Choices or Constraints? Applying the Kaleidoscope Career Model to the Careers of Female Doctors in China

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Abstract

This thesis sheds light on the career experiences of female medical professionals in China. The study of women's careers has received increasing attention with an increasing emphasis on the rights and status of women in China, women's employment and career development have broken through the traditional shackles of inherently sexist and biased values. Women have more equal opportunities at work and have entered multiple specialized occupations. In particular, improvements in specialist medical departments and the development of medicine in China have given women more opportunities to enter the traditionally male-dominated medical professions.

Using the Kaleidoscope Career Model (KCM) as a theoretical framework, I undertook semi-structured interviews with 23 participants (16 female doctors and seven female nurses) working in a private hospital in Shanghai. The interviews explored their medical careers to date, and starting from their decision to study medicine. Analysis of the interview transcripts identified three key areas of discussion common to all interviews – occupational choices and ongoing career choices, organizational problems/pressures, and family issues/work-life balance. The thesis focuses on three research questions: how do female doctors make decisions about their occupational choices and ongoing career choices; what organizational barriers or problems constrain their medical career advancement; and how do family issues and work responsibilities interact to affect their medical career development?

Given that the participants of this research were highly educated women in China who are working in a prestigious profession, the apparent lack of agency in their accounts is striking. Kaleidoscope Career Model offers an essential theoretical framework for this thesis to explore the interviewed Chinese female medical professionals' authenticity, balance, and their need to be challenged in making choices about their work and family. Also, this thesis offers the possible ways that how do Chinese hospitals make efforts to attract and maintain talent female professionals through supporting their authenticity, balance and challenge needs towards medical work? The limitation of this research and future agenda also provided in the thesis.

Keywords:
Women's career, medical career, Kaleidoscope Career Model, career

choice, organizational barriers, work-family conflicts, doctor-patient violence, female doctors, Chinese medical career, qualitative methods

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This is where the thesis starts for the reader and where this journey ends for me. I am writing this in the Northumbria University Library research common room on a Sunday afternoon. It is raining outside, but my heart is full of sunshine with unprecedented ease and pleasure. I am proud of myself for having finished writing my thesis. The road to completing this thesis has been long and full of challenges, and it would not have been possible without the advice, encouragement, guidance and support of my supervisors, colleagues, friends, and family members. I appreciate this opportunity to express my gratitude to many people who have helped me and encouraged me during the process of finishing this thesis.

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Declaration

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee.

I declare that the Word Count of this Thesis is 66063 words

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Contents

1. Introduction

This thesis is about Chinese female medical professionals' career experiences in the current challengeable medical working environment. Using the Kaleidoscope Career Model (KCM) as the theoretical framework, it is based on qualitative interviews with female medical professionals (mainly focusing on female doctors working in a private hospital located in Shanghai) and explores their authenticity, balance, and need to be challenged in making choices about their work and family. Also, this thesis focuses on the extent to which the considerable career constraints they report are cultural or structural; do they accept the constraints in order to meet the expectations of others, or are their perceptions of a lack of choice an accurate assessment of the career situation for women?

With an increasing emphasis on the rights and status of women in China, women's employment situation and career development have broken through the traditional shackles of inherently sexist values. Women have equal opportunities with men at work and have entered multiple specialized occupations. In particular, improvements in medical specialism and the development of medicine in China have given women more opportunities to enter traditionally male-dominated medical professions. In 2014, the medical profession was globally among the few career areas with gender-equal composition (Lambert, Smith, and Goldacre 2016). Women constitute more than half of the medical students in several countries (AAMC 2017; BMA 2016; Canadian Medical Education Statistics 2016; Riska 2010; Swedish Council for higher Education 2017). It is difficult to track how the enrolment of women in medical colleges has changed in China over the years because medical colleges and institutions do not keep gender-specific data about their

graduates. Nonetheless, being a doctor or a nurse would be considered as a good career choice by many Chinese women, given that medical professionals are well-respected and have a high status in Chinese society.

1.1 Why Chinese Female Medical Professionals?

With the changing nature of career contexts and the increasing recognition of gender differences in career research, the study of women's careers has received increasing attention in various fields from scholars around the world. While there is a developing literature on the position of women professionals and the factors that influence their career choices (Grant-Vallone and Ensher 2011; Sanfey et al. 2006), comparatively little research has been done about the career development of working women in China, how Chinese professional women understand their careers, and how they respond to the opportunities and barriers they face in developing their careers while balancing work and family issues. One possible reason could be the cultural barrier to non-Chinese researchers. It is difficult for Western scholars to get access to Chinese women professionals and secure their trust (Tu et al., 2006). As a consequence, there is a significant gap in the career literature in the application of Western career theories or models in understanding and informing Chinese professional women's career development.

In response to the literature gap and in order to explore the applicability of using a Western career model in the Chinese context, this thesis will use the Kaleidoscope Career Model to analyse the interviewed Chinese female professional's careers. The Kaleidoscope Career Model (KCM) provides useful theoretical angles to explain how women prioritise their

authenticity, balance, and challenges in order to deal with the complex constraints and difficulties around work and non-work domains, and what choices they make in order to balance their career and family needs (Sullivan and Carraher 2018). Although the KCM takes into consideration elements of both the protean model (Hall, 1996) and the boundaryless career model (Arthur & Rousseau, 1996), and it identifies the gender differences of individuals' career choices, there is a lack of practical studies and literature applying this model outside of Western countries (Mainiero and Gibson 2018; Sullivan et al. 2009). As a consequence, this thesis is going to apply the KCM to the Chinese context.

In spite of some assertions that gender difference is the main factor that causes problems for women managing their careers, for example, women are more likely to experience gender discrimination, sexual harassment, the glass ceiling to progression and career disruption, among others, this thesis is also going to explore how Chinese women respond to the same difficulties as their male counterparts in both organizational and family domains. In other words, some of the problems that these participants encountered are not specifically owing to the gender difference; they are caused by the challengeable working environment of medical careers in China. However, there are significant differences in the way men and women cope with these organizational problems owing to the gender difference. As a consequence, this is one of the reasons for exploring women's careers specifically in this context.

Medical careers in China have aroused increasing attention because of a stressful and dangerous work environment. This is a significant difference from other occupations because doctors have to cope with the stress of curing of patients and directly confronting severe illness and death. Doctors experienced heavy occupational stress and low job

satisfaction (Hui Wu et al. 2010). The health care system is undergoing a transformation in focus from disease to health, and from sustaining life to quality of life. Also, the huge population base in China results in an increasing number of patients. In China, the ratio of doctors to the general population is 1:735, which is considerably lower than that in western countries (1:280-1:640) (Wang et al. 2010). Chinese doctors are more likely to have insufficient time and energy. These doctors experience an overload of work and extra shifts quite often (Li et al. 2013). Wu et al reported that 57.5% of Chinese doctors work more than 40 hours per week (Wu et al. 2010).

China is a patriarchal and collectivist society (Eagly, Wood and Diekman, 2000; H. Kim and Markus, 1999) drawing on Confucian values, which prescribes that the primary role of women is to support male family members by attending to domestic work and by bearing and rearing children. The collectivist doctrines prioritize the promotion of the husband and his family's welfare (Liu et al., 2010) over a women's own career (Granrose, 2007). As a consequence, there are more challenges for female professionals in China, and that is why this thesis explores women's careers specifically in this context.

My personal experience and family background have encouraged me to propose this research project. And there is a critical reason as to why I have chosen to explore women's careers in the Chinese medical profession. My mother is a chief physician, and she has worked in different Chinese hospitals. I think she is a successful woman because she is outstanding in her field, and she has managed to balance career advancement with family issues. She was promoted to the position of chief physician when she was 40 years old, and she has achieved a lot throughout her career. I thought that a woman working in the medical

profession would be the perfect choice for my own career, because it can bring everything I want, such as respect, career success, and also happiness. I wanted to be a doctor like my mother, but my mother did not agree with me. She did not want me to be a doctor! I wanted to know the reasons behind her refusal.

As I grew older, I discovered something different to what I had imagined before. The working environment of medical professionals is challenging in China. Female medical professionals especially are easily affected by the challenging working environment, and they have more stress than their male counterparts because they have to take on additional family burdens that men don't. Women are likely to experience more difficulties than men in developing their career, and it is not easy for a professional woman to manage her work and family in a coherent whole. When talking with some of my mother's friends and colleagues who are female doctors and nurses, they told me many stories of the difficulties they experienced in developing their careers, and how they dealt with the conflicts between their work and family life. Their accounts deeply provoked my interest in other women's career stories. I want to explore the extent to which the considerable career constraints they report are cultural or structural; do they accept the constraints in order to meet the expectations of others, or are their perceptions of a lack of choice an accurate assessment of the career situation? Moreover, the idea of exploring women's career experience was even stronger when I became a mother. I got married in 2015 and gave birth to my son in 2016, when I was a second-year Ph.D. student. When my son was nine months old, I needed to make a choice whether continue to my study in the UK or stay with my son in China. I did not want to give up my study, but I had to consider my family and my son. I acknowledge that a woman's choice tends to be influenced by many factors. I am lucky that my husband is also a Ph.D. student in the UK, and

he supported my decision to continue my study. Also, my parents-in-law agreed to take care of my son in China, and they encouraged me to continue my research. Because of the support and understanding from my family, I could successfully finish this thesis. Therefore, I recognise the importance of family support during women's career development, and my participants' stories support this point. Therefore, I conduct a deep analysis of the importance of family support in women's career development in the findings chapter (Chapter Seven) and discussion chapter (Chapter Eight). However, not every Chinese professional woman has sufficient support from family to develop their careers. Some of them are still struggling with the conflict between work and family. Therefore, what difficulties they experience in balancing their career and family life, what factors influence their choices about their career and family, and how they deal with these problems will be explored in this thesis.

