and a pension to secure their old age. In a changing society with inflation and threat of war, nothing could really reliably protect their old age, and in any case the Chinese still leave the responsibility of the aged to their own family. Except for military personnel, civil servants and teachers working in public schools, there is no social security or welfare for ordinary people. Letting one's own parent stay in an old people's home is an unfilial behaviour, therefore only the poor and homeless without family would spend their old age in the old people's home.

The social pressure.

In the eyes of friends, colleagues, relatives and other people around, a woman who cannot be married is still a loser in life and will be considered either physically inadequate or mentally abnormal. In nursing, although some of the first generation leaders were single in their life time, there are hardly any single ones existing among the current leaders.

If after all sorts of trouble and the help of the whole family, relatives and friends, a woman still cannot achieve marriage, she will simply accept fate. It is fate that she should stay single for the rest of her life. She would also gradually accept her fate as a lonely, unfortunate loser. Fate is a word that commonly occurred in the nurses' vocabulary, tending to come out whenever something serious went wrong.

Meanwhile, the sense of something wrong (mentally or physically) with her would be raised among the audience. In this way the single ones who had passed their suitable marrying age would be labelled as abnormal.

Marriage is such an important thing in a woman's life that if it fails or one fails to achieve it, it seems as if the whole person is a failure. In the interviews, both women with marriage problems and girls who failed to achieve marriage carried a sense of helplessness and hopelessness. It could be said that the general atmosphere of the interview around these subjects of love and marriage was quite oppressive, although only two of the 120 single subjects studied were really over the suitable marrying age for Chinese women. Both were in the interview sample.

A loser should keep playing her loser's role, a loser who lives happily and not pitifully is unbearable for the people around her. There was one case like this. She was named 'the real rebel':

Z. (Mainlander, middle class, ex-nurse) *She took up nursing because she worried that if not she would be married in a few years. A few years more education could postpone this problem. She was thirty seven and still single when the interview took place. She never said that she did not want to marry, and still wants to, but she said if she had married someone who is poor and bossy, what would be the point? She is a sales woman (not a good woman's job), and has been doing well in her business, lives by herself and enjoys her independence; she is neither serving her parents nor using the excuse of serving them, nor feeding them except giving them presents. She said that she did envy one friend whose husband was good to her, but did not envy others having children. She said if she could not find a husband then 'forget it'. She has no idea of adopting a child. Her mother tried to force her to marry for a while, but gave up trying when she just stopped going back home. She said her school friends laughed at her for 'wasting life', 'living in drunkenness and dreaming death' (醉生夢死 a pointless life,*

a walking corpse, not thinking of the future, which has nothing to do with alcohol).

Emotional needs

Being loved and needed, independence from the parent, the expectation of being treated as an adult, a sense of belonging and identification, were the emotional needs for which these nurses also searched for a marriage.

Being loved and needed

Both of the two single women above thirty said that they did not envy their friends having husband and children, but they did envy and looked forward to somebody who would care about them. Being loved, needed, and belonging definitely played some role in their motivation for marriage. Nevertheless, for the younger nurses in their writing about 'ideal husbands', emotional feeling seemed not to play an important part.

Independence from parent

Being adult and independent from the parent were other reasons, as in C's case who ran into an arranged marriage simply in order to leave home and the mother's control.

Belonging and identity

Marriage was the only career and way of life of women in the past. In the background chapter, we have introduced the woman's status in the traditional patriarchal Chinese family and society. While in her original family she had no status - only through marriage could she achieve an identity as somebody's wife, and find her sense of belonging to a family, which we know to be so important for every Chinese. In the same chapter we also went deeper into the question of Chinese ancestor worship, belief in life after death, and the example of ghost marriage which showed the extremes the original family would go to find her a place, even after her death.

Tradition still leaves a heavy trace in the woman's life. In a society like this, women feel insecure as though they have never been trusted, and fully accepted by both natural and the married family. After the parent's death her only connection with the natural family would come to an end, as the brothers are married.

In general women were always being abused and opposed, and usually were the submissive and filial conformists. This insecurity made them if anything conform all the more and tied to tradition.

Marriage is called the woman's 'GUA SU' (**歸宿**), which is, in a manner of speaking, the harbour, the nest, the warm and comfortable home for a wanderer. In classical Chinese a woman's marrying is called 'YU GUA' (coming back) to where she belongs, her own home, or where heaven registered her. Now, marriage is still supposed to be 'the woman's appropriate way to go', the woman's 'right place, purpose and target of life' All the outside world and achievement are just illusions and only home, the married home, in which she can build up her own world is real life. Which is, in Wolf's word, her 'uterine family' (Wolf 1972:32).

Work - the virtue of a good woman

In a Chinese family, nobody can be lazy, everyone has one's part in the division of labour, as we explain in the background chapter. Working hard, not showing off the results and not complaining are one of the four virtues (**四德**) of a good woman. In the past, middle and higher class women worked only in the household, only the very poor worked outside. Since the 'May Fourth' period, middle class women started working outside the home as teachers. (Chen p.396) Now we will look at these dual careers of women and how they coped with them.

The single

In life before marriage, a woman should be a filial daughter, submissive to her own parents, serve and look after them. After having finished her education, she should work for two to three years to pay back the parents' expenses of raising and educating her. After their graduation none of the 130 respondents in this study planned not to work, staying at home, taking a rest, going for a holidays etc. Working before marriage was taken for granted. Working as a professional woman was necessary in two aspects: one for economic reasons as above and also for the necessity of finding a good mate. A woman without a respectable job is not desirable. Occupation shows her education and competence in the marriage market. A good job should be respectable but not threatening the man's vanity both in promotion and income. As soon as a woman starts working, the 'mate-seeking' period starts. Then, after a short while, she would get married before a certain age which was earlier in the past, later now and among the higher educated, but should not be as late as after 30.

Girls usually bring their salary back to the mother and take a little pocket money in return. The mother would spend the money in the household or if they are rich enough, save it for the daughter's wedding. The married women in our study usually only took a certain amount of money to their own mother at three big Chinese festivals as presents. The father is too proud to handle such things. Although her own salary, it is not to say that she has the right to spend in whatever way she likes or needs, either before or after marriage:

A 29 year old university lecturer whom I talked to, usually brought her salary to her mother, except a little pocket money. The money was saved by the mother and was supposed to be for her or some family emergency. When she decided to come to England to study, she would have preferred to borrow back her own savings from the mother rather than take a grant, in order not to have to pay back the grant by working a required number of years. She would have preferred to keep her freedom of choice when she finished her study, but the mother refused to give her the money and forced her to take the grant for the sake of job security.

When a young woman works outside, she also shares some housework with the mother at home. In this study, we do not know exactly how much they shared, the only thing we do know is that there were no complaints about doing housework and looking after the parents and family. It must have reached some sort of balanced consent and acceptance within the family. As long as she is not married, no matter her age, she would play the filial daughter's role, that is to stay with the parents and look after them until their 'heavenly years' (Tian Nian 天年, a euphemism for death). This is exemplified by one degree nurse's future plan:

Mr S. If she is not married at thirty, she would still live with the parent. She said that she did not like studying and, unlike the other degree nurses, had no ambition to go on to higher education. Therefore in two years time she will move out of ICU, and settle down in one ward, in order to be able to look after the family should they be sick. This coincides with her motivation to be a nurse at the beginning.

If she did not marry, she would be a filial daughter to serve the parent to death. But she still felt guilt for making the parents worry about her

The same situation happened to two other single nurses in the interview, who intended to stay in nursing in the immediate near future for the sake of looking after their families. This was the reason for their joining nursing in the first place.

The married

In Taiwan, only very rare women of the new upper middle class from professional families have professional jobs, can afford the luxury to admit that they enjoy the self fulfilment in their job, and leave the housework to servants.

For middle and lower middle class women after marriage, things become complicated. Traditionally such women would work at home, to do the household work, to serve the husband and his parents, to bear his children. According to this convention, some women would give up their job after marriage (or having child) and stay at home from then on. For instance:

H. (ex-degree nurse) *She stays at home even though they have a servant. She enjoys and spends quite a lot of time in shopping and meeting friends at cafes. The main thing is that she has to rush back before husband and children arrive home. She has to get up in the early morning to cook different breakfasts for the two children and prepare them for school before the servant comes -then goes back to sleep again. Significantly the children do not appear to appreciate her for not being the stereotype mother in their school books who dresses in dark blue Chinese long gown, and stays at home all the time. In fact she would appear to be a happy woman talking loudly, enjoying beautiful food and dresses, and life in general.*

In this example, apart from staying at home and serving the children, we can also see other features of the 'four virtues' at work - a woman should 'eat bitterness', (not enjoy life), behave modestly.

It would seem that whether a woman could work outside or not after her marriage really depends on the following variables:

1. Self Intention

Most girls in our study had very strong intention to work after marriage, especially those at the degree level. Apart from the 11 married, only 10 girls out of the 119 said that after their marriage they would not work and be full time housewives. Among them nine were occupational nurses and one an FMC student. Three occupational nurses said that whether they will work or not depends on the husband, his approval and his economic situation. In the interview, the occupational nurses showed slightly stronger tendency to give up their work after marriage than the degree nurses. This result was roughly the same for the written stories. The JNC nurses, as we explained before, should be the most motivated occupational nurses, who had already worked a few years in the clinic and when the research took place were just starting their advanced nursing course. However only 17 out of forty of them wanted to work and carry out the housework at the same time after their marriage. None of the degree nurses and degree nursing students said that they would get married and then stay

at home as a housewife. However they talked about working separately from their talk about marriage as if there would be no conflict or competition between the two. It was not such a clear sequence in their life schedule as for the occupational nurses (i.e. work for a few years and get married and stay at home or work part time etc.). It could be because they would marry within the coming four years while serving the compulsory service, having to work full time, whatever their husband might say. But beyond four years would be too far ahead and too vague for them to plan.

Table 14.1 Nurses' work intention after marriage

	NDMC	FMC	JNC	INT	QUES
Not work	0	1	9	4	2
Depends			3		
Work	12	24	17	8	3
Education	4	1	2	6	1
Self emp.				6	
Unknown	7	2	9	5	1
Total	23	28	40	24	11

There also seemed to be an increase of fear of not working among women, being backward and losing respect of husband and children, on the part of the three married interviewees. Another unspoken common fear was that of losing the husband because he could be attracted by his woman colleagues. In this study both the working and the ex-nurses shared the same fear that if they don't work they will feel bored at home, after their children grow up, or they may fall behind their husband, their school friends or even their own children.

2. The husband's social status, the attitude of the husband and his economic condition

Whether they could work, depends in addition on what sort of men they would marry, the husband's economic condition, his attitude towards his wife working and also his mother and her attitude.

In this study, two husbands of the eleven married nurses were strongly against their wife working, saying: 'that little salary is not worthwhile'. or ' I have earned enough' (Both of them were doctors). Among the five wives of doctors, two were full time house wives, the other three were degree nurses in compulsory service, who were all planning to leave the clinic for other more regular works when they finish. Whereas all six nurses who married non-doctors will work indefinitely. Doctor husbands of the three degree nurses were not against their nursing work so much as the other two doctors, but when nurses said 'my husband supports me', it clearly did not mean that he shared the household work and encouraged her to work. It is actually more or less like 'My husband does not oppose the idea of me working' or 'My husband allows me to work'. She has to finish the housework, settle down the children and him then go to work. One extreme case is like this:

Nr T. (degree nurse) Her husband sometimes laughing at her for not studying continuously, saying: 'What is the point of being successful at school in the past? You will be just as foolish as those old nurses in a few years time'. Another time when he thought of her studying abroad he said: 'What am I going to do without you!'. This meant setting the alarm clock for him before she went to work or calling him up from the work by telephone; putting his breakfast on table before she went out etc..

Three husbands of occupational nurses, who were two army officers and one policeman, told their wives that if they did not work they would be bored at home. One degree nurse's officer husband encouraged her to seek more education, for better job promotion in order to avoid bedside work.

All husbands were against night duties except in the case of one (occupational) nurse who did not mention it, apparently because her husband was a policeman who was going to get further training, and during this period he must stay in his institute.

It seems that doctors with better economic position were more against their wives nursing than the others (army officers, police men), even through most of these doctors were junior doctors in their compulsory service apart from one who was a dentist who owned his own clinic.

According to their own expectation (see last chapter) and their social relations, if occupational nurses did not go on to higher education they would marry lower middle class men who would not be able to support a family by themselves in present-day Taiwan, and therefore would let their wife keep on working, provided that she could find a secure job in a public or big private hospital where the relationship with the doctors is not so close and direct as in private clinics. This means she would work under the control and protection of a nursing department (another woman), no matter how small it will be.

3. Whether there is somebody able and willing to take over her responsibility at home, and the husband and his family (mother) allow this.

The possible sharers could be: a servant (which they usually could not afford otherwise the wife need not work), the husband, the mother-in-law, and the wife's own mother.

There is clearly very little possibility for the husband to help. Most nurses in this study accepted this and had no complaint except one Mainlander degree nurse. If the couple lived with his parents, his mother would be unhappy about him helping her in housework and looking after the children. More degree nurses and Mainlanders lived with their husband alone. In this situation it would be easier for the husband to help with the housework. But note the following case:

Nr. L (Mainlander, degree nurse) *She complained about her husband over the division of labour at home. She gets home tired from work, 'but' she said: 'I cook the meal, while he reads the newspaper'. He would feel 'faceless' if he were to help. She gets upset with it but she still does it because all her friends do the same. She feels that the society is all against her. She said: 'It seems that there is something wrong with me if I complain, because my school friends' husbands, not only do not help but also criticise the food they make.' Now her husband helps her when she is upset, but stops when she joins in, or when his friends come. She said that she understands now and also tries to save his dignity in front of his friends.*

Another Taiwanese degree nurse from a rich family said: 'I feel bad when I am doing the washing up while he is in bed, but I can not possibly let him do it. My colleagues told me to stop spoiling him, but I just can't help it. I used to see my mother serving my father. I just loath letting my husband do it'.

If the family needs her salary, the mother-in-law would take over part of the house work and look after the grandchildren while the daughter-in-law is at work, but when she comes back from work she should take the housework over and let the mother-in-law rest and enjoy the leisure. She should appreciate the mother-in-law's kindness. If the family does not need her earnings, there is hardly any way that she could achieve her own wish to work, because they would never be satisfied with anyone who takes over her place. That is to say, if a married woman works, it could only be for family reasons, not for her own interest. A woman who works for her own interest would be supposed to be selfish and perhaps even a bad woman who is looking for a wild life. Thus a woman working could only mean that her family is poor and the husband could not support the family, or he is weak and unable to control her.

Even though a woman works she would still take the housework as her responsibility. Two nurses talked about guilt feelings that they could not have a freshly-made hot meal ready on the table for their husband as soon as he came back from work.

Four nurses' own mothers encouraged their daughters to work by saying that 'All those whose husbands are having affairs are not working', 'If you stay at home, you will become "a yellow faced old woman" and lose your husband's interest', or ' If you do not work, you have to ask every penny from your husband, even if you want to buy a piece of clothing' etc. All these mothers were Mainlanders. The Taiwanese follow more the Chinese proverb: 'A married daughter is like spilt water (Jia Chu Qu De Nu Er Po Chu Qu De Shui 嫁出去的女兒潑出去的水)' and get less involved with her life.

It is difficult for a woman's own mother to go to her daughter's home and help with the housework, especially if the daughter lives with her husband's parents, and the mother has her own husband and children to look

after. But if her own children have all grown up, she would be very happy to help looking after her daughter's children at her own home. This is more common among the Mainlanders if the mother is not working herself. In return, the daughter may pay her some financial reward openly, instead of simply giving her presents behind the back of her husband and his family.

Traditionally children belonged to the male side family, therefore the paternal grandmother has the priority to look after the children if she wants to. However in our study six maternal grandmothers and four paternal grandmothers were looking after their grandchildren. There were more Mainlander maternal grandmothers looking after their daughters' children than the Taiwanese. It seems that Mainlander mothers tended to involve more with their married daughters' life. There are sometimes conflicts between the two grandmothers over the grandchildren.

Table 14.2 Grandmothers who look after their grandchildren

Maternal grandmother		Paternal grandmother	
Mainlander	Taiwanese	Mainlander	Taiwanese
5	1	2	2
Total		4	

4. The sort of work she is doing

Decent jobs such as middle school teachers were the most admirable for the middle class family. Nursing is not. This will be detailed more in the next chapter.

Among the eleven married, three of their husbands in the study showed their suspicion towards the wives' doctor colleagues. One warned his wife: 'Don't be too close to them, they will think you are a loose woman.' Another one questioned her: 'How could you know them so well (to know such things

about them)?' So whenever she mentions anything about the doctors in the same ward, she must say that some other woman colleagues told her. The third one wanted the wife to leave the hospital where once a doctor was interested in her before their marriage, for he once saw them talking together.

The types of woman worker

In this part, single nurses who would work until marriage and married nurses who worked for family reasons were categorised as conformists. Married nurses who compromised their work and self-intention to fit the family needs were classified as compromisers. Strugglers are single nurses who were worried about their future and did not know what to do.

Occupational nurses tended to be more conformists, while the degree nurses more compromisers. Most degree nursing students were bewildered and struggling between the conflict of the two roles in their future.

The conformist

Nine JNC nurses said they would work till marriage and three would depend on their situation after marriage (see Table 14.1). Six married worked for family economic reasons. But they appear reluctant to admit this fact. That is to say, they prefer to put it that they work because they feel bored at home, that they work to kill time, or that some one persuaded them to work. They showed no interest in the success of the work, and said that they could quit at any time. Three out of the four married occupational nurses in the interview said that they would prepare leave the job at any time (eg. the coming of the second child, moving into a ward with evening and night duty, the children growing up etc.). It was only because of the husband saying: 'If you stay at home you'll feel bored', or because her own mother persuaded her to work, or for fear of losing the husband and children's respect. The other one twisted the question 'Will you feel sad if you leave your job' into: 'It is impossible for me to quit for my husband's

younger brother is still at school'. This meant that the family needed her to work.

The compromiser

One degree nurse said that if she were to stay at home after marriage she would feel her education was wasted. This exemplified some of the degree nurses' attitude towards their better education, although they were told by society that the main purpose of the girls' education is to improve herself, not for pragmatic (materialistic or marriage) reasons.

In this study, we found that degree nurses would marry better than occupational nurses or more often marry doctors than the latter. But as we had found in the previous part, doctors are the most reluctant ones to let their wives work as nurses. If they are happy and satisfied just to be a doctor's wife, it will be fine for them. If not they will encounter the feeling of regret over their own ambition and education.

Actually, hardly any degree nurses would work as staff nurses in the clinic after marriage and the completion of their compulsory service. They would either seek promotion to head nurse or leave.

Most degree nurses felt that they were over educated for being staff nurses. Therefore they would try to compromise their own intention to work with the social value of a decent lady's job - matron, nursing teacher, or other health worker. A regular time schedule in order to look after the family was the reason usually given.

In interview, five out of the nine degree nurses, plus four NDMC students in their writing, were considering taking a post-graduate course which could lead to a teaching job or promotion in the hospital. Two degree interviewees, even though they liked nursing, were nevertheless looking for another job.

The struggler

In their writing, seven NDMC and nine JNC students said that they did not know what would happen to their future, so did five in their questionnaire responses (see Table 14.1). On the whole degree nursing students, like the degree nurses, even though they had a better chance in

marriage and a little more freedom in social activity, had more intention to work than the occupational nurses. Nevertheless they showed more doubts about their future.

For the 19 degree students who had steady boyfriends who had been approved by parents of both sides, it would be the most natural thing for the parents to put them into marriage after their graduation. Seven of the total 23 felt that married life is still too far away for them to imagine, including the three who had steady boyfriends already.

It is true, that when they talked about their future, the degree nurses were not as sure as the occupational nurses who had a definite idea for their own life about marriage and work, even though the occupational nurses had no practical experience with the opposite sex. The degree students showed more confusion about their future. Of course they all understood and accepted without saying that they should serve the compulsory work in the military hospital for four years, therefore the short term plan was not in their own hands. After four years they would reach the top age limit for marriage and most of them would marry within these four years. Thus it would also be difficult for them to predict the future, because the husband or his family's situation and opinion might change their plans totally.

Most of them wanted to finish their four year service as quickly as possible, then, they believed, they could do what they really wanted to do. This however was very vague and variable from one to another. In some cases they gave several possibilities as 'teacher', 'more education', 'what I like to do', etc. and then said 'I really don't know'.

One case exemplified well the paradoxical struggle between being a housewife and a professional woman in the future. She worried about the content of married life as: 'Is that shopping, washing, waiting for husband to come back for lunch, and at the best, taking a walk with him along the river, all of life?' and if 'I keep working at night and evening, what are my husband and children going to do?'

The rebel - the married and working for their own interest:

The more we went into the more serious matters of life, the less rebels turned up. If someone seemed to rebel in some way, she might still conform or cling to the others. For instance, the one who is not married would be a filial daughter. Even the most rebellious had left nursing (see the real rebel).

Married nurses working purely out of self-interest did not exist in this study, neither were any prepared to do so in the future. No one said: 'I love nursing, I want to make a career of nursing for lifetime' 'I want to rely on myself' Only one was prepared to work as a nurse till the minimal pension (15 years) scheme. This is partly due to the woman's attitude towards their work, partly due to nursing itself and the economic difficulty of living on the nursing salary. This will be dealt with in more detail in the next chapter.

Motherhood - a woman's heavenly duty

Motherhood is still such a important thing in a woman's life, and highly praised by society. Having a son is a woman's only hope of promotion, power in the family and future. If she fails to produce any, it is hard to imagine what she will do to compensate her husband. The problem was not so serious in the old times, because the concubine could fill in this duty. Two fathers of interviewees had taken a concubine into the home, one using the excuse that the mother did not give birth to a son. This fact surprised me, because concubinage is illegal in Taiwan, and I thought it only happens rarely and secretly.

Having children is a woman's heavenly duty. Traditionally and socially children belonged to the male family, not the mother. Thus various attitudes towards children showed in this study, from strong passionate love of the mother, to the cold reluctance of the ones who did not want marriage, and the practical need of adoption.

The loving mother

Nowadays the natal family does not feed their unmarried daughters anymore, neither does the marital family do so for the new wife before her pregnancy. They are expected to earn their own food. The old women can enjoy their husband's support after the children have grown up, but the middle-aged mother will serve the 'spoiled little emperor' (the son) at home as long as she can keep him.

If a woman had any children, she would devote all her strength and time to them for no one else could take her place to look after and be as good as she is towards her children. When a woman has had a child, she has been totally absorbed into the family and found her feet there and in society. The conflict between her career and home has come to an end, she has happily found a good excuse to get out of the usually unsatisfactory work, and can stay at home at ease. Unless her marriage is in danger, she will never worry again whether she could be successful or not in life, since she has achieved her goal.

Some women have the idea that after spending a few years with the children, they will then start work again, but it would be late and the job market really does not want any older women. In the present state of the Taiwanese economy, the market opens hardly any door to women after thirty five for a decent job. Most hospitals will only hire nurses who have not left the job for more than two years.

Motherhood is so strongly emphasised in Chinese society that it showed clearly in the attitude of the more traditional occupational working nurses with small children. They all felt that the children had suffered because of their working and felt sorry for the children, even though there was only one child who was looked after by a nanny for a while, the others all being cared for by their grandmothers. Degree nurses whose children were also looked after by grandmothers did not feel so bad. This may be due to their greater intention to work or better acceptance of the fact that a working mother's children will be looked after by a grandmother.

Eight of the eleven married nurses had either left, nearly left or were going to leave their work for the sake of children. Among them five felt guilt for not being good enough as a mother, including even the one full

time housewife at home.

The strongest worry of the married nurses came from their children. Nine of the eleven married said so. Compared to children, failure in house work (2) and failure to fulfil the husband's expectation (1) seem to be much less important. Mothers thought about and would do anything for their children, for instance: One occupational nurse would have liked to go for more education if she could leave her work, otherwise her children would feel ashamed when they fill in forms at school showing that their mother is only middle school educated. It would not be too far to say that being a mother is more important than being a wife.

The indifferent

Both two single nurses over thirty said that they did envy friends who were married and loved by their husbands, but none of them said they envied the married for having children. This is perhaps surprising for a society which emphasizes motherhood so much and where in the past being a mother was the only chance for a woman's hope and support in her old age and the only possibility of promotion for a woman in the extended family.

In keeping with a patriarchal society based on seniority, children only belong to the man and his family. There is also a general belief derived from agriculture that 'Man plants the seeds, woman only offers the earth for them to grow'. These ideas together may have influenced the woman's lack of intention to have their own children to fulfil her womanhood and life, even though they were well-educated medical persons.