1.2 Aim and Research Questions

Medical professionals in China have been widely known to experience challenges such as institutional barriers and family-related issues in developing their careers. Some structural obstacles such as a lack of flexible working hours, informal social networks, and a scarcity of role models (Gibson 2004) are not only an issue for women medical professionals but are also experienced by their male counterparts. Furthermore, compared with men, women medical professionals in China have experienced extra pressures in coping with challengeable workloads and dealing with issues of work and family interaction, owing to the profound influence of Confucian culture, gender stereotypes, domestic burden, and multiple roles in work and family domains.

Therefore, this thesis aims to shed light on how the interviewed female medical professionals cope with the challenges and pressures in their medical career development. The research questions to be addressed are:

(1) How do female doctors make decisions about their occupational choices and on-going career choices?
(2) What organizational barriers or problems constrain their medical career advancement?
(3) And how do family issues and work responsibilities interact to affect their medical career development?

The thesis explores professional women's balancing strategies and dynamic choices between high-pressured medical work and family responsibilities. According to the Kaleidoscope Career Model (KCM) developed by Sullivan and Mainiero (2005), individuals may follow the order of authenticity, balance, and challenge to achieve the best arrangement in the different periods of career development, and to make their work and family a coherent whole. Also, there are Alpha or Beta career patterns that men and women follow in developing their careers because of gender differences. The present thesis uses this career model as the theoretical framework to analyse the medical career development of female medical professionals in China, insofar as it recognizes the individual difference and in particular focuses on gender difference.

1.3 Outline of the Thesis

This thesis consists of eight chapters. Besides this Introduction, Chapter 2 broadly reviews the international literature on women's careers,

particularly in the medical profession. Also, this chapter aims to discuss the reasons for choosing the Kaleidoscope Career Model (KCM) as the theoretical framework for the thesis among the multiple career models and theories of women's career development. Furthermore, this chapter aims to shed light on the research gap and the research questions that have yet to be addressed.

Chapter 3 is devoted to the methodological dimension of this thesis. It starts with presenting why a qualitative approach is chosen, and then presents the approach of how to find participants. Also, it addresses the processes and methods for data collection and data analysis, and the issues of trustworthiness and credibility. Finally, this chapter discusses the methodological reflection and ethical considerations.

Chapters 4, 5, and 6 are the empirical chapters. In Chapter 4, I analyse the career choices of the interviewed female doctors in order to understand how they made the decisions about their original occupational choices and how they make ongoing career choices in light of their career interests, family demands, gender expectations, and parental authority. Chapter 5 identifies several influential institutional factors such as high workload, relationship pressures, hospital hierarchy barriers, and migration problems to look at how these problems constrain the interviewed female doctors' career advancement. Chapter 6 focuses on the resources of interaction between the interviewed female doctors' work responsibilities and family demands. This chapter attempts to understand how the interviewed female doctors cope with family issues and struggle to balance their work and family affairs.

Chapter 7 is the discussion chapter about how the data analysis is related to the Kaleidoscope Career Model (KCM) and how to use the KCM to

develop the human resource development programs to maintain and attract female medical professionals in Chinese hospitals. This chapter discusses how to modify the KCM and embed it in the Chinese context, with the clarification that this thesis is an empirical study based on the contextual situation of Chinese medical careers. In line with this, this chapter stresses the contribution of the present thesis to the development, supplement and adaptation of the original KCM.

Chapter 8 is the concluding chapter. This chapter summarises the findings of the three empirical chapters and the contribution of the thesis to our understanding of women's medical career in China. In this chapter I also identify the limitation of the thesis and make further suggestions on how to use KCM to study women's medical careers in the non-Western context of China.

2. The Context: Medical Careers and Female Professionals in China

The main aim of this section is to enable international readers to understand the background to how the interviewed female medical professionals develop their medical careers in China. The idea is that it is against the backdrop of the Chinese medical professional context that we can make sense of the experiences of working in the Chinese medical system. Therefore, in this chapter I offer insight into the statistics presented in section 2.1 that exist about organizational factors of medical professionals in China and the barriers and challenges they face if we are to make sense of the Chinese medical professional context. While explaining the working situation, career entry, promotion, and hospital hierarchy, this chapter tries to help international readers understand medical careers in China, and presents a comprehensive background of how women professionals develop medical careers in China. Thus, the first sections of this chapter aim to give insight into the challengeable situation for medical professionals in China. Section 2.2 gives an overview of cultural factors in China to present especially how Confucian values and gender stereotypes are important in China, as these cultural factors play a critical role in affecting women's choices about their careers and family.

2.1 Medical Careers in China

This section presents the context of how doctors develop medical careers in China. This part will introduce the current medical careers under the Chinese medical system. Therefore, it is reasonable that both female doctors and male doctors are working in the same medical environment.

In other words, this section is going to point out how the environment and organization of female doctors in this research are distinctive from their counterparts in other countries, but it will not focus on gender differences.

2.1.1 Challenging Work Situation

China has a large community of physicians who differ in several ways from their western counterparts. The government enacted the Law on Licensed Doctors of the PRC (2015) to develop a census of physician supply and standards of competence. However, the entry route and training of Chinese physicians were nonstandard because of the different medical education backgrounds and practice areas. Most of them have a college education or less (i.e., three-year or five-year medical degrees). Also, there exists the “hukou” system (Afridi, Li, and Ren 2012) and the strict hierarchy among hospitals in China, which bring barriers for Chinese physicians to make career transitions among different types of hospitals or different cities.

Chinese physicians have reported that pursuing profits rather than saving people prompts complaints from patients and the public with increasing verbal disputes and physical attacks (Liu, Zhang, and Lineaweaver 2017). The number of violent incidents rose by 70% between 2006 and 2010, from 10,248 to 17,243 incidents (China Medical Commission 2014). The growing frequency of violent incidents has led to hospitals being referred to as high-risk workplaces (Tucker et al. 2015). The majority of Chinese physicians believe that there are misunderstandings from the public and patients. Unsatisfactory income, heavy patient workload, pressure in medical research, and violent incidents (Sun et al. 2017) seriously affect Chinese medical professionals’ work and life. Research has suggested

that China's low level of medical manpower and slow increase in medical supply is owing to the low wage levels earned by physicians (Jin and Yin 2016).

The number of healthcare professionals in China has grown rapidly in recent years. However, it is shortage compared with the increasing Chinese population, which causes the excessive workload of medical professionals. It is common for a specialist to see around 100 patients daily in the outpatient department (data from the interviews). The time spent with each patient is very limited, usually less than three minutes (Li, Zhu and Yingchun 2014; Yi-ping et al. 2013). This contributes to patients' dissatisfaction and the deterioration of doctor-patient relationships (Lancet 2017). One of the important reasons is that patients are free to choose their healthcare provider in virtually any public hospital (Lancet 2017); therefore, a large number of patients with common diseases seek medical consultation in large tertiary institutions and large tertiary hospitals are overwhelmed with heavy outpatient workloads, whereas primary healthcare institutions are underutilized (Jin and Yin 2016). On the other hand, institutional factors were very important to the increase of violent incidents in medical institutions in China. Fee-for-service medicine, informal payments, high out-of-pocket costs, the one-child policy, and increased government funding of hospitals' technology upgrades aroused high expectations of patients (Journal et al. 2017). Thus, Chinese medical professionals are in a complex and dangerous situation, because they want their patients' trust, as part of their need for professional satisfaction and fulfilment, but much of this desire may be promoted by fear for their own physical safety.

2.1.2 Medical Career Training and Entry Route

Theoretically, medical students (pre-doctors) in China can be trained in freestanding medical colleges, university-based programmes (five to eight years' training), and secondary medical school (three-year programmes). There exist geographical differences in the distribution of physicians in China. Some physicians in rural areas are barefoot doctors. However, in some cities, like Shanghai, the number of physicians with high qualifications is larger than in other areas. Generational difference is also an important factor that influences the physicians' distribution. According to the China health yearbook 2014, only 15.1% of physicians in China have master's degrees, 50.9% have bachelor's degrees; 24% graduated from vocational schools, and 9.3% were training in other medical programmes. Some older physicians (aged 60 and over who experienced the Cultural Revolution in China) did not undertake high-level medical education owing to the closure of universities. In 1977, the Chinese government reinstated the National College Entrance Examination; some of these older physicians then trained in high-level programmes. The majority of middle-aged physicians (aged 40-60) were educated by five-year programmes in the university and were categorized as experts or specialists in the hospitals. The younger cohort of physicians (under the age of 40) were trained during the recent period of licensing and registration, and some of them have high-level qualifications (master's or PhD) from universities and their education put an emphasis on academic research. Although the qualification is the essential indicator that determines whether the physician is good or not, it is critical that practical medical experience is more important than education qualifications (Lancet 2017), which means that the physician who didn't obtain a high qualification but has rich work experience could cure patients, and he/she could be a good doctor, and vice versa.

Medical resident and specialist training in China is similar to the resident and fellowship training in the USA (Hu et al. 2016). It takes some years for a medical graduate to become a “doctor” in the Chinese medical system, and all specialists pass the same licensing examination following college. All doctors in China are specialists, which is different from the Western medical context. There are no primary care physicians and no recognizable distinction between generalists and specialists. After the 1999 enactment of the Law on Licensed Doctors, graduates of China’s medical schools were required to pass the Medical Doctors Qualification (Licensing) Examination to receive a license to practice, register at local health departments, and then begin work at a medical institution. A medial student should work 1–2 years in a hospital in their last year before graduation, and then becomes a physician in choosing a specialism and has independent prescription rights to practice medicine. In order to improve the quality of Chinese physicians and the internationalization of medicine in China, the National Health and Family Planning Commission of China introduced an important change to specialist standardization training on Jan 11, 2016, requiring Chinese doctors to do an additional 2–4 years of specialist training after completing 3 years of resident standardization training. Moreover, there are other medical training opportunities for a physician who has already begun work in a hospital to improve their academic knowledge and prepare for further promotion, for example, undertaking further education for at least one year in a university or a tertiary hospital (arranged and supported by the current hospital that employs them), conferences training, attending training courses and so on. Graduates are hired into a hospital and then slotted into a certain specialism.