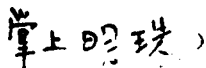
The foster mother

Two Taiwanese interviewees talked about thinking of adopting a child when they get old if they were still single, to accompany and protect their old age. One among the four who did not want to be married showed reluctance to bear children, but she also shared the ideas of adopting children for her old age. Mainlanders seem to be less keen on this point of adopting children. However children out of wedlock and single parents were still unthinkable for them. Actually, there are difficulties in adoption. An ordinary couple wanting to adopt a child would either share or adopt one

from their brother or sister (more common among the Taiwanese) or try very hard to cover up the fact from the neighbours and the child, by pretending pregnancy, forging a birth certificate or moving house. The problem for a single woman adopting a child would be more difficult. However those women who talk about adoption were the more old-fashioned ones, and were still seeking marriage. Probably sooner or later they will go into marriage to solve this problem in their life.

Summary and conclusion

Since most of our respondents were single, the result of this part was mainly based on their expectation and future plan of life, plus the experience of the few married. From their life expectation, here we concluded 'a legendary life of a modern woman'.

'Pearl in the parents' hand' (Zhang Shang Ming Zhu )

An admirable girlhood of a upper middle class family will be somewhat like this: that she is a beloved daughter of both her parents; she never has to touch any dirty work and hardness in life; she is gentle, tender, and sweet; she is innocent, and totally ignorant in sex; she is as pure as a sheet of white paper; she is well educated and well disciplined. After finishing her proper amount of education, she will spend 2 to 3 years at home depending on her age, to be company for her parents and to enjoy her 'golden years' of being courted and pampered. During this time she would work for 'interest' (fun) and for keeping contact with the outside world. Her income is just for buying little luxuries for herself, or a little present for the old couple to make them happy. Of course her family does not need her salary, and she has no need to work for them.

The prince charming

Then the prince charming would come on the stage, with his romantic love, youth, good looks and wealth. A romance blessed by the parents, envied by friends would soon start. After a short period of 'going together', when their love has matured and so has their understanding of each other, they would go down the other end of the red carpet with the plaudits of the world.

The happy family and marriage

The dream is one thing; real life is another. Chinese are practical people who do not believe in fairy tales. Life after marriage would be more practical, it would not be just 'soaking in the honey pot', and it would include the following items:

A successful and devoted husband, who would bring house, car, clothes, jewels, money, and if possible a servant.

No mother-in-law in their own house.

Filial sons 'with a future' (You Chu Xi 有出息.).

A relaxed, easy, honourable job to kill time, after children have gone to kindergarten, or leaving children to servants as the rich did in the past.

Old age

Enjoying leisure, travelling, drawing, eating out and sitting and chatting with friends in cafes.

The real lives of our respondents were not as they dreamt. In real life, compromises and alterations are needed all the time. Most girls' lives were not like the ideal model. Girls are not so much beloved, spoiled, even welcomed as boys in Chinese families. In our study some girls were filial daughters, who went to nursing schools in order to look after their parents in their old age, or to relieve economic burden of their parents, etc. When they started working, it was not for fun. They also would give their income to their mother before marriage, then accepted some pocket money from her.

There are not enough princes charming for each girl, so our nurses have to be satisfied with 'honest men' to be their husbands, which happened to most of our respondents. As often as not the ideal man whom the parents would also approve, did not even turn up. Girls had to accept an 'introduction'. It is also more difficult to find a man without a mother nowadays, as opposed to thirty or forty years ago among the mainlanders who left their relatives in Mainland China. Living away from the husband's parents needs great strength against the social pressure of 'untillialness', and also needs considerable economic ability.

Most of our respondents would like to have a relaxed easy regular job after marriage, and would prefer not to work for money, but they may not even be able to afford a servant. Because of rising salaries, there are not many servants available. Mothers may be frightened by stories of children being beaten up, abused, or drugged to keep them good, by servants, baby sitters or infant nurseries. Because it is so rare that people leave their babies out of their sight, the popularity and credibility of those stories may be doubtful. Grandmothers would be the ideal solution of the problem of children, however nursing does not fit their requirement for a relaxed and honourable job. Working and working as a nurse are different. Which we will look more in detail in next chapter, nursing - a profession of dilemma.

Educational background, the correspondence of social class origin and geographical origin work in many ways: their attitude towards work and children, and what sort of man they would marry, which in turn affects whether they will work and what sort of work they will do. The better educated degree nurses did not find it as easy to give up their work as the less educated ones. That is to say that degree nurses faced a more serious decision, since a door had opened a little wider for them, whereas occupational nurses followed the more traditional road.

Chapter. 15 Nursing - A profession in dilemma

A job for young women only

The potential longer worker

Nursing as a women's profession

The dilemma of nursing professionalization

Summary and conclusion

Chapter. 15 Nursing - A profession in dilemma

Our search for an understanding of some phenomena and problems in nursing started with its members' motivation to join nursing, feelings and experience of the work, and future plans for their life in order to see whether they intended to stay in nursing. It was assumed that nurses joined nursing either following their own interest in nursing or by their parents' order. For these reasons they may or may not like the work. If they like the work they may stay in it longer or they may feel unhappy if they were forced to leave, and vice versa. Working conditions were also taken into account as one of the factors which could influence their staying or leaving, and also their feelings on leaving.

In the analysis process, more bewildering and complicated situations appeared. For instance, many ex-nurses said that they love nursing, but would not go back to work as nurses, even though their general attitude tended to work. In this way gradually wider and deeper factors emerged, such as the general attitude of the Chinese society towards women working as nurses, the family power structure and its influence on women working, Chinese women's attitude towards their family and work, and Chinese women's role and status at both home and work.

It was against this background - a changing Chinese society - that an explanation of how nursing expanded from an impossible job for girls to one of the most favourite, and how it lost and still loses its members would be attempted.

We have seen in previous chapters, the boom in the nursing profession in Taiwan, and concluded in chapter 11 how nursing became an ideal education (not job) for young women. We have also seen in chapter 14 the ideal life style of a woman which would influence a woman working outside home. Against this norm of a woman's life, in this chapter we will see how nursing became not only a woman's job, but a job of young women only. Meanwhile the nursing profession faces some problems because of its being a woman's job, its being staffed by mainly women. In the last part of this chapter, some dilemmas encountered by the nursing profession on its way to 'professional-

zation' will be examined also from the view point of a woman's job.

All of these 'problems', of being a female and predominantly young women's job, and the dilemma of professionalization, work together to push the nursing profession's members out of the job market. Thus in spite of the strong intention to work among nursing staff, most of the present nursing population would not be in nursing anymore in a few years time. Nurses staying in the work market will have a difficult time, and the profession a hard and long way to go to achieve their target of professionalization.

A job for young women only

Nursing in Taiwan now is not only a profession nearly totally staffed by women, but also young women only. The average nursing career is very short and the turnover is very high. Nursing leaders therefore blame their nurses for lack of loyalty to the profession, which they consider selfish and backward. The health policy researchers were surprised by the maldistribution and the short work span of nurses. Many reasons contribute to this phenomenon, including the nurses themselves and the profession itself.

The nurse

Because of nurses' intimate and close contact with the opposite sex and its low status nursing was not supposed to be good for married women. Whereas for single nurses because of the great model established by Miss Nightingale, things are different. In hospitals, there is always argument and embarrassment over how much and what a nurse should do. There are conventions in military hospitals where our respondents were such as that in severe cases in teaching hospitals when the patient is unconscious, nurses are expected to look after all his hygienic needs eg. in the intensive care unit. In ordinary surgical wards, nurses would leave preparing (shaving) of the patient's skin to the male assistant, if it includes the genital area.

Avoiding dirty jobs (eg. cleaning the incontinent patients) could be sanctioned by the nursing department. Dirty jobs like helping the patient eliminate and handling the bed pan became a sort of symbol of sacrifice and virtue. Avoiding dirty jobs by single nurses for sexual inhibition is understood and forgivable. The married could not use the same kind of excuses to refuse unpleasant jobs. Generally, for severe cases, if the patient has no family, the hospital will ask the patient's work place to send someone to look after his non-medical need. Hospitals also allow one of the patient's family to stay overnight as 'company'.

In the past, women were expected to give up their jobs and devote themselves totally to their family of marriage. Also employers sacked women when they married. Nowadays it is permissible for a woman to run a family and work at the same time. However in nursing, because of its hard work, its irregular working schedule, and its conflict with the husband's benefit (his face and her relationship with other males), nurses have to leave their job sooner or later. This temporary working arrangement, a 'transitional life style of woman' - cuts a woman's life into two sections: the life before marriage (work outside) and the life after marriage and having children (work at home). Because of these nurses' enthusiasm for marriage and children, and the total devotion which the family expects from a woman after marriage, especially after having children, nurses tended to cut their life into sections, sequentially as educational, working, and married periods. Nowadays many occupations do not reject married women any more, but they do not support them either, so women have to withdraw when difficulties arise. However the transitional life style is still very obvious in nursing. The most typical story will be like this from one of the nurses:

'First, I'll work for two or three years to save some money for myself then get married. After my marriage I will find a regular job (9-5pm). When the children come, if my husband allows me and the family economic situation is not too bad, I will look after the family with all my heart and all my time to give a sweet home to my husband and my children. I will be a 'good mother and good wife.'

As we have seen in chapter 14, most nurses wanted to work after their marriage. Nevertheless in spite of their strong intention to work (see Table

14.1), most nurses will, in fact, leave nursing very soon. Only twelve respondents said that they would work as nurses in the future, plus another seven who said they would work if they could succeed in masters degree training and later were promoted to be head nurses or nursing teachers. The occupational nurses in the interview were prepared to leave at any time, even though in reality they might not be able to. Most of the degree nurses similarly prepared to go into more decent jobs after they finished their compulsory service.

We found also in the last chapter that many NDMC students were strugglers and did not know what to do. One reason for their hesitation could be that most of them would marry within the coming four years while serving the compulsory service. Therefore whatever their husband might say, they have to work full-time during this period. But after four years it will near the average length of a nursing career, and there are too many variables which would be out of their hands to predict accurately what will happen. Previously mentioned, FMC students were included in this study for comparison with the NDMC nursing students because both are under the same military system and the same duty of four year compulsory service. Like the degree nursing students, the FMC students intended to work longer than the occupational nurses. But apart from the similarity in working intention, they would work within the military systems, while the degree nurses would leave the clinic. It is possible that disillusion with nursing during their training and practice rather than simply the military discipline discouraged the nursing students. It could also be possible that the NDMC students were socialized to realise that the average nursing career is as short as less than four years.

Nursing as a young woman's job is accepted not just by nurses themselves, but by the nursing profession, by nurses' colleague doctors, and their clients the patients also.

The nursing profession

The image of the young, beautiful, virtuous and efficient modern nurse was built up so carefully by the nursing profession in order to distinguish, as the 'New Nursing' in England (see Davies C 1980 frontispiece), itself from

the Chinese traditional old woman carers and the Japanese style half-servant apprentices. Therefore, may be unconsciously, the profession itself could not bear older women. Trained nurses of 40 or 50 are also seen as Chinese Sara Gamp (Williams 1980:43, quoting Breay 1897:493-502) - a 'San gu liu po' type woman.

The doctor and patient

If there are any romantic fantasies in the clinic, for both doctors and patients it would be much better to have some young and beautiful women there than having old, dirty, lazy, careless and fierce women on the ward.

Besides, it is not only, however, just that older nurses are thought to be less competent, a dilemma arises also because of the Chinese veneration of their elders. Because of this attitude of Chinese towards their elders, the doctors find it difficult to be helped by or give orders to older nurses, so also the patient finds it difficult to accept service from an older nurse.

Since neither the staff nor the clients of nursing appreciate older women, nursing cannot be assumed to be a lifetime profession and a secure job to support its members under any condition, what some Mainlander parents call an 'iron rice bowl', which not as beautiful as a piece of fine china, but would nevertheless last a lifetime. Nursing is supposed to be only a young single women's job, therefore every one should leave after a few years, either when they are married or when they get on a bit. Future plans of the respondents in this study confirmed this attitude.

The potential longer worker

Some interesting findings in this study include that the occupational married nurses were relatively happy, and the attitude of the half Mainlander

nurses to nursing. Some degree nurses if they could sort out the problems of marriage and family, would become the future leaders, and stay longer too.

The relatively happy conformist

The ones who would work longer in bedside nursing would be the occupational nurses who married lower middle class Mainlanders, and work for family economic reasons. They did not care about success, and did not care much about the money reward. They had no ambition for promotion. Their life had been settled which gave them some satisfaction and sense of achievement. They were more experienced at work, and more respected as married women. They were more privileged than the single nurses. Through the kindness of the nursing department less night duty, less heavy work was offered to the married, especially those who had children. With less expectation from work, a sense of security from marriage and sense of having a choice to leave the work at any time, this group of nurses became the relatively happy ones in the clinic. The usual description about their work would be 'not bad'. They seemed to have a more practical or neutral 'instrumental' attitude towards work, not as the degree nurses being either idealistic or pessimistic about nursing.

Although it is difficult to draw conclusions from such a small sample, I must admit when this result showed I was surprised, because I was looking from the viewpoint that degree nurses were the favoured, therefore should be happier, at least, with their work. As I said before, in this study exceptions would not be ignored. Possible reasons for this phenomenon seemed to be that married occupational nurses reflected to some extent the 'dream life model of a woman', and they played the woman's role better than the others.

They were married; they had a small job. Thirdly, they had no pressure towards promotion and success. Promotion prospects of occupational nurses were totally blocked in the Tri-service General Hospital. Because there was no chance whatever of success and promotion, the married occupational nurses did not have to face the pressure of them. Moreover since they were married, they felt that they did not have to care about the job very much. They had achieved their sense of success and security from marriage and home; they could afford to give up working at any time.

Fourthly, they made a contribution to the family therefore they might enjoy some power or sense of importance at home and some support in their working from the family. Their nursing skill, knowledge and connections in the hospital might also have raised their status at home as well.

However drawing conclusions as to power, privilege and duty etc, is a very sensitive and dangerous task. According to my own observation, the wife and daughter of the small merchant or butcher in the market have some power over the man, if they are actually running the business, but the wife and daughter of the owner of the bigger size stores have very little power. Whether there is any coincidence between this and the hospital, in which at the ward level the head nurse (woman) runs it like a household, while at the hospital level, the man plays the administrator role, is unknown.

Fifthly, they might have less housework and less in-law problems

Married occupational nurses seemed to have reached a kind of balanced agreement with their mother-in-law and husband over housework and some sense of security and belonging in the family, because a man can abandon a woman but it is not easy to betray his family.

The half Mainlanders

The other possible group who may work longer in the clinic would be the nurses having Mainlander father and Taiwanese mother. At the beginning period of field work in Taipei, many cases collected by questionnaire from correspondence in London had to be abandoned, because of the discovery of the registered Mainlanders, actually having Taiwanese mothers. The nurses' female role behaviour could be influenced by the mother, and the mixed background would make the result unclear. However from the written stories of 63 nurses and students drawn from the two nursing schools, the half Mainlander nurses turned out to be the most interesting and complicated. Some twenty years ago when most girls in our samples were born, marriages between mainlanders and Taiwanese were rather rare, and tended only to happen between lower status mainlanders from the military system and Taiwanese girls from poor families without proper education.

In the family which the half-mainlander nurses came from, the fathers usually played the dominant role. We could see this clearly in the choice of nursing as the daughter's future job. One nurse recorded that when her

father decided to send her to NDMC without even consulting her, she was so unhappy but could not show her own feelings. These Mainlander fathers also showed ambiguous and paradoxical attitudes towards nursing as one nurse reported: 'I always remember that once I asked my father whether it is good for me to be a nurse. He answered "yes", but I remember clearly from his face that he meant it is good for somebody else's daughter but not for his own'. Some 7 out of the 8 fathers encouraged them, or even ordered them to go (including the two who were originally against her taking the examination). One father consulted a military doctor before his decision. This group of fathers also played an important role in the daughter's discipline, social activity and marriage choice.

Girls from these kinds of families showed a rather practical attitude towards nursing as 'iron rice bowl' which she will carry, a duty, a job of conscience, etc., in contrast to nurses both of whose parents were Mainlanders who held romantic ideas about nursing. Two half Mainlander nurses talked about the transformation of their attitude towards nursing during training. One was scared to death of hospital and nurses before she went to nursing, the other had had a very negative image of the nurse as a low status, bad tempered ('having the face of a step-mother was' the word she used), bad-mannered stupid woman. Both of them changed their image of nursing and will work as nurses in the future after they have finished their compulsory service, if the situation allows them. The half Mainlanders could be possibly the ones who would stay in nursing longer in the future.

The future leader

Some degree nurses with promotion possibilities, who also had found satisfaction in human interaction, were the most earnest, and could be the central members of the nursing profession in the future, if they can only sort out their marriage and the objections of their families of marriage to their working as professionals.

Degree nurses who had once overcome the adjustment problem of the first stage, seem to like their work more than the occupational nurses who took nursing as only a temporary job and had no promotion prospects at all.

Nursing as a woman's profession

Other factors contribute to nurses leaving their job as well, among them the main factor is simply that nursing is a women's job. As a woman's job the profession has to compete with its members' loyalty and interest in their family, can not offer enough attraction to keep its members, has to bear the transferring of sex role from home to work, and has to carry its members "woman's attitude" towards working. All of these in return make the working environment unbearable for its staff and drive them away.

Conflict of loyalty to job and family

Both the profession and the family want nurses' full devotion. But while for men the whole social structure and institutions were built up to fit and to help their career, for women home and work are conflicting and competing, not just competing for their time and strength, but also attention and devotion.

The profession cannot afford enough attraction to keep their staff

As a woman's job with long and heavy historical components of both the west (servants) and China ('San gu liu po'), nursing could only offer low status, low payment to its workers. At the same time, for its high spirit of service, as Carpenter suggests 'the work itself was not to be tainted with the world of capital' (1977:166), the profession even asks its members to sacrifice and not to complain in Taiwan.

One degree nurse in this study described the great shock when she was a student and once encountered a female medical student about her age in the clinic. Only then she realised the different respect and trust from the patient to the student doctor in comparison with her. From this moment on she started to doubt the possibility of improvement in the status of nursing.

In this study none of the respondents complained about their pay, but many talked about the bitterness of a heavy work burden. It could be

possible that low pay was accepted as fair by them, or that it is still taboo for a Chinese or a woman to talk about money and income.

Transferring the sex role into work

According to Worsley (1987:140) 'There thus is a dialectical interplay between the domestic division of labour and the structure of paid employment outside the home'. Apart from lower pay and status he is referring to, in this study I found that nurses in the clinic given low status are being treated as women are in the Chinese culture as a whole.

Doctors and nurses

Many nurses in this study talk about the difficulty of dealing with doctors in the clinics. Degree nurses and degree students handled it better for they knew most of the young doctors at the medical school as fellow students, therefore it was more difficult for these doctors to be nasty towards them. Some nurses got along well with the doctors because they believed that: 'They are doctors, what is the point to compete and argue with them?'. Therefore whether they were satisfied with the relationship with doctors or not is not a good indicator of the situation between them and the doctors.

The JNC students were occupational nurses who had a few years experience in the clinic. One of them talked about the lack of proper care in small hospitals in southern Taiwan. She said: 'but if you were to make suggestions to doctors, they would be annoyed. Yet if not, the patient would suffer'.

Another talked about the few rewards from the patient, saying that when patients recovered they always thank the doctors, but when they were distressed they shouted at the nurses.

Men to women

Traditionally most of their social life took place in brothels, and most of the activities in the brothels were making friends and connections which would be necessary for their future as I described in the background

chapter. The famous Chinese writer Dr Lin Y. T. (1938) explains Chinese prostitution as looking for affection and tender feeling from the opposite sex since men are totally cut off from ordinary women and have no normal social life with women from 'good families'. Prostitution in all kinds of transformations is very popular in Taiwan nowadays. Most business transactions would be achieved at the restaurants while girls could be called to serve parties, and might or might not serve further 'treatment' to the guests by courtesy of the host afterwards. However the modern prostitutes are no longer so well trained and highly valued as the traditional ones, neither is visiting a brothel is seen as romantic and socially approved as it used to be. Instead young single working women from 'good families' become the most desirable component in male parties. Business was the excuse given to wives of these men's not going home, and activities in group protects them from gossip about liaison with their female subordinates. These are usually older married men in power who had the money and time. Young women often assume that they are safe because those activities take place in public and in a group. They also feel secure because these men are married and they treat young women as daughters or nieces. Nurses suffering sexual harassment and abuse might seem just like women in other occupations. However the ambiguity which arises from the nurses' contact with the male body and her assumed knowledge of sex may mean that her position is worse than that of women in other occupations.

One of the interviewees told an extreme story of her experience of working and leaving her first job, which will tell something about the modern social relations between the two sexes in Taiwan and the attitudes of men to women.

Her first appointment was with some of her nursing school mates in a hospital. At the beginning it was rather happy. Then the principal of the hospital started taking them out for dinner parties with the big figures in the medical field. At first she did not feel anything wrong. There was nothing much more than drinking, joking, and fooling around at the party. But gradually she felt uneasy at getting back home late and drinking alcohol. As soon as she started to refuse these invitations, she was transferred to a ward which no one else wanted to go to and lost a chance for a little increase in salary. When she left the hospital to look for another job,

where she thought there might be more justice, a doctor colleague told her: 'such places do not exist in this world'.

She could not figure out the social meaning of these dinner parties, but only felt uneasy. However this case of taking nurses to parties was investigated by the authorities recently.

The Woman worker

According to Barron and Norris (1976:47-69, quoted by Worsley 1987:139), (western women) 'tend ... to readily accept the loss of a job; they are a socially distinct category, which appears to legitimate different treatment; they display little interest in acquiring training; they are less concerned than men about the economic rewards for their work; and they are less effectively organized into trade unions'.

In Taiwan the same seemed to apply: on the whole, nurses did not show very much enthusiasm towards nursing in this study. It seems that whether they like nursing or not has very little to do with the respondents' first decision to join the profession, nor does it affect later decisions to keep working or leave.

In terms of their original motivation, we know that most of the nurses came to nursing for their parents' sake, or from failure to find other alternatives. Among all kinds of motivation, it seems that those who went into nursing for the sake of their family's economic condition did not enjoy their work very much. Those who took nursing as a stable and secure job, even though this was at their parents' insistence, seem to accept nursing better. Having a beautiful image of nurses did not last very long, and could not ensure a liking of nursing at all. Anyhow, at this period of the study, none of them said that their remaining working as a nurse was due to its beautiful image.

Table 15.1 Nurses' feelings towards nursing

	+	0	-	Total
Interviewees				
Degree	7	4	1	12
Occupational	8	4	0	12
Writings				
Degree student	3	7	13	23
Occup. Nr in training	13	20	7	40

The nursing faculties assumed that the degree nurses would be more interested in nursing, since they were better educated and had a better chance of promotion to become head nurses, supervisors and head of nursing department. But the result here shows no difference among these two groups in their attitude to nursing. This can probably explained by saying that the degree nurses in this study, as new graduates, had less experience than the occupational nurses, and had little opportunity of promotion in the near future as well. The more experienced degree nurses had either left or been promoted to head nurses, therefore were excluded from this study.

The degree nursing students disliked nursing more than the degree nurses.

Some 13 out of 23 NDMC degree nursing students in this study disliked nursing. Seven neither liked nor disliked it or sometimes liked and sometimes hated it. Only three had a positive attitude towards nursing. Final year students with their greater experience than students in other years, are more welcomed by the clinic; the nurse educators assume they are more confident, and happier with their future job as nurses than younger students. The results of this study show this not to be true and will be a surprise and disappointment for the nursing educators.

The JNC students also were assumed to be the most motivated among the occupational nurses as well as the more experienced, because they have worked for a few years in the clinic, then decided to pursue more training. However, only thirteen of the forty JNC nurses had a positive attitude towards nursing. Twenty of them showed a neutral attitude, ie. neither like

nor dislike, not mentioning it at all, or just avoided the question by reiterating the clichés about nursing, such as: "It is an art and science"; "Nurses burn themselves to shine on the others", "We should improve nursing and its status", etc.

Comparing with written stories, the interviewed nurses showed a relatively more positive attitude towards nursing. Nevertheless the ones who liked it gained an emotional satisfaction of a traditional view. It is a general phenomenon that nurses who liked nursing usually talked in general terms of helping people, or being rewarded by the patients' acceptance. 'Personal growth', 'looking after others as well as selves', 'serving and sacrificing self for society', 'sense of sacredness', 'sense of achievement from patient's recovery', and 'patient's feedback' were the other reasons they gave for liking nursing.

One interesting finding was that four out of six retired nurses said that they like nursing, but none of them would go back to work as nurses again. This does not say that they had no intention to work. Three of them wanted to work in related fields such as a medical technician, running an infant nursery, or an old people's home. The other three wanted to have their own business, which has nothing to do with nursing. None of them prefers to be idle at home without doing anything. All ex-nurses had the intention to work, but not a single one wanted to work as a nurse again, nor to earn their own living by nursing. Some would do it 'for fun', for patriotic (if there is a war) or charity reasons.

The married ex-nurses were even more interested in nursing than the single; this could be due to their having left nursing for the sake of marriage and children while the single were left behind to become bored with work and life in the clinic.