2.1.3 Medical Career Ladders and Promotion

There is considerable hierarchy through which physicians gain promotion in China's medical system: resident physician, attending physician, associate chief physician, and chief physician. It was general in the Chinese medical career that physicians have more enthusiasm to pursue promotion and climb career ladders, as the title of a physician is more relevant to the career development and patients' trust (Lancet 2017).

Firstly, a medical graduate needs to enter one-year hospital-based internship programs and take a licensure exam, and then enter a three-year hospital-based specialty training programme. After these steps, he/she would be a lower-level doctor. In order to be a mid-level physician (attending physician), he/she needs to gain at least five years of clinical experience (including the three years of specialist training) and pass the Mid-level Physician Licensing Examination. An associate chief physician or a chief physician (upper level) generally serves as both department head of specialism and the chief administrator wielding decision-making power. It is difficult for a younger physician to be promoted to the highest position, as the pyramid structure is quite steep, with very little upward mobility and strict promotion requirements, particularly for young physicians. An attending physician (mid-level) could climb the upper career ladder (become an associate chief physician or a chief physician) in their specialism by meeting the requirements of having taken postgraduate education that entails clinical research and having published articles in the top medical journals (e.g., Chinese Medical Journal) (Leonard 2010).

2.1.4 Hospital Sectors and Hierarchy

According to the service capability and research ability, China's hospitals (both public and private hospitals) can be divided into different sectors and hierarchies. China had a shortage of both urban and rural hospital facilities to care for its growing population. Almost twice as many hospitals are located in the higher-income eastern provinces compared to the lower-income western regions. In addition, a relatively high proportion of both public hospitals and private hospitals are concentrated in eastern China. In 2016, there were 28,072 hospitals in China, which includes 12,982 public hospitals, and 15,090 private hospitals. The majority of public hospitals are large and government-run institutions. By contrast, private hospitals are generally small. According to China Health Statistic Year Book (2014)[1] public hospitals comprise the near majority (54.2%) of hospitals compared to private hospitals (45.8%), and contain the vast majority of beds (84.4% vs. 15.6%). Public hospitals also accounted for the majority of all hospital health professionals (85.8%), delivering close to 90% of the country's inpatient and outpatient services, and accounted for roughly 70% of all hospital expenditure (National Health and Family Planning Commission, 2014 [2]).

The majority of public (67%) and private (62%) hospitals are classified as general hospitals. Private hospitals became an important supplement to the public hospitals in treating patients in China. As an effort to deal with the shortage of medical professions and the large increase in the number of patients, in recent years, the state council has encouraged private medical practice and allowed physicians to have both public and private

[1] National Health and Family Planning Commission, 2014. *China Health Statistics Year Book*.

[2] National Development and Reform Commission, Ministry of Health, Ministry of Finance, Ministry of Commerce, and Ministry of Human Resources and Social Security. People's Republic of China. 2010. Further Encouraging and Guiding the Establishing of Medical Institutions by Social Capital. Available online at: www.gov.cn/zwgk/2010-12/03/content_1759091.htm. Accessed on December 2, 2017.

patients, and then encouraged the establishment of more private hospitals to supplement the medical facilities and treatment capacity. However, private hospitals are less competitive than public hospitals because of the lack of trust; therefore, in order to make a profit, the private sector (29%) owns a great share of specialist hospitals compared to the public sector (13%); and most are either high-end specialist hospitals that cater to the expatriate community and affluent Chinese or smaller scale hospitals providing elective services, such as cosmetic surgery for the general population. However, the number of general private hospitals has increased in recent years because of the government's support and investment policy. The Chinese government made the decision to promote private investment in the hospital sector (National Development and Reform Commission, 2010 [3]), which has attracted a flurry of interest from private investors. Some investors have entered the medical market by buying up existing hospitals to take over existing land and staff. Moreover, various joint ventures also seek prestige by association with brand-name medical universities (Yip and Hsiao 2014). Therefore, private hospitals gain more reputation and reliance from the public. More and more medical professionals are choosing to work in private hospitals, and more and more patients would like to be treated in private hospitals. Companion policies encouraging more medical professionals to work in private hospitals and putting private hospitals on an equal footing with public hospitals are being introduced: for example, the three social insurance schemes would bring in contracts with private hospitals, and physicians working in the private hospitals would qualify for promotion within the medical professional ranking system (General Office of the

[3] National Development and Reform Commission, Ministry of Health, Ministry of Finance, Ministry of Commerce, and Ministry of Human Resources and Social Security. People's Republic of China. 2010. Further Encouraging and Guiding the Establishing of Medical Institutions by Social Capital. Available online at: www.gov.cn/zwgk/2010-12/03/content_1759091.htm. Accessed on December 2, 2017.

State Council, 2015 [4]). Therefore, such policies make progress for encouraging more medical professionals to work in private hospitals, and also, more and more physicians and nurses could reconstruct their career to overcome the barriers of geographical influence and institutional factors by way of changing their working areas.

2.2 Women's careers in China

Women have reported experiencing more challenges and barriers than men in developing their careers owing to the gender stereotype, glass ceiling, and family demands, among other factors. Some women may prioritise family responsibilities over their careers because a woman's primary (or traditional) role is to support male members in the family by attending to domestic work and by bearing and rearing children. Being influenced by entrenched patriarchal and collectivist aspects of the Chinese cultural tradition, Chinese individuals tend to have strong traditional beliefs about the gender roles of a man and women within the family. Men spending more time at home and sharing the domestic load is unbecoming of masculinity, and it may not be what some Chinese women want, especially if the family breadwinner has to bring in more income.

This section will introduce the essential backdrop of the thesis, which is Confucian values and gender stereotypes in China. The purpose is to enable international readers to understand how cultural factors affect women's career development in China. National culture represents the underlying and indiscernible values held by a large number of the

[4] General office of the State Council. (2015). People's Republic of China. *Several Policies and Measures for Promoting the Accelerated Development of Private Health Facilities.* Available online at: www.gov.cn/zhengce/content/2015-06/15/content_9845.htm. Accessed on November 15, 2017.

population. As this culture is acquired in early childhood, it changes very slowly and has a deep effect on individuals. Traditional values in Chinese society, the legacy of state socialism, and the impact of market reforms are the main factors that affect women's status and performance in Chinese society.

2.2.1 Professional Women in Chinese Economy

China is a strongly collectivist society (Ho and Chiu, 1994; H. KIM and Markus, 1999), and these forces interact in a form of family collectivism, with a man at the head. A women's primary role is to support male members in the family by attending to domestic work and by hearing and rearing children. The collectivist doctrines prioritize the promotion of the husband and his family's welfare (Liu et al., 2010) over a woman's own career (Granrose, 2007). Secondly, China is a patriarchal society in which men dominate, oppress and exploit women in the social structure and practices (Walby, 1989). Confucian values structured the gender stereotype of a woman's role as socially inferior to men. Chinese women were deeply influenced by the feminine characteristics associated with Taoist and Confucian philosophies. They still more or less accept the characteristics from both Taoist and Confucian philosophies of being receptive and passive, centripetal, contractive, inward moving, softer, and more relaxed (Taoist); as well as being loyal, obedient, supportive, and ignorant (Confucian philosophies). Under these gender expectations, women have less access to countervailing individualist discourses (Lin, 2003). Women are expected to take the gender role and the collective as their priority, for example, sacrificing their careers to undertake childcare/eldercare when they arise in the family, and serve the collective needs of her husband's wider family over her own (Woodhams, Xian and

Lupton, 2015). It is interesting that in the Chinese traditional view of gender, women who prioritise their self-needs and career development may face criticism as unfeminine “iron women” that reject their prescribed social role, for subverting the gender order (Lupton and Woodhams, 2006) or for neglecting their family (Xiao-tian, 1992). This evidence is all supportive of the challengeable context of women’s career development in China, and it offers a backdrop to why the interviewed female professionals experience difficulties and barriers in developing their medical careers in China.

2.2.2 Women in the Chinese Labour Market

There is no denying that the characteristics of Chinese society (i.e. Collectivist and patriarchal society) mean that men dominate the labour market in China (Hu, 2016), Although the traditional Confucian value of ‘Nan zhu wai, nv zhu nei’ [5] still affects gender division in some Chinese families, this effect has been largely mitigated, especially for some dual-earner families. It is a big change that women’s role in China is no longer confined to the family domain, while the increasing number of men accept the change of becoming the main housework bearers in the family and the caregiver of the elderly and children (Huang, 2018). Since 1950s, the movement of Chinese Women’s Liberation and the establishment of P.R.C (People’s Republic of China) have recognized women’s rights and position in both family and society, and women in Chinese society have freedom and authority to seek employment (Li, 2015). The communist government espoused a strong commitment to gender equality (Loscocco and Bose, 1998) with practical measures to enable women’s engagement with paid work. In particular, the improvement in medical specialists and

[5] My English translation of this is “Men are breadwinners, and women are homemakers.”

the development of medicine in China has given women the opportunity to enter male-dominated medical professions. Although it is difficult to track how the enrolment of women in medical colleges has changed in China over the years, as medical colleges and institutions do not keep gender-segregated data about their graduates, it is clear that women prefer to take the medical career path for stable status and respect from Chinese society. Being a doctor or a nurse would be the ideal career choice for the majority of Chinese women. Therefore, this section aims to give insight into the social background and gender factors to give the context of female medical professionals in China.

With an increasing emphasis on the rights and status of women in contemporary China, women's employment situation and career development have broken through the traditional shackles of inherent values and women have more opportunities to develop their careers. Women's labour force participation rate is increasing in Chinese society owing to career aspirations, educational achievements and roles as primary or secondary earners for their families. Women are the majority in some traditionally male-orientated specialist areas (Tatli et al., 2016). Girls now account for 52% of undergraduates and 48% of postgraduates, and 25% of chief executive officers of medium and large Chinese companies are women (National Health and Family Planning Commission, 2014). Women have equal opportunities as men do at work, and have entered various specialist occupations such as medicine, teaching, law, engineering and so on. Most Chinese female medical professionals maintain financial support and the role as primary earners for their families; their husband may earn less than their wives. They are seeking independence and social involvement in their careers.

Chafetz and Hagan (1996) suggest that most professional women are

confronted with two sets of prevailing social norms when they seek employment: traditional familial relationship and individual fulfilment and success in the labour force. The definition of professional women's success in contemporary China has contextual meanings. Chinese professional women not only have a stable job in one organization, but they were also economically independent, progressive-minded and well-educated (Xiao 2012). Chinese professional women gave an account that illustrates the desire to conform to traditional gendered role expectations and "fit in," (Sullivan and Mainiero 2008) but also showed the influence of individualist discourses and an independent orientation towards their careers.

It is interesting that in China, women who succeed in their careers are often associated with "iron women". Although they desired success in their careers, and desired approval from everyone in her organization in measuring her success, they do not want to be regarded as unfeminine "iron women". Those "iron women", who only focus on successful careers and put less energy into their families, are often subjected to more criticism and blame. They are considered as losers in balancing work and family, because they sacrifice their life happiness in order to earn career success. Whereas, women who give up their careers and stay at home often face the contradictions of family relations and regrets of self-actualization. Confucian culture requires women to prioritize the collective over the individual, and there is a specific expectation for a woman to sacrifice her career to undertake childcare/eldercare. Therefore, an increasing number of married professional women will attempt to reach a reasonable level in respect of both career and a familial life, rather than maximizing one or the other (Tatli, Ozturk, and Woo, 2016). Instead of earning more money or being an 'iron woman', they prefer to run their family well and bring family members happiness.

Chinese women take on substantially more household responsibilities and tasks than their husbands. Bu and Mckeen (2000) reported that Chinese female employees spent an average of 3.7 hours per day on housework compared to 2.2 hours per day for male employees. This number is the average of Chinese individuals' time spending on housework: in the cities of north China, the amount of female employees' time spent on housework is higher, whereas male employees' time spent on housework is lower. In a study investigating the work-family expectations of business students in China, more than 57.8% of Chinese men expected the wife would do a disproportionally higher share of the housework (Hu and Scott 2014).

These women still take on the primary responsibilities in their families, including taking care of children and elder parents, together with the pressures of working full time. This has given rise to negative consequences for those female medical professionals in terms of work-life conflicts, stress and stress-related sickness, overwork, and child neglect. Demographic changes like low fertility rates, longer life expectancy, fewer extended households, increasing number of single parents, and growing divorce rates are testing the strength of the family values that China is known for.

China's children policy has long been controversial (Cameron et al. 2013; Huang 2018). In January 2016, China began to implement the universal two-child policy to alleviate a series of problems caused by the traditional one-child policy. Undoubtedly, the new birth policy has had certain positive effects on population, health and economy in China. However, from the point of view of urban professional women who are the important subjects of population reproduction, besides the many positive impacts of

this policy, its negative effects should be given more attention.

Since the “one-child” policy, where one couple can only have one child, children are expected to have a sense of gratitude towards their parents and the obligation to provide care for them in their old age. However, owing to the increased number of rural to urban migrants seeking employment in cities, more and more people in China choose to work in a city, far away from their hometown. As a consequence, they have little time to take care of their parents. Most of them need to travel long distances between their hometowns and where they work, which costs too much energy and money.

Children have an important position for Chinese women, and it can be said with no exaggeration that most of them put their children’s interests and happiness above everything else. In most of my participants’ words, they would even “sacrifice” themselves, including giving up their own career development to perfect their children’s future and happiness. One reason is because children are at the core of Chinese families; the other important reason might be the one-child policy, which stated that each family could only have one child. The one-child policy was introduced in 1979 by Deng Xiao Ping, who saw population containment as essential to his ambitious economic reform programme and was designed to improve standards of living after decades of economic stagnation (Cameron et al. 2013). However, this policy has profoundly affected the lives of one-fifth of the world’s population for 35 years, and has deeply influenced Chinese individuals’ lives, notably those who had their children in the 1980s (Cameron et al. 2013).

Chinese parents are typically very involved in their children’s education because it is believed to be vital to a child’s future success and quality of

life (Yang, 2010). It is an important task for most Chinese women; instead, men take on fewer responsibilities in taking care or educating their children. Children are regarded as family assets that need quality care and education in their early years as well as lifelong support. For example, for female managers in Hong Kong, it is very important for them to supervise their children's homework as they put a high value on educational achievements (Ng and Chakrabarty 2005).

This chapter gave a background of the Chinese female medical professionals' medical work and family related situation to inform international readers of the differences in women's medical careers in China. It firstly introduced the medical career in China, including medical professionals' working situation, Chinese doctors' career training and entry route, Chinese doctors' career ladders and promotion, and hospital sectors and hierarchy. Secondly, this chapter shed light on Chinese professional women's careers and families, including professional women in China and Chinese women's gender expectations. This part aims to identify the specific family issues under the Chinese Confucian culture for the interviewed Chinese female medical professionals to develop their careers. The next chapter will draw on the relevant literature and theoretical framework of the thesis.

3. Literature Review & Theoretical Framework

In this chapter, two parts will be presented to review the literature of this research: a review of the international literature and a review of the theoretical frameworks that have focused on women's career development. As implied in the previous chapter, this chapter aims to synthesize the literature in this field in order to shed light on the issues that need to be taken into account when studying the work and family issues in women's career development. Also, it aims to find out what the literature suggests about the issues of women's work and family. This is important since research about female medical doctors in China is conducted in various scientific fields such as human resource management, medical sociology, gender studies, and Chinese studies, and syntheses of previous research are seldom made.

This review begins with section 3.1, which presents the literature that focuses on the challenges to women's career advancement. It aims to review the existing literature of how a variety of factors make contribute to women making choices about developing their careers. In particular, this section presents the literature devoted to medical careers, and it especially focuses on gender differences. Section 3.2 presents the literature that focuses on the career models and theories that work on women's career, and aims to illustrate the rationale for using Kaleidoscope Career Model as the theoretical framework to explore women's careers specifically in this context (i.e. country, section, and organization).

3.1 Women's Career Development

In response to environmental changes, such as globalization, intense competition, and advanced technology, careers have changed significantly to meet the different needs of individuals that are linked to workforce diversity, employment contract changes etc. (Gao 2016; Ng and Feldman 2014). Scholars and researchers have begun to pay more attention to individuals' career choices and their attitudes and behaviours, instead of focusing on traditional linear careers (Bravo et al. 2017; Chudzikowski 2012; Mainiero and Gibson 2018).

Traditionally, careers were defined in terms of an individual's relationship to an employing organization (Sullivan and Baruch 2009). The nature and notion of traditional careers were based on hierarchical, highly structured, and rigid structures. In contrast, by the end of the twentieth century, the nature and notion of careers had altered significantly. Careers became transitional, flexible, and the dynamics of the restructuring blur the tidy and firm former routes to success. The relationship between employees, employers and the work context creates changes in how individuals manage their careers (Sullivan and Baruch 2009). With the breaking down of career boundaries individuals' careers are now more often pursued across the boundaries of working roles, employment relationships, network relationships, and even occupations, organizations, and countries. The change from traditional linear career to contemporary careers in theory offers more space for individuals to choose the way in which they enact their careers with good management of their personal, work, and family needs to combine them into a coherent whole (Mainiero and Gibson 2018).

Research has examined the advancement of women in their careers from multiple angles. The literature has offered both novel and familiar perspectives on self-concept development, including individual identity,

educational and occupational aspirations, as important reasons for women to develop their careers. Most approaches in the literature have called for a renewed focus on delineating just how identity develops for women, and how such relational perspectives on development help to explain women's vocational experiences (Barbulescu et al. 2013). The formation of career orientation has been traced to the achievement, attitudinal, and cultural characteristics of the home environment (Sullivan and Baruch 2009).

3.1.1 Challenges to Women's Career Advancement

Women's career development all over the world has been characterized by many challenges and barriers. There are many constraints including workplace discrimination (Barbulescu et al. 2013; Fogliasso 2011), pay and promotion inequities (Baum 2013), greater family demands (Boone et al. 2013), and sexual harassment issues (Mclaughlin, Uggen, and Blackstone 2017). Women face barriers to career advancement from both organizational and personal aspects. Such organizational barriers frequently include structural gender biases of employment, the limited opportunity to develop a professional network, male domination of administrative positions, and the importance of mentorships or sponsorships. These potential conflicts bring challenges to women's career advancement at the organizational level. On the other hand, some personal or family-related factors may create difficulties in women's career development. Family origin, work-family balance, work-leisure conflicts, household/child-rearing responsibilities, and maternal guilt play an essential role in women's decision-making about their career development (Rotkirch and Janhunen 2010).

3.1.1.1 Women's Choices about Careers

Traditional jobs for women are within the fields of healthcare, education, cosmetology, and childcare (Hall 2016). The educational levels of parents, parental occupations, and parental expectations may directly impact the willingness a female has to consider a variety of career options (Toglia 2013). Women tend to make decisions that may take into account how their work will fit with family demands, romantic relationships, and with having children when planning for their careers (Kossek, Su, and Wu 2016; Zeng et al. 2019). Although this should be considered strategic from a broader "life planning" perspective, the consequence of this forethought is that in anticipation of family considerations, women may limit their career options from the start (Allen and Finkelstein 2014). Married women could focus on their work and receive more societal support for pursuing work before they have children and once their children are old enough to go to school (Woodhams, Xian, and Lupton 2015a). Likely influenced by societal expectations, women are inclined to consider family and relationship goals and issues before starting their careers (Hall 2016; Sullivan et al. 2008).