Dilemmas in nursing professionalization

1. Nursing education boosted, not practice

Nursing education was boosted following the 1960s, but not so much nursing practice. It was more the expanding and increasing of marriage and the educational market than the job market. Nurses still have very short careers and many are unemployed. Since then the career has been cut even shorter, because private hospitals have a larger supply of new nurses, and would be happy to let the old nurses go when they are married or pregnant.

Nursing schools opened one after the other, many recently expanding to degree level. This prosperity was not welcomed by the earlier nursing leaders, because it was not under their control, nor in their style. They criticized these schools for their lacking of teaching facilities, but their voice disappeared in the noise of the economic development and the expanding of medical education and medical care.

2. The attitude of a male dominated society

According to Hearn (1985:184), professionalization is essentially a patriarchal process, it therefore adopts the attitude of men towards women. The nursing profession in Taiwan has been no exception. It picked up the Chinese man's attitude towards women too. The nursing profession is staffed nearly entirely by women in Taiwan, but it abuses and dislikes women. The professional ideology engenders hatred of women's attitude towards work, it has no place for sympathy with women's maternal needs and other responsibilities in life. Because nursing is a women's occupation it is senior women who impose the ideology on their juniors. Profession's attitude towards women, and the nursing members' apathy towards the profession form a vicious circle.

The other controversy is that at the same time as following the male professional attitude towards women, the profession also conforms to the ideal woman's life style, and judges its members according to the standard of Chinese society. Consequently, it seems that nursing not only fails to

welcome older women to support their life through nursing, and married women to support their family, but also exploits young single nurses too.

The single abused

Young single nurses' duties are usually arranged in heavy work and night duties (Intensive Care Unit, Operation Room, Emergency Room), while the married are in Out Patient department, Central supply Room etc. One of our married nurses who had worked for thirteen years said that she would leave the job if she were moved to the wards with night duty.

Contrary to the general idea that single nurses are happier with their life and work than the married, that they are enjoying the golden years of their youth to make boy friends and are free from carrying the burden of the family and children, surprisingly, single nurses turned out to be less interested or happy with their work and life than the married.

Table 15.2 Nurses' feelings towards nursing and marital status

	+	0	-	Total
Interviewees				
Single	5	7	1	13
Married	10	1	0	11
Written stories (single)				
NDMC	3	7	13	23
JNC	13	20	7	40

Also against my own idea that in a big teaching hospital like this, nurses would be happier working in the most challenging unit (Intensive care units, Operating theatre etc.), in the interview nurses in fact described how those units needed staff badly and nobody wanted to volunteer to go, so that the nursing department had to send the NDMC new graduates in compulsory

service to work there. Because of lack of competence and confidence, this made them suffer and feel more aware of their shortage of experience. The shortage of staff in those units could be caused by the nurses' attitude towards their work, and also the bureaucratic failure, such as the internal structure of the units which put great pressure on workers and therefore drove them away; the nursing staff who had personal connections, created difficulty in allocation; and the married as well. The conflicts among the new and the old, the degree and the occupational nurses contributed too.

Look down on the losers who rely on their career,

A woman who could not get married is a loser; she must be strange and have something wrong with her. Three single ex-nurses were all over 28 and had no steady boy friends. The main reason they gave for their leaving was that 'There is no hope in nursing'. They could not see any future for themselves as an individual or for the profession as the whole. Because nursing is a young woman's job before marriage, therefore when a woman has passed her suitable age for marrying she should leave. None of the nurses in our study said that they would work as a nurse and remain single for life.

Dislike the married

The only possible reason to keep a married woman working is that her family's economy is in danger, which is assumed to be 'faceless' and shameful for the man in the family. According to Norma Diamond 'to be a respectable middle class person in the modern Taiwan setting means to emulate the traditional upper class by separating the women from the workaday world (1973:216)', therefore, she concluded: 'Continued employment after marriage is taken either as a sign of financial need, to which no upwardly mobile family will admit, or as arrant selfishness on the woman's part (1973:222)'. In a not-highly-reputed job such as nursing, quite possibly this may be true.

That is to say that if a married woman does work, it is because she has to, for example in this study, to serve the compulsory service as the NDMC graduates do, or to share the family economic burden. Three husbands of the five married occupational nurses were military personnel, another two were a

police officer and insurance company staff. These kinds of jobs belong to the middle low paid level in Taiwan.

Usually married women are not welcomed in the labour market, because instead of paying all of their attention to the work, they care more about their family and children. This kind of attitude can be also due to the assumption that these working women might come from poorer family and they have to work. In nursing, this kind of judgement about married women is just the same. Having married and older nurses in the less important and easier tasks is not just being thoughtful and kind by the nursing department to married nurses for their family burden, but also a kind of devaluation of their working intention and ability. Those married nurses are therefore cut off from promotion and most of the time they are occupational nurses. This kind of attitude only applies to staff nurses, because at the senior and higher level, marriage can be beneficial. For instance when a married degree nurse and a single one are competing for one possible promotion of a head nurse, because the married is assumed to be maturer and understands the patient better, therefore will fit the position better than the single. We have learned that all the current nursing leaders are married.

Nurses and further education

Increasing nursing quality and the nurses' status by more education of its members is one of the main strategies of the profession, from the old apprentice type to the master degree programs and today even aspiring to the Ph.D degree. The purpose of the higher education is to cultivate nursing leaders and educators.

A. Strong intention and motivation

The degree nurses

Because of the limited number of posts as head nurse and even fewer senior posts, the degree nurses soon learned that a B.Sc degree in nursing does not guarantee them to be head nurses automatically. If they want to stay in the clinic, they have to work harder to push themselves higher to

catch up with the expansion of nursing education.

Nine degree nurses and degree nursing students out of the 35 degree level respondents were considering taking a post-graduate course. Among them seven would do a nursing master degree training which later would lead them to a teaching post or promotion in the hospital. Meanwhile when they were planning, they also felt ashamed of admitting this 'ambition' (this word was not used for it doesn't suit women). When talking about their plan, they either laughed (a Chinese laugh which means embarrassment) or explained immediately afterwards that they did not care about promotion or the certification of a higher degree, all they wanted to do was just to improve themselves.

The occupational nurses

There are many two-year-junior college level 'in job training' and advanced training programs for occupational nurses who want more knowledge at their work. The purpose of opening these programs was said to be to improve nursing standards in Taiwan. These kinds of programs are very much welcomed by the occupational nurses who had been stigmatised and prejudiced in the clinic and in the marital market. Our JNC nurses belong to this group.

Unfortunately, among the forty JNC nurses only 8 wrote about their reasons for going for more training, which are summarised as follows.

Feeling of inferiority and humiliation in the clinic

Professionalization created much tension inside the profession. The occupational nurses felt that they have been mistreated and discriminated against by the degree nurses. The only way of getting out of the humiliation and catching up with the degree nurses' superiority is through more education.

One JNC nurse said that her teacher once pointed out to them that occupational training is only just the primary school in nursing. She came to JNC because she did not want just to be a primary school student. Another talked about the mistreatment and inequality which occupational nurses suffered in the clinic. So for self-respect and to get out of the

sense of inferiority, she went to more training. Several others joined her: 'in order to change their own situation' which meant to improve the doctor's and other degree nurses' attitude towards them.

Two went to improve themselves and their job. This partly meant improving their practical working conditions, partly just: 'I have no other ambition, I just want to improve my good quality and nature'

Seven nurses among the forty JNC respondents showed negative attitudes towards nursing, but they still went for more nursing training. Among them, one complained that the nursing profession never paid enough attention to occupational nurses. She criticized the profession for being biased in the direction of 'increasing nursing quality'. She said that what the profession really meant is only increasing qualifications. In this desperation she went into more training for the sake of avoiding being discriminated against in the clinic. She also pointed out that the profession prefers degree nurses, 'But' she said: 'degree nurses seldom work in the clinic'.

Influenced by others

Just like their original decision to join nursing, in which many of the JNC nurses were encouraged by other people (parents, relatives, neighbours etc. 32/40), one went because many of her school friends had done so, one was ordered by her parents, two admitted that they were influenced by others in taking higher education. After three or four years training and a few years working, fewer JNC nurses were encouraged or 'decided' by parents to go for more training, as compared to their first starting in nursing.

For the sake of marriage

One subject's parents who attempted to stop her going were convinced by her saying that after the training she would marry better.

Marriage intention is still difficult to see however, because of their general inhibition in talking about the subject. But when talking about their social experience, several said: 'who would be interested in a girl only having occupational education?'

There is a hidden force which could be the reason that pushed them into more education, even though nobody mentioned it. That is the pressure of

marriage. After a few years working, it is about time for a girl to get married. But if there is still no sign of possibility at all, the only way to postpone the marriage search is more education, because a girl at school is not supposed to be married. This method could not only release the pressure for a few years, but also could increase her value in the marriage market.

Although we have heard from one of the occupational nurses in the interview that she wanted to pursue more education after she left nursing for her children's sake, in fact no JNC nurses waited that long in our study. Their average age was much younger than hers. They were between 19 and 25 (33 between 20 and 23) and all single. None had children to consider.

B. The result of education

Promotion and prestige

Study is an important thing in nurses' lives now, but it ends in very little practical use or benefit except probably some promotion inside nursing itself. Both degree nurses and occupational nurses complained of being looked down upon by doctors and nurses who are higher in status or more experienced. They were also trying to pursue more education to solve their problems. However education perhaps can not satisfy the individual's hunger for prestige, nor the profession's either, because of the historical and gender background of nursing.

Marriage

Because of lack of comparison with the girls of the same social status, age and educational background, whether nursing enables nurses to marry better is unknown. It seems that degrees nurses marry doctors more easily and more likely than occupational nurses, but there is a limit to the value of higher education. Above the post graduate level, education could threaten the husband's confidence and face, and therefore would even hinder marriage chances.

On the other hand, better education could give some satisfaction or better chances in the marital market for occupational nurses. If this is

their true ambition then it will be fine, but if their ambition is more than that they probably would even suffer more disappointment and frustration in the future than the degree nurses did.

Work

If more education did help nurses in marrying higher status husbands, the point is that higher status people are less in favour of women working as nurses. As we had found in the cases of degree nurses' doctor husbands, doctors are usually reluctant to let their wives work as nurses. If a nurse is happy and satisfied just to be a doctor's wife, it will be all right, but if she is not, she would suffer to some extent in feeling regret over her ambition and education.

Decoration

Actually education could be a prestige and satisfaction itself, as Chinese women were always told, education can change your characteristics, and make you a more elegant and better person. In a survey of women graduates in Taiwan (Zhu 1983), many women gave self-improvement as their motivation for going to university, as several nurses in this study did also. Since women are not allowed to be ambitious, and actually there is little chance for them to practice their education and training, self-improvement and satisfaction could be the best explanation to themselves and the world.

Actually the certification of a good education is seen as much more important than the education itself. This could again be seen in the case of the married nurse who wanted more training for the sake of her children's face.

As we said before, one nurse criticized the vanity of the nursing profession by saying: 'When they talked about increasing nursing quality, they really mean higher qualification', although she also joined the JNC training herself.

4. More professionalised more frustration

The degree nurses were supposed to be happier than the occupational nurses, because of their better education, more respected, and with more chance of promotion. But in this study, the newly graduated single, degree nurses were among the unhappiest, as were the NDMC students.

In a big hospital like the Tri-service Hospital, promotion to head nurse in four years (the compulsory service time) is nearly impossible. The new graduates were also forced to do heavier work and night duty, as we described before. The more theoretical and idealistic knowledge which they learned in the classroom did not help very much when they worked with the occupational nurses in the clinic; it only made them more self-conscious. Lack of experience and confidence, status confusion, and marriage problems, all together made the single degree nurses more distressed.

They actually talked a lot about the difficulties in their work. The longer and more sophisticated training and better chance of promotion could only bring suffering to themselves and their colleagues too because their expectations were raised. Less experience and the envy around them made the situation worse, especially in the early stages of their careers.

In an extreme case, combined with her marriage problems, a nurse said that she had got no idea about the future at all. 'When coming near the bridge, the boat will go straight by itself'. She takes the 'wait and see' attitude towards both her marriage and work. She said that she has no purpose in life. She did not like nursing in the first place and is still not interested now, because it is only 'fighting on paper' (paper work or theoretical). One of the significant differences between the occupational and the degree nurses was that the latter tended to worry more about their future.

Although more privileged than the occupational nurse, the NDMC (degree) students showed the same signs as the degree nurses. The great majority did not like their work at all (20/23). Students who disliked nursing described their feelings in words such as 'disgusted', 'frustrated', 'despairing', 'wasting of their talent and education', 'boring'.