Family Background. Family origin is a less often examined factor behind career decisions and the findings from previous studies are mixed. Kelsey et al. (2014) argued that women's family background plays an essential role in their career development, especially in original occupational choices. Education levels, income levels, and the number of children have all been shown to affect what kind of work that woman may take on or whether women choose to work earlier than others. This argument is essential in studying women's career choices in the Chinese context. For example, lower education levels in women, lower income family

backgrounds, and a higher number of children are all positive indicators for a woman working outside of the home earlier. Also, these women's occupational choices may be influenced by their family and financial needs. A higher socio-economic status family background and strong parental support are essential factors in helping to increase female recruitment for non-traditional career settings (Ho et al. 2018; Seo, Huang, and Han 2017).

Parental Influence. Contextual support for and barriers to career-related choice behaviour among college students suggests that the opinions of important people could highly influence their career choices (Mau, Perkins, and Mau 2016), Parental influences are powerful contextual determinants that mediate the relationship between interests and goals, between goals and actions, and between actions and accomplishments (Roeder 2017). Studies found that parental involvement, encouragement, expectations, and good parenting practice are all influences on people's career behaviour, especially their career choices (Raymund et al. 2015; Wong and Liu 2010). In the context of a collectivistic culture, the salience of parental influences on a young person's career choice is frequently in terms of the importance of interdependence, deference paid to authority and older people, family accord, and conformity with social norms (Wong and Liu 2010). Similarly, collectivistic cultural values often manifest in a strong respect for and obedience to one's parents and the traditions of the family or group (Tu, Forret, and Sullivan 2006). Chinese parents play a significant role in all aspects of a young person's life, including those critical decision-making points such as choosing a career. Career choice and career advancement might be seen more in terms of providing for a Chinese person's own family and meeting one's responsibility to care for one's parents in their old age, rather than in terms of implementing self-actualization (Woodhams et al. 2015a). Evidence supports that

females more often model their career choices based upon cultural family values and parental expectations (Hall 2016). Chinese women's occupational choices are highly influenced by parental authority, as they are under the strong influence of Confucian culture, which places a high value on parental control and children's obedience in the context of family hierarchy (Wang 2010).

Organization support. Work environment and organizational policy also play a big role in women's careers. The fundamental beliefs, values, and assumptions of an organization influence individuals' job seeking. Lu et al. (2016) stated that organizational culture could affect how long a female worker will remain with the organization once hired. Also, an organization can support the career development of working women by improving the working status and environment and decreasing psychological stress (Lathabhavan and Balasubramanian 2017). Women workers are reported to easily reach the "glass ceiling" within their organizations and never fulfil their full potential (Elley-brown, Pringle, and Harris 2018). The "glass ceiling" refers to invisible barriers that prevent qualified women from advancing within their organizations and reaching their full potential (Baker and Ezzedeen 2015). In China, women are underrepresented in higher ranks, paid less than their male counterparts and have fewer promotion opportunities than men (Hou and Ke 2015). This could explain why Chinese female medical workers' motivation and aspirations are depressed, and most of them have considered changing careers. One of the critical reasons is that the organization cannot provide a friendly working environment for them to develop their careers.

Maternal guilt. Studies suggest that maternal guilt is one of the essential factors that influenced women's working performance and their career decisions. The traditional gender role of women, especially the role of

mother, has been to stay at home and take care of family and children. However, with the increasing number of female professionals in the labour market, women, mothers and non-mothers alike have been joining the workforce at a higher rate than ever before. Dual-earner families have become more and more popular in many countries. Women with children at home may have an internal struggle as to whether to continue working or to abandon their careers entirely to take care of their children. Grogan and Shakeshaft (2011) argued that fear of failing as a mother, coping with household labour, responsibility for keeping marital bonds or relationships with family were the main internal struggles working mothers experienced when making their career decisions. Notably, women who are becoming mothers at a later age are typically feeling this internal struggle. This idea was examined in the Chinese context. Women in China (especially in the metropolis) are having children at a later age than ever before because of a long time in education and pursuing their careers after graduating. Also, with the abolition of the “one-child” policy in China, women who are at a later age are considering having their second child. These women are reported to experience more maternal guilt after becoming mothers because they have high work-family balance needs.

Subjective career success. Career success was defined by the organization and measured by promotions and increases in salary (Hall 1996). Workers tended to be rewarded for loyalty, pursing job security in traditional linear careers and focusing on linear promotion and advancement in one or two organizations. People expected to serve their organizations for their entire working lives.

Subjective career success has a multidimensionality that career success can be measured by both objective and subjective indicators (Guan et al. 2019). Objective career success can be reflected in one’s status (e.g.,

hierarchical position, promotions), earnings (e.g., salary) and professional competencies (Arthur et al., 2005). Subjective career success refers to individuals' perceptual evaluations of, and affective reactions to, their careers (Ng and Feldman 2014); thus it can be reflected in one's subjective evaluations of the attainments, work-life balance, health and well-being associated with his/her career development (Greenhaus et al., 1990; Zhou et al. 2013). Gattiker and Larwood (1986) point out that subjective career success encompasses perceptions of job success, interpersonal success, financial success, hierarchical (promotion-related) success, and life success. Clark and Arnold (2008) confirm that individuals assess their career success in terms of some external standards, such as the achievements of their co-workers, supervisors, mentors, or family members. Zhou et al. (2013) show that Chinese employees regard intrinsic fulfilment, external compensation, and work-life balance as the major components of career success.

China is a strong collectivist society (Woodhams, Xian, and Lupton 2015) that prioritizes the needs of the group over those of the individual (Yu and Yang 1994); and traditional Chinese cultural values have historically influenced women's career success (Liu, Dong, and Zheng 2010). Chinese women perceive their primary role as attending to domestic work and bearing and rearing children; the husband and his family's welfare is more important than a woman's own career (Wang et al. 2012). Reacting against the portrayal of women who exercise public power as "iron women" or "lacking femininity" (Jacka 2014), quotations from yin-conforming collectivists (Taoist) demonstrate that success is not defined as advancement, more money, or being a leader because of the association of these characteristics with self-promotion, ambition, and masculinity.

3.1.1.2 Work and Family Issues for Women

Gender stereotypes. Common barriers that impact women within the educational setting for specialized 'non-traditional' careers are sex discrimination and gender bias (Zhong, Blum, and Couch 2018). As men traditionally occupy paid work and higher-level positions, they are expected to have agentic traits, such as being assertive, dominant, competitive, and achievement orientated. In contrast, women are expected to show traits such as being helpful, kind, sympathetic, understanding, and compassionate (Yue 2011). Society exerts strong gender expectations on women, particularly on mothers. Compared with men, women need to take more responsibilities associated with domestic burdens and caring (Karkoulian, Srour, and Sinan 2016). Kossek et al. (2016) highlighted the influence of gender stereotypes, noting that women aspiring to senior positions (in that instance superintendence of schools) are seen as women first and professionals second. The existence of gender bias is acknowledged and viewed as an obstacle to overcome. Like the stereotype of gender difference in society, employed women experience problems with multiple roles and take more care responsibilities in the family. Therefore, how to make decisions to deal with the relationships between work and family is an important theme in women's career development.

Work-family conflict & Work-family balance. Studies indicate that work role stressors, work social support, family role stressors, family involvement, family social support, and family characteristics are predictors of the conflicts between work and family (Maertz and Boyar 2011; M. A. Sheikh et al. 2018). Some studies mentioned that work-family conflict (WFC) and family-work conflict (FWC) were different in some circumstances. Work-family conflict (WFC) is commonly defined as

inter-role conflict, in which the pressures come from having roles in work and family domains (Greenhaus and Beutell 2013), while family-work conflict (FWC) was defined as a form of conflict that occurs internally when the pressure of family life interferes with the responses performed at work (Carlson and Frone 2003)**.** Major, Klein, and Ehrhart (2002) found that work-to-family conflict (WFC) mediated the relationship between job demands and psychological strain outcomes; and Karkoulian et al. (2016) found the degree of conflict in work and family to be different between women and men. Woodhams, Xian, and Lupton (2015) found that women workers more frequently experience work-family conflicts (WFC) compared with men.

Women professionals face more conflicts between work and family because they have to dual responsibilities at home and at work. Moreover, age and marital status also mattered – women who have children, dependent care issues, and a full-time job face more conflicts (M. A. Sheikh et al. 2018). A perennial question seems to be whether or not women can be both high achieving professionals and caring mothers (Kossek et al. 2016). These sacrifices may be due in part to views about the primacy of a woman's role in caring, especially in raising children. The problems caused by multiple roles for women in both work and family aroused the attention of studies based on different cultures and across occupations. The degree of the work-family conflict is higher among those women who have children at home, are concerned or troubled about childcare, experience tension or stress with their family or spouse, are highly involved in family life, and have greater demands on their time from family. Woodhams et al. (2015) stated that women seek a higher level of work-family balance than men, and when balance cannot be achieved, women were more likely to change their career plans or even leave their careers. Women are thus more likely to postpone their career promotion

or abandon their career aspiration in order to achieve a better balance in their lives. Sheikh et al. (2018) found that younger workers had shorter organizational tenures, experienced more work stress, and reported greater work-family conflict. Furthermore, having children at home and a greater family role contributed to stress related to prolonged conflict in work and family life. Gao and Jin (2015) indicated that parental overload leads to conflict, which in turn lowers both job and life satisfaction. Frone et al. (1992) developed a model to examine cross-cultural generalizability. A significant difference was found; work-family conflict mediated the relationship between job conflict and life satisfaction among Chinese workers. The more time that women workers spent at work, the more intense the work-family conflict they experienced (Woodhams et al. 2015).

Studies about work and family issues in women's career development focus on the pressures and difficulties that women experience in balancing the relationship between work and family, and the efforts the organization made in order to support professional women to combine their work, family, and life into a coherent whole (Mainiero and Gibson 2018). Work-family balance indicates whether a professional women's job is balanced with their home life and whether they have flexibility in their schedules to attend to home activities and professional obligations. Women are more likely to prioritize work-family balance, whereas men are more likely to prioritize their careers, and in that there exist gender differences in values and needs (Greenhaus and Kossek 2014). Ferriman et al. (2009) followed a sample of science graduate students and found that women placed more critical emphasis than men on work-life balance and time with family. Similarly, Major and Savin-Baden (2013) showed that work-family considerations were weighted more heavily by women in their occupational and organizational commitment in the information technology industry. Women's

occupational choices for better work-life balance were influenced by the preference for better work-life balance (Roeder 2017).

Many studies confirmed that women experienced more challenges in balancing the relationships between work and family; however, in the discussion of gender difference in the work-family balance, it is necessary to consider occupation difference and country difference, because the extent of conflict depends on these contextual factors. With long working hours and a low degree of autonomy and control, undertaking a medical internship is a particularly challenging time for balancing work and family responsibilities (Guille et al. 2017). The occurrence of work-family conflict (WFC) in the medical profession is inescapable, because the employees in this occupation experience a high level of physical, cognitive, and emotional demands (Alazzam, Abualrub, and Nazzal 2017). Both the employees and institutions have been affected by the negative outcomes related to the presence of WFC such as increasing stress levels, lowering a person's performance, and decreasing job and life satisfaction (Alazzam et al. 2017). The work-family conflict is an essential factor that may affect female and male physicians' career development. For female physicians, work-family conflict is significantly correlated with burnout (Schaufeli 2017; Wu et al. 2012) and emotional exhaustion (Ahmad 2011). Despite the increased presence of women in the medical workforce, female physicians take on significantly more household and childcare duties than their male counterparts (Tolstoy and Karenina 2016). The competing, often incompatible, pressures associated with these work and family responsibilities can result in the experience of work-family conflict.

Multiple Roles. One of the most significant barriers for working women in developing their careers is the divided role of the professional and the homemaker (Woodhams et al. 2015). Women in recent years have

undertaken different roles in both work and family domains, as their work includes domestic burdens, earning money, and social communication (dealing with the issues between family and society) (Barth et al. 2015). Many professional women today have children or elderly parents at home and are juggling their many roles. These women work around the clock to attempt to achieve a balance between work and family.

Traditionally, a woman's role is mainly based at home as mother, wife, and homemaker. Some studies mentioned that a helpful wife is significant for a man's career advancement. This wife needs to take on the household and child-rearing responsibilities in supporting her husband's career. However, the situation has been changing since women have entered the workforce and there are increasing numbers of dual income couples. Women workers undertake multiple roles so that they need to achieve the balance between work roles and family roles. It is a common attribute that has been found in much research on mothers who are working outside the home. Professional women in modern China are highly educated, and they desire to be independent, fulfilled, and achieve success through their career advancement. They are eager to contribute to society and hope to gain recognition and appreciation from society because of the collectivism of Chinese society (Zeng et al. 2019). On the other hand, they are struggling with their aspiration for career advancement and the traditional gender expectation with "male work outside, and women take care of the family." This idea is not only the traditional view of motherhood, where the mother is responsible for all of the household responsibilities, especially the children (Havemen and Beresford 2012), but also related to their inner sense of belonging to their family.

There is much discussion in Western countries about how women balance

home, family and work, captured in the idea of 'having it all'. It is acknowledged to be difficult to achieve, but the situation is even more complicated in the Chinese context. Tang (2014) argued that it is difficult for Chinese professional women to choose to balance multiple roles. Although multiple roles may bring pressure, through the income earned from work, women can be economically independent, which could help them to achieve the life they want and bring a sense of security by improving their status in their family. Thus, it is more complicated for Chinese professional women to view the interactions between work roles and family roles, and the strategies they adopted are also different from professional women in other countries.

The studies above identified the factors that resulted in the conflict between work and family, and some of them also pointed out gender differences. They argue that work and family issues are central to the development of significant functions that offer a powerful leverage point for promoting individual and organizational effectiveness, which means that there is significant implicit or explicit influence between work and family (Sheikh et al. 2018; Woodhams et al. 2015). However, these studies fail to recognize the differences at an individual, occupational, and cultural level.

3.1.2 Women and Medical Careers

Women have become an increasing part of the medical profession in many countries, although the proportion of female doctors does vary between countries (Riska 2011). More and more women embarking on medical careers is changing the situation, as most specialisms have been markedly male dominated in the past. As career choices are made

concerning the possibilities and limitations that can be found in a specific context, several reasons could explain this phenomenon. The substantial aging population in China means that more physicians will be needed in the future. Second, large cohorts of Chinese medical students choose not to work in hospitals because of it is not well paid, there is violence against doctors, and there is a poor work-family balance. This decreases the number of young physicians (both male and female). Thirdly, the medical profession is characterized by a high degree of professional identity and is relatively prestigious compared to many other vocations, which is an attractive factor that enables women to some extent avoid some of the problems of gender bias.

Affirmative action measures in the US and gender policies in European countries in the 1970s pulled women into medical schools in increasing numbers, and the expectation was that their career would follow a linear development throughout all fields and levels of medical practice and healthcare (Lambert and Goldacre 2011). Likewise, the women's liberation movement in China in the 1950s gave women the opportunity and rights to work. This meant women became involved in social activities and hoped to gain equal treatment in many occupations (Zhang 2018). In China, the growth in the numbers of female doctors became a strong cultural symbol, showcasing the possible path of female achievement in modern society. It also shows that women have the ability to rescue and transform society. It shows that the new image of women, represented by the female doctor, breaks through the pattern of the connection between enlightenment and the male gender, and has a positive significance in the construction of a new gender culture (Hao 2018).

The image of a doctor is of someone fully dedicated, capable, and self-sufficient (Phillips and Dalgarno 2017). The ideal physician has been

shown to share characteristics with hegemonic masculinity (Connell 2005). However, it has been consistently shown that women have the potential to do the medical work because they have a stronger preference for work environments that provide more opportunities and activities to work with people and help others (McCarty, Monteith, and Kaiser 2014). Traditionally, the character of the "ideal physician" is the male physician whose life centres on his full-time, life-long job, while his wife takes care of his personal needs and his children (Lambert et al. 2016). With more highly educated and employed women entering medical careers, the situation is more complex for these female physicians. They are under the expectations and requirements of the "ideal physician", but they also need to take care of their family and children. The new generation of female physicians wants to make different lifestyle choices and change attitudes towards medical work. For example, the medical profession needs to ensure patient continuity with the past, however many young doctors think of the medical profession as more of a 9-to-5 job, so they have more time to devote to their families. The clash between history and changing ideas about medical careers may bring challenges for a young female physician to manage her time between work and family life.

There are limited studies in China that examine the gender differences in work and family issues in medical careers, as the previous research sample might be chosen across variable occupations (Chen, Chen, and Zhao 2010). A medical career is markedly different from other occupations. The high-risk and high expectations of clients demands long working hours and brings high pressure to physicians. Especially in China, the shortage of medical professionals means that a doctor needs to see more than 150 patients a day in the average Chinese hospital

(Sui-Lee Wee, 2018).[6] Second, the hospital hierarchy in the Chinese medical system negatively affects some physicians' career development because of a lack of effective organizational support (Jin and Yin 2016). Most Chinese physicians follow the linear career path of being employed in the public hospital because of career reputation and potential learning or promotion opportunities. There exist significant barriers for physicians working in public hospitals to make any changes to their career development. For example, it is difficult to change specialism and the hospital in which you work because of "hukou" (household registration) and "bianzhi" (iron bowl). Such a strong personal attachment to the organization will decrease medical professionals' autonomy and decision-making power for their career development. Thirdly, violence against physicians brings many troubles for Chinese physicians to develop their careers. Chinese medical professionals need to pay more attention to dealing with conflicts with clients, which further aggravates their workload and pressure.

Some studies argued that marriage bonds, child rearing, working hours, and organizational support might also be important factors affecting the career development of female physicians (Gong and Zhang 2016). Zhou (2013) found that marriage bonds could affect female physicians' feelings of happiness, which could affect their sense of satisfaction with their medical careers. Studies of medical students in the UK and US have shown that female students were more influenced by family concerns (Horst et al. 2010). Female physicians more often consider working hours and patient orientation, whereas their male peers are more prone to considering the technical challenges, salary, career prospects, and prestige. Preference theory explains women physicians' career choices as

[6] https://www.nytimes.com/2018/09/30/business/china-health-care-doctors.html

a product of their preference for balancing work and family demands and thereby minimizing any potential role conflicts set by the demands on their role at work and in the family (Phillips et al. 2016). Other problems such as the lack of a supportive work environment for female physicians, and the experience of sexual harassment, have been pointed out as discouraging women from career advancement in medicine (Hao 2018). The "family-friendly" and flexible employment policies are focused on women and their family responsibilities (Cortese, Colombo, and Ghislieri 2010; Grönlund and Öun 2018).

3.2 The Theoretical Framework

3.2.1 Women's Careers in Career Models and Theories

With the number of working women continuously increasing, theorists believed that women's careers could not be explained appropriately by traditional theory, which emphasizes men's careers, and many have questioned whether the models can adequately explain women's career paths with male samples (Mainiero and Gibson 2018; Sullivan and Mainiero 2006). Historically, models of careers emerged from manufacturing age principles that suggested that men work for organizations that were designed as a structured pyramid (Sullivan and Mainiero 2006). Under the support of the traditional social norms and family structure of male-as-breadwinner (Sullivan and Crocitto 2007), most career models were implicitly focused on male workers' careers that were characterized by an exchange of worker loyalty for the organization's implicit promise of job security (Sullivan and Baruch 2009). These models were founded on the premise that men were focused on upward movement within one or two companies over their lifespans (e.g., Super

1957). There are few career development theories based on the experiences of women in different countries (Woodhams et al. 2015). Super (1957) identified the five career stages as growth, exploration, establishment, maintenance, and disengagement. The model was influential in identifying career stages in a person's entire life, but it has been criticized for ignoring that women's career paths are often non-linear and are easily interrupted by personal or family issues (Elley-brown et al. 2018). Savickas (2004) developed the career construction theory with special focus on gender issues and women's complex life roles in the different career stages. However, it was difficult to identify whether the main task in each stage meets women's real needs.