Most students said that they managed their every-day work in the following ways. 'I just managed to cope with the basic (fundamental practical) work', 'I am very pessimistic and accept what life has given me', 'I

can't let myself be left behind by the class, therefore I tried to catch up'. They were all hoping to finish their compulsory service and get their freedom back. Whether they will be happy then is another story.

Because of the strong desire for respect and prestige, the students also questioned the possibility of different jobs which would be taken by nurses of different status, such as degree nurses and occupational nurses. They asked: 'if we are going to do the same kind of job as the occupational nurses, then what was the point of our better education?'

Most of the distress of degree nurses and students came from higher expectations. Both the profession and the surrounding audience made them believe that degree nurses are too good to do bedside nursing.

The profession tries very hard to build a barrier between degree and occupational nurses. Promotion to head nurses in big hospitals is only possible for people of or above degree level. Having finished their four year service, degree nurses usually move to a smaller hospital working as head nurses or teachers in the new private nursing schools, if they have not been promoted to such a position in the Tri-service General Hospital, as is virtually certain nowadays. Alternatively, they may retire to be housewives as they approach the age limit for marriage for a Chinese girl. They are expected by the nursing faculty to play the head nurse's role while at work. If one fails to achieve this expectation she will withdraw from the job market.

A former degree nurse in this study said: 'I would only work if somebody invites me to be the head of a nursing department'.

Degree nursing students had stronger status consciousness and expectation as did the degree nurses. Because they were expected to be trained as future leaders and fighters for the profession, they consequently suffer more.

5. Other difficulties of professionalization

The controversy between theory and practice is really a problem in the road of professionalization, for a job relying on so much simple everyday practice. Many respondents pointed out this dilemma and felt frustrated and

hopeless. Many showed desperation and helplessness. Others criticised the 'big talk and uselessness' of nursing theories imported from America recently.

Apart from the occupation itself and its historical background, the 'woman' and especially the 'Chinese' component make the professionalization movements more difficult - professional movement being usually somewhat militant in character. Although some nursing leaders took the chance of the Sino-Japanese war and later the conflict with the communists to build up a field of nursing in Taiwan originally based on the military system, the future is still a long and difficult road for Chinese women and nurses to go.

The Institution (NDMC) itself has problems too. It has been attacked both by people against higher education for nurses, and the conservative and male dominated military system for the unbalanced investment and reward from its graduates short careers. The NDMC nursing department faces the competition of other civil nursing schools as well, especially the TUMC nursing school, which can be taken to be the main antagonist. In recent years after American aid was withdrawn, NDMC nursing department has been threatened by the cutting-down of its budget or even with being closed by the government. The decreasing importance of the military and nursing inside the military system in peace time, plus the political antagonism between the new generation Taiwanese and the old military Mainlanders all contribute to the decay of NDMC's leadership in nursing.

Conclusion

The ideal wife or daughter-in-law-to-be for the new middle class in Taiwan should be properly educated and have the ability to work. In Taiwan the expectation of a woman's education has risen in the last years. The extension of nurses' training and offering degrees attracted more nurses and families who would send their daughters to nursing schools and take them as

daughters-in-law. Nurses won qualification as good wives, mothers and daughter-in-law-to-be by their skill and ability working in the modern western hospitals. The social change and westernization and subsequently the increasing need of modern medical care of the family opened up the marriage market for nurses. Nurses' good reputation would be protected by the strict discipline of nursing schools and the nursing department in big public hospitals. All these factors contributed to the booming of nursing education in Taiwan over the last two decades.

However, prosperity was to be seen more in the expansion of nursing education than in nursing practice. Due to nurses' way of handling the two careers of their work and marriage, and the expectation by the society of what a woman should do in these matters, hospitals kept a young and cheap work force.

In our study, in spite of their strong intention to work, most nurses will leave nursing very soon. The usual reason they gave for their leaving was 'night duty' which would interfere with family life, if they were married, which every one sooner or later would supposedly be. The real reason or reasons could be much deeper and wider. It is not only that the time schedule or energy consumed in their work is in conflict with the family or housework, but also that the social meaning of working as a nurse has a negative effect.

These deeper and wider reasons of nurses' withdrawal from the job market include the transitional life style combined with the nurse's model; value judgements in nursing profession; prejudice and mistreatment in the clinic by the medical system, the nursing system, doctors, patients and other nurses.

Some will keep working on a 'day by day' basis, when they have to. Mainlanders from the lower middle class, and occupational nurses married to lower middle class Mainlander men, such as military officers and so on, have more chance of staying on in the profession.

However there was no nurse who worked or would work for her own interest against the wish of her husband and his family. It is clearly quite a bad enough situation for degree nurses in compulsory service, with work both at home and at the hospital, both severely demanding. They enjoyed very little satisfaction and respect from work and also very little support from home and husbands.

They have to fulfil the expectation of society, and of the husband in particular, as a good mother, wife and woman in general. Sometimes the expectations are in conflict, when, for example, the husband wants a well educated and successful wife by comparison with his friends, and at the same time expects all her services as a traditional wife.

It is predictable that a nurse cannot complain to her husband about her frustration at work and the double burden of housework and work outside, or sexual harassment at work which is not unknown for any working woman. The respondents in this study did complain a little to the interviewer about their hard life, but not much. Whether they took it for granted fatalistically or whether it was perceived not to be good for a Chinese woman to complain is unknown. Perhaps both were true. As 'transitional life style' is still roughly the norm of a nurse's life, the difficulty of her being torn between work and home is imaginable. Made up as it is of women and Chinese, the nursing profession undoubtedly too has a long and difficult road in front of it.

Part 5: Conclusion

Part 5: Conclusion

Chapter 16. The neo-patriarchy

Chapter 16. The neo-patriarchy

The woman's world is around the man

The woman's career is at home

Nursing - a woman's job in a patriarchal society

Chinese women in change

Questions for future work.

Chapter 16. The neo-patriarchy

The purpose of this study was to draw out the experiences of some Chinese nurses as they saw them and as they saw the changing life around them impinging on them. There was also hope that this would begin to explain some of the problems and phenomena current in the nursing profession in Taiwan. An aim also was through looking at nurses as Chinese women and female workers to learn something of the norms around the Chinese woman today in Taiwan. When one looks at the themes based on findings in this study, one cannot deny that the world in which my respondents lived is still male centred and male dominated. In this concluding chapter, nurses' life will be summarised under these two headings - the women's lives are still centred around their men and the women's careers are still supposed to be at home. However, in the last few years, many changes have taken place in Taiwan, including the appearances and activities of women, the proportion of women in paid work and in higher education. Thus in order to distinguish from the old patriarchy, the new situation will be called 'the neo-patriarchy'. This Chinese neo-patriarchy will be also looked at against the traditional 'three obediences and four virtues', and 'the ideal new lady'.

Nurses' personal problems, and the problems faced by nursing as a profession will be subsumed in the statement that nursing in Taiwan is a woman's job in a patriarchal society, nearly all nurses being women. In this way better light has also been shed on the problems of nursing image and nursing wastage raised at the beginning. This insight may also explain to some extent the ambiguity of the nurses' image and the status of Chinese women in Taiwan with which we started.

One of the aims of this study was also to find out what this kind of life style meant to our respondents. During the whole work some nurses complained, but not very much, mainly about the lack of freedom of social life. Filial piety to their own parents and chastity were found still to be strongly required in women. On the whole our respondents felt that their life was better than their mothers'. Comparing what they said about their life to the traditional women's life in China, things have changed, are still changing. However referring to their plan of life, the nurses showed no

very high expectations of a career. The changing aspects and their current situation will be discussed in the penultimate part of this chapter 'women in change'.

The whole work was based on 130 Chinese women, mainly nurses. Any conclusions therefore must be tentative and preliminary. There were many questions which I have not or could not have approached. Things are changing all the time, more materials and better research techniques will come along. The researcher is looking forward to seeing more studies beyond her discoveries. Questions for future work will be raised in the final section.

Although this study was only a preliminary peep of the lives of some women (mostly nurses) in present-day Taipei, however because the popularity of the idea that nursing is one of the most suitable jobs for young women, and also because nursing is a profession at the crossroads of west and east, traditional and modern, in a changing society, the researcher hopes her study will bring readers some message of the Chinese women's life in current day Taiwan.

The woman's world is around the man

As Baker has written: 'The Chinese kinship system heavily stressed the importance of the male and of relationships traced through the male. In the past, women were theoretically of little import. They were necessary for the reproduction of the species, and in most cases for their labour in the home, but in both ways they were considered to be there to serve the male and the male principle'.(1979:21-22)

'Three obediences' and 'four virtues' were the norms of traditional Chinese women. To ask a woman to follow the 'three obediences' and 'four virtues' would be a laughable matter in modern Taiwan. Nevertheless from what we have learnt in this study, the unavoidable conclusion from the main themes, is that women are still living in a world which was built by men, arranged for men, and is dominated by men. Except for her father, a

Chinese woman is not required to 'obey' any more, nevertheless she should respect the ideas of her husband and her grown-up son, think of their feelings and 'face', and generally put their benefits before her own. A woman's life is still centred around the man and his world i.e. her father's family, the husband, his family and his children. She should still be submissive to the male, the senior, and devoted to the children. This coincides with the traditional 'three obediences' - to the father, the husband and the son. Thus, it is not totally nonsense to say that the 'three obediences' still have their effects on women, although to say that a woman should follow the 'three obediences' literally is now out of date.

Also from our data, we have seen that the 'four virtues' - chastity, modesty, diligence, moderate adornment - also still provide the standard and model of women's behaviour. The standard of a good or ideal lady was still the filial daughter, the gentle wife and the good mother (Xiao-nu Xian-qi Liang-mu 孝女. 賢妻. 慈母). Filial piety was still the most important of the virtues, which for our nurses meant following the parent's wish and making them happy. Chastity was still the most important characteristic of a good woman, which every women tried to keep. Submissiveness, no ambition and aggression in life and towards others, amiable appearance, gentle voice and pleasant language, hard work and self-sacrifice were still conditions of a good lady. In decisions about a girl's major life events, ie. education, job, and marriage, the father has a strong influence, if not the last word. In the marriage decision, both the father and the mother play very decisive roles. After marriage, husband and children come to be the centre of a woman's life. The results of this study are summarized as follows.

The Parent

Education and job decisions

Many of the respondents were either encouraged by their parents to go to nursing schools, or did so for the family's sake, i.e. sacrificing themselves for the family in economic difficulty (some even without the parent's knowledge), looking after the family's health in the future, or getting away from the parent's autonomy. Parents did not insist too much on their daughter joining nursing, either because they have a paradoxical

attitude towards it, or because a girl's education is not as serious as boys' education, or her marriage. Nursing education was chosen for girls mainly in terms that it is good for girls as an education rather than as a job.

The reasons for going into nursing need some modification from our original assumption that Taiwanese girls were sent to nursing schools in order to marry them to a doctor. What we learned from our respondents was that at the degree level most Taiwanese girls went to a degree nursing course in military medical schools in rebellion against their parents, whereas Mainlanders went as filial daughters, because Mainlander middle class parents accepted nursing and military schools better than the Taiwanese. Both high class Taiwanese and Mainlander parents did not like nursing for the same reasons - that it is a job for poor girls. Parents of occupational nurses had even stronger influence over their daughters than parents of degree nurses.

The goal of marriage to a doctor could only be seen indirectly in so far as a few persuaded their parents to let them go into nursing by saying that in this way they might marry better. Meanwhile seven out of ten Taiwanese degree nursing students in their written stories and three out of four Taiwanese degree nurse interviewees admitted that their parents wished them to marry a doctor - no Mainlanders admitted such a wish.

Occupational nurses were much more modest in talking about expectations of marrying a doctor. According to Chinese discipline, one should know one's position - expecting things beyond one's level is shameful and forbidden. Another factor we have to bear in mind about this point is that it is asking too much for a Chinese girl to say such things as they want to marry a doctor or 'the motivation of my education was just for the sake of my marrying a doctor'. In this study we could not say that nursing education increased and improved its members' marriage chances. Nevertheless if nursing was thought to hinder a girl's marriage prospect, it would be much more difficult for the nursing profession to recruit staff, and the boom in the nursing education would not have happened in Taiwan.

Marriage decision

Only marriages approved by parents could go ahead, otherwise there would be a 'family revolution' (a big row) which would last quite a long time and

cause lots of tears, pain and hostility, until one side gave in. Nurses faced more pressure in their marriage decisions than their job decisions, because marriage is much more important than job for girls.

Some adaptation and compromise were in need to fit the new fashion of 'love-based' marriage and courtship, and at the same time to consider the thoughts and feelings of parents. For instance in our sample, a type of 'introduced' marriage has largely replaced the old 'arranged' marriage to meet the necessity. It was also shown in Diamond's report that a third of the educated middle class women she interviewed had had little or no contact with their spouse prior to the wedding, and another large percentage were allowed to 'date' only after the engagement had been fixed (Diamond 1973:220).

Both parents and daughter have to make new moves to adjust to this new situation. For parents, strict, intensive inspection and deep concern should be exercised to keep their daughters' naivety and reputation for a good marriage in the future. In the meanwhile with great care and calculation, freedom of 'courtship' was announced by parents. Early discovery and quick management must take effect, if any sign of an unsuitable relationship appeared. An attitude of a low expectation towards marriage was passed by mothers to daughters in order to protect and stabilise the eventual marriage; lower, that is, than the romantic ideal.

Most of the time daughters gave up a man without the parents knowing. That is to say they judged the man with their parents' standard in mind before bringing him to the family - if he was below standard they cut him off at the very beginning of the friendship to save pain in the future. With this calculation in mind, plus their limited social opportunity, status consciousness and the strict supervision both at home and at work, and the social pressure (gossip) from colleagues and friends, the range of choices is very small and the years of courtship painful. Then when they were 'getting on a bit', which means around twenty-eight for our respondents, they would accept the inevitable 'introduction'. Some parents started making 'introductions' long before their daughters were twenty eight.

The husband and his family

In the past women were expected to devote themselves totally to their husband's family, i.e. to play the daughter-in-law's role to his parents. Passionate personal emotion with the husband was unnecessary and even forbidden. All a woman had to do was just obey whatever he wanted.

One of the social changes associated with industrialization in recent years is that the family size has diminished, and the centre of the family is turning gradually towards the husband and wife nucleus. In the wife's eyes the importance of the husband has risen relatively while that of his family has decreased. Ideally, the modern small family is based on a love match, and derives much of its stability from the closeness and love between the spouses. In actuality, we have seen the difficulty of courtship among our respondents, we have also learned that some of the nurses were married, or would marry through 'introduction'. In this neo-patriarchal society, absolute loyalty, love and unconditional sacrifice are expected by the husband from the wife as a matter of course rather than literal obedience. On the part of the wife, if these 'introduced' marriages fail to develop an emotion-based relationship between the husband and the wife later, exposure to mass-commercial sexual distraction outside and young female colleagues at the husband's work will lead to an understandable feeling of lack of stability and security. This emerged in our nurses' belief that if they do not keep on working, they would somehow be 'left behind' by their husband and children.

Some of our respondents lived with their parents-in-law, some not. In-law-conflict between mother-in-law and daughter-in-law (a power struggle between women) was accounted as the major problem of the family. It was explained as being due to the fact that women could not get along well with each other. Because of the overwhelming influence of 'filial piety' towards parents and parents-in-law, nothing much appears to have been done. The nuclear family might solve some of the problems, but it would also break the power structure and block the promotion of women in the family. A woman who lived away from her own mother-in-law, would have no hope of enjoying the success of her son and the service of her daughter-in-law in the future. This also means that one day she will lose her own son to his wife, which is unbearable for a mother.

Governmental and social attitudes favour the preservation of Chinese

tradition. The so-called 'improved style family' which combines three generations living under the same roof, is encouraged. In this ideal type of family, the old would be looked after, and could be close to their grandchildren.

The children

Giving birth to sons was the heavenly duty for a woman to the male family, society and the country. Rearing children was honoured as the greatest contribution of women to society and the country. Devotion to child-rearing has personal purpose as well, namely that of protecting a woman's own old age.

Social norm strongly forbids women to leave their children in others' hands. However most women were in any case reluctant to do so.

The woman's career is at home

In the past women were totally confined at home, except the very poor who had to be 'careless about their heads and expose their faces' to the public (Pao Tou Lu Mian 抛頭露面) - a shameful thing which would only be done in a very difficult situation. Women's work and career were at her married home.

Marriage, the first priority

Nowadays, instead of saying: 'A woman's world should be at home', the alternative: 'Anyway, in the end, sooner or latter a woman should be married' has taken its place. The majority of our respondents would marry in the near future. Only very few had ever thought about the possibility of not marrying. Moreover, women still put their marriage and home before their job. Although most of our respondents had a very strong intention to work after marriage, they may nevertheless leave nursing for family and other reasons associated with the nursing profession in the near future.

Working ability is insurance and last resort

Mainlander parents favour nursing more than the Taiwanese. But even for Mainlanders work is only an insurance and last resort in life (see chapter 11). Mainlander parents tend more to believe that nursing is an 'iron rice bowl' which would not be broken and could be an insurance against bad times should her husband die or abandon her. This might not be true in the event because of the work market and attitudes towards older and married nurses. However nurses would rather try hard to rescue their marriage and only take nursing as the last resort because a failure in marriage is such a shameful thing as virtually to equal a failure in life.

Education, work and marriage

Chow (1974:258) points out that since the May 4th movement, new ideals of family life and women's social position attracted the attention of most Chinese young intellectuals. It is true that the advocating of women's rights and liberation was started by men in the May 4th period. Nevertheless it has reached the point today when no more than a few men would take a wife whose education is either much less than his own, or above it. Education is seen as necessary for a better marriage. Too little education will endanger the finding of a good spouse, too much as well. Since her life's purpose is marriage, education should help not hinder her marriage. In this respect, nursing is good, it fits the female role; it teaches some skill in looking after a family and rearing children; it would not threaten the man's vanity; it is an insurance in crisis; all good - except that nurses have to have contact with the male body and must 'serve' other (ie. non-family) people.

The present-day situation demands that women work out of the family before their marriage. An unemployed woman staying at home may not even find a husband. But after marriage it is another story. Work is allowed when the family needs it as in some of our respondents' cases. A decent and honourable dead-end job like part-time teaching in primary or middle schools with a certain amount of income, which would not threaten the male face would seem to be ideal for a married woman.

Marriage is a serious matter

Marriage is a life time serious matter. Sentimentalism has no part in it. Marriage is not a children's game (Er Xi ^{兒戲}) either, so parents have a strong voice in decision about it. Personal emotion would not be enough to guarantee a successful marriage and a good future husband who can support a woman all her life and treats her well. The usual conditions taken into account by nurses and their families in our sample about a husband-to-be included: 1. a man of our kind, 2. a man with future, 3. good nature, 4. good health.

From our respondents we could see that actually 'Love is really a 'dangerous forbidden game'. Nurses in this study had very limited freedom in social activity except the privileged degree nurses under the approved conditions and strict supervision.

According to our results, sending a daughter to an occupational nursing school, and expecting her to marry a doctor in the future is just a modern legend, because in fact romance seldom happened in the clinic.

Housework is woman's responsibility

Speaking of British women, Ungerson (1983:34) points out: 'How women spend their time depends first on material conditions, both at home and in the labour market and, secondly, the ideology of women's "place" as internalised by themselves, their husbands and their dependants at home and their bosses'.

The point is that our respondents, their husbands, children, family and their bosses all believed that men are still the main bread-winner and women the carers and house workers, who occasionally earn a little supplementary money. A woman's place is at home and house-work is her responsibility which no one else would like to take or share. It is thought that when women take up paid work, their house work will be left undone, their husbands and children will suffer; they should finish the house work first and only then work outside.

Looking after the family when they need it was supposed to be our nurses' duty. Several complained of the trouble of taking their husbands'

family to hospitals. They did the same for their original family, but simply accepted it without complaint. Since most of our nurses would leave nursing in a few years, looking after the family would be the main use of their nurse's training. Among our respondents only a few degree nurses felt that their education would be wasted if they did not work.

Ungerson also raised the point of 'Opportunity costs' (1983:34) 'If women "choose" to spend their time in paid work then one of the perceived costs of doing so is loss of time to carry out domestic tasks at home, similarly if women 'choose' to spend their time at home then the perceived costs consist of actual loss of earnings and possible companionship at work'. This statement is under the condition that a woman can choose between working outside and staying at home. Actually, most of our respondents would not have much choice. If the family does not need her paid work, she cannot leave her household responsibility, except as a degree nurse in the compulsory services. If she is forced to work by family needs, the mother-in-law may help in looking after the children. But when she comes back from work she must take over in order to let the mother-in-law enjoy leisure and rest. She would also have to appreciate the mother-in-law's help and kindness.

Achievement valued by family happiness

In a patriarchal society like Taiwan, a woman's success is judged by whether she has a successful marriage, a good able husband, and son (sons) with a future. The belief is that behind every great man, there is a great woman who supports, sacrifices and looks after him and his family, so that he would have no worries, and could fight in his career with all his effort. Behind every successful woman, there would be a suffering, weak and useless man who could not even control his woman, not to mention other things in life. Every successful man would have a sweet home and happy family, but every successful woman must have a broken marriage and a hard life, except those very few who might have inherited a family business from their husband or father.

Because of the ideology that a woman's place is still at home, and a woman does not share the responsibility for glorifying the family and ancestors, her success in paid work can only be for her own personal selfishness and vanity, while her children would suffer from being deprived of good care, and her husband would be tortured by humiliation. No doubt, a woman's success would be a threat to her man's face and status. A man's hard working would be appreciated by the wife because he is working for the whole family, including her and her children, but a woman's hard paid work could only make the children suffer more and bring the husband more humiliation.

Not many alternatives

Most of our respondents had the intention to do paid work after marriage, although some nurses' motivation was mainly fear of being left behind by husband, children and the rapidly changing society. Nursing was not supposed to be suitable for a married woman; nevertheless apart from nursing, there were not many possible alternatives. In the public domain, not many doors have opened to women. One of the most common reasons for our respondents joining nursing was 'failure of or no other alternatives'. Especially at the occupational training level, business and nursing were virtually the only two choices for our respondents.

A woman's job in a patriarchal society

In this study nurses were not only influenced by the current culture and value in Taiwan in their private lives, but also at their work. From the point of view of nursing as a women's profession in a Chinese society, the situation of the profession and its members, emerged rather clearly.

Nurses as women

First, nurses represented themselves as women who were trapped in the dichotomy of work and family. Second, in a patriarchal society, both at work and at home, nurses, as women, were forced to play the secondary role, i.e. subject to low pay, low status and being treated as inferior. As women, they were the second sex, the unprivileged, and players of a marginal role in the family and society.

Our respondents became disillusioned very soon with the image of nurses as beautiful, modern, western, free, powerful, colourful and high status. Their working condition was rather unhappy, but they bore it as Chinese women; they left nursing for women's reasons, i.e. marriage and family; they liked nursing in the women's way and the woman's part in nursing, i.e. helping people and being needed.

Nursing as a woman's job

According to Graham, 'the experience of caring is the medium through which women are accepted into and feel they belong in the social world. It is the medium through which they gain admittance into both the private world of the home and the public world of the labour markets. It is through caring in an informal capacity - as mothers, wives.... - and through formal caring - as nurses, secretaries....- that women enter and occupy their place in society' (1983:30).

Just as women were accepted working in the public domain by playing the role of carers, the nursing profession was accepted as a women's profession for the same reason. However in Taiwan nursing was accepted by the middle class family so that the daughter could be trained to the care of the family, and nurses were accepted as daughter-in-law so that they could look after the family of marriage. It is not to understand that nurses would be expected to put the family interest in front their profession. For nurses themselves, a low paid, low status, poorly rewarded, promotionless future of temporary work remains less attractive than life time family support and the reward of old age. Therefore as a women's profession in Taiwan, nursing does suffer from its members' lack of enthusiasm about their career, and their taking it as their second priority. As professionalisation goes on, the

profession walks into a dilemma, as a profession with a strong female component and mainly staffed by women, but which dislikes women, or at least blames them for being women and thus lacking loyalty to nursing.

The nursing image and nursing turnover

According to what our respondents said and did, the idea that the image of a nurse is of a modern, western or even loose woman, is totally fanciful. The image of nurses held by the general public in Taiwan may also reflect the combination of a traditional attitude towards women working outside the home, towards the traditional healer, and prejudice against women in general. In our study, nurses did not have a colourful life, on the contrary they lived under strict restriction and supervision. Nursing turnover is not a simple phenomenon of nurses being women and women lacking loyalty to their jobs. Nurses' short stay in the clinic is due to the model of nurses' transitional life style, which is rooted in the Chinese tradition of a woman's place and her purpose in life, plus the difficulty of her working in an impossible job which offends against the segregation of the two sexes. Furthermore, most conflicts and troubles inside nursing can not be explained by women being petty and lacking the spirit of cooperation. It arises because nursing is a woman's job, and it is launching on the process of professionalization led only by a minority group of enthusiastic members.