Some theories consider women's multiple roles between work and family because women are socially expected to be caregivers and carry family responsibilities (Barth et al. 2015). Tatli et al. (2017) identified the factors that impact women's career development, including gender roles, social expectations, and extra effort to succeed in a male-dominated environment. Women have been devalued both in theory and in the social context, as employed women have experienced problems with multiple roles that may constrain their career advancement. However, there exist different arguments that these female roles and responsibilities may become "female advantages" that can be considered as unique contributions in the workplace (Mclaughlin et al. 2017).

3.2.2 Using the Kaleidoscope Career Model (KCM) as Theoretical Framework

Some concepts and models have recently been offered to explain different career patterns observed in contemporary societies. The integrated framework, hybrid careers and Kaleidoscope Career Model (KCM) all

belong to the latest generation of career models (Sullivan and Baruch 2009). I will use the Kaleidoscope Career Model as a theoretical framework in this study, as the KCM is useful to explore the authenticity, balance, challenge needs of Chinese professional women in developing their medical careers. KCM assumes that "women's career and job choices are not negotiated independently of personal and family life, but are embedded in a broader life context" (Lee et al. 2011:1534). In other words, the needs of equilibrium in work, family, and self enables women to make decisions to enact change in their careers.

The following reasons could explain why the KCM should be the theoretical framework of this research. Firstly, KCM is a comprehensive model that involves various areas of career research. It takes into consideration elements of both the protean model (Hall 1996), which suggests that a career actor realizes that their career decisions mutate into new paths that may affect others around them, and the boundaryless career model (Arthur and Rousseau 1996), which focuses on an individual's career identity independent of an organization (Sullivan and Baruch 2009). The KCM also supports the concept of a customised career over a lifespan (Valcour, Bailyn, and Quijada 2007) and the portfolio concept (Gold and Fraser 2002) of developing marketable skills over time. Therefore, KCM is a widely used career model in research into contemporary careers, and it could offer a comprehensive perspective to look upon individuals' careers.

Secondly, KCM is a model focused on gender differences in career development. Gender differences in careers (e.g., Sullivan and Baruch 2009; Mainiero and Gibson 2018) may have shaped attitudes and beliefs about the concept of "career" (Marshall et al. 2014), which has encouraged increased research on the careers of female professionals,

and the obstacles to their career advancement, including essential issues such as work-family interactions, male-dominated organizational cultures, and sexual discrimination (Allen and Finkelstein 2014; Woolnough and Fielden 2014). The KCM tries to explain the phenomenon of a growing number of women professionals 'opting out' of their career, to recognise the delicate interplay between work and non-work issues, and the significant factors that drive women's career decision-making (Kossek et al. 2016). It also offers explanations for some unique issues in women's boundaryless careers. The KCM offers the following three parameters: authenticity, balance, and challenge, which enable individuals to make different career decisions and choices. It puts gender in the foreground and explores the Alpha/Beta Career Pattern to capture how individuals are enacting their work, family, and lives (Mainiero and Gibson 2018).

Thirdly, the KCM is a model that focuses on change (or transition) in boundaryless careers. With the development of the flexibility of individuals' careers, people make career changes and transitions more frequently. Sullivan and Mainiero (2007) found that workers are now changing their jobs every 4.5 years, and many of those job changes are prompted by a desire for a better balance between work and family life. Sullivan and Mainiero (2006) suggest that women are trying to maintain a delicate equilibrium among the three parameters of the model – authenticity, balance, and challenge. When the three parameters are in equilibrium, then little or no stress is being experienced; when that interplay among the three parameters is not in equilibrium, we would expect stress to occur (Sullivan and Mainiero 2007).

3.2.2.1 What is the Kaleidoscope Career Model?

Sullivan and Mainiero (2006) developed the Kaleidoscope Career Model to explain women's "opt-out revolution" phenomenon, a term suggested by the *New York Times Magazine* (Belkin 2003), and has since been widely used to capture how individuals' are enacting their careers within today's more fluid era, where individuals move more frequently and more easily across national, industrial, occupational, and organizational boundaries (Sullivan and Carraher 2018). They used the metaphor of the kaleidoscope to describe the flexible and self-directed career patterns of today's workers.

Like a kaleidoscope that produces changing patterns when the tube is rotated, and its glass chips fall into new arrangements, women shift the pattern of their careers by rotating different aspects of their lives to arrange their roles and relationships in new ways. Women's careers, like kaleidoscopes, are relational. Each action taken by a woman in her career is viewed as having profound and long-lasting effects on those around her. (Sullivan and Mainiero 2006:111).

Mainiero and Sullivan (2006) found a remarkable difference of patterns, goals, values, and choices between men's careers and women's careers. The KCM reflects the inherent relationalism of women (Sullivan and Mainiero 2006) and combines their work, family, and self into a coherent whole to examine their decisions in both work and non-work domains. Sullivan and Mainiero (2006) argued that women were relational, and their context did not exist in isolation — that is, women focus on connections and networks, and a woman's decision may basically evaluate her relationships with others, rather than being based on

insulated actions as an independent actor on her own (Mainiero and Sullivan 2005). Sullivan and Mainiero (2006) confirmed that women's decision-making is related to many stakeholders around them. This idea is widely used in the Chinese context. There exist gender role expectations in the Chinese context owing to the deep rootedness of Confucian culture. Confucianism is a male-centric ideology that assumes female subordination to male power and stereotypes the division of social and family roles. The need to balance the complex relationships and benefits of the different stakeholders is the essential relational performance of some Chinese professional women.

3.2.2.2 The ABCs (i.e. Authenticity, Balance, and Challenge)

In the Kaleidoscope Careers Model, Sullivan and Mainiero (2005, 2006) developed three parameters, known as the ABCs – authenticity, balance, and challenge – which are the key factors that people consider in the decision-making process. The ABCs offer significant ways of analysing the participants' decision-making about their work and non-work issues at a particular time.

Authenticity: defined as being true to oneself in the constant interplay between personal development and work and non-work issues;

Balance: defined as making decisions so that the different aspects of one's life, both work and non-work, form a coherent whole;

Challenge: defined as engaging in activities that permit the individual to demonstrate responsibility, control, and autonomy while learning and

growing.

Sullivan and Carraher (2018) discussed the dynamics of the ABCs (e.g. authenticity, balance, and challenge) in the Kaleidoscope Career Model when individuals shifted and arranged themselves in response to life and career issues: like a Kaleidoscope producing different patterns, where one part moves, so the other parts change (Sullivan and Mainiero 2007). As an individual's careers unfold over his/her lifespan, one parameter generally takes priority at that time in the individual's life, with the other two parameters being of less intensity. All three parameters, however, are still present and active as all aspects are necessary to create the current pattern of a person's life/career (Sullivan and Mainiero 2006). The individuals' careers were dynamic in that they were able to change their priorities in relation to authenticity, balance, and challenge, making adjustments to work and non-work issues accordingly. If career aspiration was needed, then the challenge needs took priority; if a baby was born, then family balance was needed; if both of the parameters were less active, then authenticity could allow individuals to explore their real needs (Sullivan and Mainiero 2007).

Authenticity. In the KCM, authenticity is "an individual's need to behave and demonstrate their attitudes in accordance with their genuine inner selves; it is the parameter that describes being genuine and true to oneself, knowing one's strengths and limitations, and acting on the best information at the time" (Sullivan and Maniniero 2007: 8). Authenticity was displayed through behaviours resonant with personal or work strengths, or involvement in activities for personal pleasure, or that genuinely reflect the inner nature of that individual (Mainiero and Gibson 2018). Authenticity has different ways of being expressed. Some women's authenticity took the form of artistic or leisure pursuits, but for others, it

took the form of being true to oneself at work. For others still, it was reflected in a long-awaited dream at the end of child rearing and a perfect travel plan after retirement (Sullivan and Mainiero 2007).

Balance. Balance (Sullivan and Mainiero 2006) refers to individuals' need for successful experiences of work-family management, and making the effort to create a work-life intersection that continually adjusts attention in both work and non-work domains (Powell and Greenhaus 2012). Women take the major role in the family, such as doing housework and taking care of the elderly and children; therefore, the successful management of relationships between work and family is significant for professional women. Balance, for the majority of the professional women, refers to making decisions so that the different aspects of one's life, both work and non-work, form a coherent whole (Sullivan and Mainiero 2006). Moreover, balance refers to a set of feelings around compromise, balance, and being good enough, which makes professional women feel comfortable and able to handle them, rather than being perfect. Grant-Vallone and Ensher (2011) described the ways that the professional women discussed the different concepts of balance. Some women believed that balance was elusive as it is temporary but yet highly satisfactory when achieved. Some women took balance as an issue of resources related to money and help. The others thought that balance is more related to non-work issues, such as a fit between work and family roles, or putting the children first.