Chinese women in change

At the beginning, we raised the following argument: that some men and women in Taiwan believe that women in Taiwan are freer and more powerful than their counterparts in the European world. Because of a strong emphasis on 'filial piety', they believe that mothers enjoy more power and respect from their son than women in other societies. As they see it, women's status has improved a lot, and women now also enjoy equality in elections, in education and work. The argument is sometimes supported by pointing out that more married women use their maiden name in Taiwan than in European

countries. For people supporting this kind of argument it is a case of 'Women have got everything, what else do they expect?'

Many studies have documented the inferior position of women in most spheres of Chinese society (Chou 1987:3). However our study brings up other questions and indicators of women's status: marriage, children, and housework. In these change seemed to be not so great, for instance: Marriage is still the right way for a woman to go, if not the only way. Both if a woman does not want marriage, or if she wants to marry the man her parents do not approve, she would face great pressure from both parents and society.

For a woman not to want children after marriage, or for a woman to want children before marriage as a single parent, is unthinkable in Taiwan. Bearing children out of wedlock is severely sanctioned. A few nurses talked about adopting a child for their old age, if they could not succeed in marrying, but never mentioned bearing a child themselves as a single woman. If a married woman fails to produce a son, she faces great distress, as did one of our married occupational nurses, who had had two daughters. She said that her husband's 38 year old sister had had three daughters and was still trying. She, herself had decided not to try any more, because her mother had five daughters, she could not afford the repeated disappointments her mother experienced. She did not reveal the husband's and his family's attitude towards her decision, or indicate what she would do should they disapprove. I felt that I could not push her to reveal that.

As we have seen, housework is the woman's responsibility, what if a woman does not want to do house work? What if she does not want to look after her children? What if she wants her man to share the house work and looking after the children? These are difficult questions. One degree nurse tried unsuccessfully to change the normal pattern, because as she said, all her friends' husbands were worse. Another one could only feel sorry for herself. The great majority of our respondents felt guilt that because of their own working, their husbands could not have hot food immediately on the table waiting for them when they were back from work. Guilt is deeper and more commonly felt towards their children.

We have learned from our respondents it was very difficult for a woman who wants to work in her own interest and against the wish of her family of marriage. From our results, we also know that education was necessary for a

woman to get married, so was work before marriage. But enthusiasm, ambition, success and devotion to work were inhibited and forbidden. Family, husband and especially children must always come first.

The legendary life model of a modern women (see chapter 14) was happily accepted by the society, so was the transitional model of nurses by their bosses, colleagues and the women themselves. In the neo patriarchal society women are said to be loved and protected by their father, husband and sons. Women are lucky because they do not have to face the competition and the 'storm' outside home. A woman could enjoy the results of her men's hard work. Such a wonderful life, it is said, if a woman does not treasure it, she must be mad, lacking in self-respect, or worse, seeking sexual excitement, liaison and humiliation. Such a woman is called 'a woman does not follow the women's discipline (Bu Shou Fu Dao 不守婦道)' and should therefore be punished.

The Chinese feminist movement has achieved women's education and to some extent the right to work in the public domain in Taiwan, but they have not achieved the freedom of decision, including that on matters of women's own bodies. Nevertheless our respondents did not complain very much. This could be due to their low expectation in life and marriage, and because they were Chinese women and therefore were not allowed to complain

The changing Chinese women

This does not say that nothing has changed for women in Taiwan, or will not change in the future, even though the ideal good woman is still characterised by the four virtues, and the centre of a woman's life is still the man in her life. Filial piety and female chastity are still the unshakeable arguments of the society, and the ghost of the three obediences and four virtues still haunt the neo-patriarchy. In this study nevertheless even though nurses did not have great expectations in life (or did not want to show their ambitions), they did want to work. They wanted more social and marriage independence too. Some even succeeded in making their own job and marriage decisions. Arguments and questions about the division of housework with their husband were also raised. Two ex-nurses managed to stay single into their thirties even though with great difficulty and against

great pressure. Among them, one lived by herself. Apart from the above, in the last one or two years an idea of 'the noble single' (Dan Shen Gui Zu ^單 身貴族, a sort of 'Yuppy') arrived by television from America. As one of the potential rebels mentioned in her written story 'If I could not get married, I would be a noble single' which has become a dream of the young 'wild' woman. However they talked about this under the condition that 'if I can't get married' an eventuality they believed highly unlikely, without seriously thinking of the possibility of living by themselves and enjoying economical self-sufficiency. A woman in her thirties in the pretest said that, had she money, she would buy a flat near her parents in order to look after them, and she will give them her keys of course. Another single ex-nurse interviewed managed to save enough money to buy a flat even though her parent objected. No matter how small the change is, we can not deny that things are changing.

Another exception is that a few ex-nurses worked as saleswomen who were seen as traitresses and loose women by the nursing profession. 'Keeping the family books' was traditionally done by women. From our respondents we have learned that it was quite common for the middle class family, especially Taiwanese, to send their daughters to business school, in order to help the family business in the future. Some middle lower class girls whose families had no private business might have used their knowledge and skill from business schools to work for another family as secretaries, apprentices, half-servants and keeping the books for the tax man. The essence of Chinese economic organization is still mainly based on familism. But in recent years business schools have expanded with the booming enterprises and the higher expectation of young women's education. Young women tend to be hired in the new enterprises and companies because of their cheaper labour and their hardworking, submissiveness to the boss, as well as less mobility to change to other jobs. A beautiful modern female assistant is not just a symbol of status but will also bring good business. An office job is more easily to be accepted by a family for their daughter than a job which needs contact with the male body. This is why in Taiwan nowadays, in business and commercial fields which used to be male dominated, there are young women who work actively in jobs with relatively high-income compared to other traditional woman's jobs. However attitudes towards this new business female role are still very ambiguous. A new legendary figure

is a successful woman who owns her own business. A sarcastic term for a figure like this is 'the tough woman' (Nu Qiang Ren 女强人). In the past 'The tough person' could mean either 'a strong person' or 'a bandit'. Criticism about 'the new woman' or 'the tough woman' includes remarks such as 'the fast noodle type', which means little hard work behind, just reliance on their beauty and women's 'original capital' (sexual attraction).

On the whole, none of these nurses wanted to be a 'new woman'. They were not a hundred percent satisfied with their situations, nevertheless they thought their life was better than in their mother's time. They had no great expectations and ambitions for personal success.

The response towards changing women

While 'girls from good families' are rushing into his territory, the strongest hatred from men towards these kind of 'New women' comes from the fact that they show no respect to the 'gentleman's agreement' in business, and were accused of taking advantage at every opportunity.

There was always fear of the threat of women's power and sexuality in China (Ahern 1979:169-190). Any slight change of women's behaviour now would cause a man ever more insecurity and fear of women. Women were condemned as the danger, the weird, and the 'disaster', which could destroy a man's career, his family even his kingdom. Most emperors who lost their empires seem to have had evil women behind them. Women were believed to be vicious and heartless, and when they do evil things, to have no regret. How could women be the filial and docile daughters, who could be sold by their own parents into prostitution (Wolf 1972:205) on one hand and be seen as evil devils on the other? Practically speaking women had no family since none of the family take them as members (The married family treat them as invaders), although they were confined to the family world and were told, that their career is at home. They are the marginal aspect of the family and the society, necessary for reproduction and services, but they cannot feel secure at any time of their life (Wolf 1972:215). Thus, they could either be the most conformist to win family acceptance or if that does not work, rebels and traitors to it. When women fight for survival, they do fight with all their strength.

Most Chinese 'received' descriptions of women were from the man's

viewpoint, and therefore could really not tell much about women. Women's extreme reactions from very docile to rebel could only frighten men and convince them that women are born evil.

Nurses' (women's) image is in the eyes of beholders. They could be angels, docile and filial daughters, little nuns, and loose women. For some 'new women', nurses were poor little things, nevertheless for some others, they could be wild creatures.

A western profession in a changing Chinese society

Without the western impact and the social change in China and Taiwan, nursing could not possibly have become a woman's profession, not to mention reaching its popularity today. At the personal level from our data we could see that in both private life and professional role at work as nurses, nurses respond to the current Chinese culture and value system in which they find themselves. In view of this it would not be too much for us to say that 'inside every western nurse's uniform there is a Chinese woman looking out', although the Chinese woman inside has changed in the past years, however slightly.

Questions for future work.

My purpose in this study was draw a life sketch of some nurses in present day Taiwan, and through them to gain insight into the life of women in a changing society and between two cultures (the east and west). In the process of studying, I totally abandoned the direct study of women's changing role. Many of the conflicts, adaptations, and accommodation in a changing society have not been touched at all. Besides, I only chose the process and mechanism of two major life events, and their feelings about the result of these two decisions at the time of interview, to represent a nurse's whole life. More details both of their everyday life in the clinic and at home would be worth further study. Works such as (a) to learn more about nurses'

marriage, family and sex life, (b) to determine how far my findings about nurses apply to other areas, and (c) cross cultural comparisons beyond Chinese society, should really be done. For instance, with women in other jobs or different social classes, what are the similarities and the differences? It might be true that the 'new women' have actually abandoned nursing in Taiwan. Women in other jobs are certainly in need of investigation and, now that the preliminary qualitative work has been done, it should be possible, given sufficient funds, to develop a schedule to conduct valid longitudinal studies. On an international scale, a working hypothesis would be that, in general, Chinese women represent one end of a spectrum but that many of their experiences within a patriarchal system are shared to a greater or lesser extent by women - including nurses - in many other cultures.

Evidently, things are changing all the time in Taiwan. Some tradition will be kept, some new elements will be taken in. What will be kept, what will be abandoned, what will change, what will stay, under what conditions, and why? These are all questions waiting for answers.

The exploitation of women - prostitution, concubinage, mother and daughter-in-law conflict - seem to be inescapable aspects of patriarchy, built into all male dominated and gerontocratic societies, and most especially the Chinese. These topics alone offer almost inexhaustible possibilities for future work. The scale of the task is formidable, both in intellectual and practical terms. Nevertheless the elucidation of this mysterious old society continues to fascinate and attract me, as it has always done.

Epilogue

I was too much preoccupied by the quality and methodology of this work to appreciate at first what it meant to me personally. It was only when writing the last chapter on the results that I suddenly began to experience a feeling of satisfaction. Only then did I feel that I had emerged from the deep water to look around and see where I was and what was the meaning of this study, for myself and for the world. I seem to have buried myself in it for many years.

When I finished my M.Sc thesis six years ago, I was exhausted and felt as though I had sold and betrayed part of myself, my nursing colleagues and my own people. I felt distressed about this for a long time. Luckily there were not many people who paid attention to what I had written. Luckily too the same feeling did not come back this time, not so far at least. On the contrary, I felt some sort of happiness which came from the sense of relief and satisfaction that I had been able to record these histories for the outside world. Perhaps in some way I have got my own back for the ill-treatment by society of my mother, my grandmother and the many women whose stories may or may not have appeared in my study. At the very least I can be happy that one day somebody who may be interested in the life of Chinese women can access what I have done in a dark corner of some library.

I must say that in the whole process of my doing this research, although it was unavoidable, most of the time I was distressed and under pressure as anybody doing a long research project is certain to be. Nevertheless at this point I am very happy that after so many years of work, I still have not lost my interest in the topic. The main reason for feeling distress was, of course, the miserable and often depressing material which the respondents fed me.

Although it is a problem that all sociologists have to face, that they themselves are one of the subjects they are studying, I must announce that I did try not let my own feelings become too involved in analysing and presenting the data. Most of the time I let the material lead me and speak for itself. In writing I have tried to use a neutral tone and keep as far as possible to the accounts as given me. At the same time I did not hide the

process of trials and errors, the consciousness of myself, but tried to speak out as naturally as possible. The road of research is a solitary one, which needs strength and passion to travel along. However it is true that at the end of this work, suddenly I felt that I can see the road I have come along both in my work and life. I know that, after a project like this, I could never be the same person again.

Appendix

Schedule of work

- 82.10 Preliminary outline of a research proposal at Bedford College
Literature review and writing essays - Chinese male and female nurses
- 85.4 Switch to full time in England, lost problem, writing autobiography
Literature review and writing essays on Chinese woman's life. Also nursing review
- 86.4 The Problem - the persistence of traditional value in the modern Chinese woman with special reference to nursing profession in Taiwan
- 86.5. A draft check-list and background notes
- 86.6 Pre - test
- 86.8-9 Field study in Taiwan
- 86.10 Analysis of results and writing preliminary report
- 87.5 Thesis writing began
- 89.2 Thesis submitted

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