Challenge. The parameter of challenge reflects the need on the part of the individuals to participate in intrinsically motivating work and advancement (i.e. learning and promotion), to pursue career aspirations, to grow and develop one's skills, and to make progress in one's career, through lateral progress, skill-based progress, or linear progress (Mainiero and Sullivan 2006). Sullivan and Mainiero (2007) found that challenge is a

critical parameter in early careers; it is a significant driving force in many career decisions, including accepting a learning or promotion assignment (Mainiero and Sullivan 2006). Mainiero and Sullivan (2006) found that individuals viewed the challenge in different ways. Some individuals viewed it as a powerful motivator that encourages the advancement of their work, some as a validation of identity to gain confidence through achieving a successful outcome. Some individuals saw challenge as the opportunity to learn and grow, making them a better fit in the labour market. Some individuals viewed the challenge as establishing expertise. Others believed the challenge is making a difference in the lives of others. There are several ways to view the work challenge in different contexts and industries because individuals experience different work situations. Sullivan and Mainiero (2007) regarded challenge as a driving force in individuals' career development. The enthusiasm for medicine, the desire to contribute to society, and the professionalism to save lives are the essential and unique driving forces that stimulate the participants to keep learning academic knowledge and improve their professional skills, in order to increase their employability and to gain promotions.

On the other hand, the challenge might be the barriers or problems that influence or constrain individuals' career advancement (Elley-brown, Pringle, and Harris 2015). In some research (e.g., Sullivan and Mainiero 2007; Grant-Vallone and Ensher 2011; Mainiero and Sullivan 2006), scholars argued that women professionals' need for a challenge (such as career aspirations, learning desire, and promotion requirements) might decrease in their middle careers. One important reason was that their need for balance might increase; as one part moves, so the other parts change, like a kaleidoscope (Sullivan and Mainiero 2007). The increase in the needs for balance is one of the essential reasons that cause a

decrease in the need for work challenges.

3.2.2.3 Alpha and Beta Career Patterns

Sullivan and Mainiero (2005, 2006) gathered data through interviews and online focus groups; they found that the KCM was enacted differently by men and women. They identified a gender-based career pattern for individuals' Kaleidoscope Careers: an "Alpha Career Pattern", which was displayed by individuals who were strongly focused on their career, and a "Beta Career Pattern," which was displayed by individuals who had made adjustments in their careers to have a more balanced family/non-work life. The three parameters (authenticity, balance, and challenge) served as guideposts to determine which issues are the most important in the different stages throughout an individuals' life, and these parameters caused individuals' different career decisions and transitions to meet their needs for their careers, families, and themselves. Further research has examined whether the parameters of KCM work in the different periods of women's careers. Gross-Spector and Cinamon (2016) noted that vocational exploration at midlife might involve greater layers of complexity and life roles as well as critical thinking about strengths and identity. Cabrera and Elizabeth (2007) found that in women who were family orientated, their decision about their career pivots on the balance parameter, which means adapting to the beta kaleidoscope career pattern in midlife. August (2011) studied women's later life career development and found that all three parameters had relevance for older working women.

There was a big difference between gender in most studies: most men

followed the “Alpha Career pattern”, but most of the women followed the “Beta Career Pattern” (e.g., Sullivan and Mainiero 2006, 2007; Sullivan et al. 2007; Mainiero and Gibson 2018). When individuals began to talk about mid-career issues, most of the men were firmly focused on their careers, but most of the women had made adjustments in their late early careers and mid-career, as most women reported compromising the demands of child-rearing, eldercare, and other relationship-driven issues.

This chapter reviewed the relevant literature about women’s career development and the theoretical framework of the thesis. It started from the challenges that women experience in their career advancement, for example, women’s career choices and work-family issues. It then specifically focused on women and medical careers. The Kaleidoscope Career Model (KCM) is comprehensive and appropriate as the theoretical framework to analyse the interview data. The methodology and method of this thesis will be discussed in the next chapter.

4. Methodology and Method

This chapter describes the empirical study conducted for this thesis. It includes a section on the data collection, which describes how I found female medical professionals to interview, how they were interviewed, and how the analysis of the data was conducted. The chapter also presents what I did to assure the trustworthiness and credibility of the analysis, and the ethical considerations that were taken into account throughout the study.

4.1 Data Collection: Qualitative Interview

Qualitative research emphasises exploring individual experiences, describing a phenomenon, and developing a theory (Major and Savin-Baden 2013). I chose qualitative interview technique to collect data, as I was interested in understanding the challenges Chinese female medical professionals (mainly women doctors) experience during their career development and how they make sense of and cope with these challenges. Interviews are always contextual and negotiated, so they enable researchers to access information in context, and to learn about phenomena that are otherwise difficult or impossible to observe (Fontana and Prokos 2016; Qu and Dumay 2011).

The essential issue in conducting an interview is to capture the meaning and interpretation of phenomena in relation to the interviewees' world (Castillo-Montoya 2016). I used in-depth interviews based on participants' narratives; I prepared some open-ended questions but was not limited by these questions for reminding participants to talk about their career stories. The in-depth interview is essential for researchers to make sense

of participants' worlds from the participant's own perspectives and in the participant's own terms (Boddy 2016). Some studies (Zhang and Wildemuth 2009) have argued that in-depth interviews could be very useful for studies attempting to find patterns and generate models. This idea was useful because the decision about using Kaleidoscope Career Model (KCM) as the theoretical framework for this study emerged after data gathering. The in-depth qualitative interview offers a good way to collect data and also offers the opportunity to find an appropriate theoretical framework for studying Chinese women's medical careers.

4.2 Participants and Samplings

The sample was formed of 23 female medical professionals (16 female doctors and seven nurses) working in a private hospital in Shanghai.[7] The 'snowball sampling' method was used to recruit potential participants. Snowball sampling is a useful tool for building networks and increasing the number of participants (Etikan, Alkassim, and Abubakar 2015). It could help the researcher to recruit potential participants to share their stories about their work and family experiences. The researcher's mother was the gatekeeper in the data collection. She was a doctor working in the hospital, and she was the first participant in this study. She supplied a lot of the support to find other participants, who could introduce more potential participants. In total, I interviewed more than 30 female medical professionals; however, there were some problems with using all of the participants' data. For example, some participants' stories were not relevant to the research, or some interviews were interrupted by emergencies so the story was too short, or it was too difficult to continue the interview. Finally, I chose 23 female medical professionals' career

[7] See Table 1 and Table 2 below.

stories as the samples.

I was aiming to choose a sample with maximum diversity with minimum costs in terms of time and money. Initially, for the sake of sample diversity, I proposed finding the potential participants in both public and private hospitals from different cities. However, it was inappropriate to do so owing to economic costs and time constraints. Besides, it was difficult for a 'stranger' to get access to the hospital system and undertake the research. These are essential factors when seeking the potential participants who would agree to take part in the interviews. Finally, I decide to find the participants in a private hospital in Shanghai. Shanghai is an international, advanced, and diverse city that has many migrant employees from other areas in China. Since 2002, when the Shanghai Municipal Government promulgated the "System for Introducing Talents," Shanghai has opened its door to attract talent from different industries and from various areas to develop their careers and base their lives in Shanghai. Because of this talent policy, migrant professionals are a large component of the medical workforce in Shanghai.

Furthermore, this hospital has grown into the largest private hospital in Shanghai and has enjoyed the support of the Shanghai Medicare Bureau, which means this private hospital has certain privileges compared with other private hospitals, and it may attract many migrant and retired medical professionals from public hospitals. This is an essential factor that influences the diversity of the sample. Another important reason for why I chose this hospital was its hierarchy, which might be a significant organizational factor that influences Chinese medical professionals' career development. There is a strict hierarchy among Chinese hospitals, and the government has divided the hospitals into different levels according to their facilities, quality, infrastructure, research ability,

education etc. The main difference between public hospitals and private hospitals is the government support including financial and policy support. It is difficult for private hospitals to develop without government support. This difficulty may bring many challenges and problems for their employees to develop their medical careers.

Although all the participants were chosen from the same hospital in Shanghai, they were full of diversity. Firstly, the participants graduated from different medical organizations, such as medical school, medical college, and university. Also, some had bachelor's degrees, some masters, and some PhDs. The different education backgrounds might be an essential factor that influenced the participants' career development. Secondly, they came from different areas in China before working in Shanghai. Some came from small villages, some came from small cities, and some came from another metropolis. It is the geographic difference of the samples that might influence the participants' career choices in choosing their occupations and following related career decisions. Thirdly, the participants were in different specialisms, such as general practitioners, surgeons, and traditional Chinese Medicine (TCM) etc. Besides, they had also worked in different medical institutions, such as tertiary hospitals, secondary hospitals, primary hospitals, private hospitals and clinics. The differences in workplaces could reveal the organizational factors that influence the participants' career advancement. Fourthly, the participants' ages ranged from 31 to 62. Women's retirement age is 55 in most Chinese public hospitals (Wei 2012). However, doctors in private hospitals are exempt from the retirement policy so female doctors have the option to choose whether or not to continue working. Some of the participants are still working in the hospital even if they have reached retirement age. Fifthly, 21 participants were married (one was divorced, and only one nurse was single), and

most of them had one or two children. Family factors could influence the participants' career development and career choices, as some participants said that marriage bonds and child rearing are essential issues for them to manage their careers and family.

Table 1. INFORMATION OF THE INTRVIEWED CHINESE FEMALE DOCTORS

Projects / Name	Occupation	Specialty	Title	Age	Marital status	Education background	Children number
Mrs. Zhao	Doctor	Internal	Chief	62	Y	Bachelor	1
Mrs. Qian	Doctor	Internal	Associate Chief	45	Y	Bachelor	1
Mrs. Sun	Doctor	Internal	Associate Chief	47	Y	Master	1
Mrs. Li	Doctor	Internal	Attending	53	Y	Bachelor	1
Mrs. Zhou	Doctor	Surgical	Attending	37	Y	Bachelor	1
Mrs. Wu	Doctor	Internal	Resident	31	Y	Bachelor	1
Mrs. Zheng	Doctor	Internal	Attending	35	Y	Bachelor	1
Mrs. Wang	Doctor	TCM	Associate chief	40	Y	PhD	0
Mrs. Feng	Doctor	Internal	Associate chief	49	Y	Master	1
Mrs. Chen	Doctor	Internal	Associate chief	51	Y	Bachelor	1
Mrs. Chu	Doctor	Dermatology	Attending	40	Y	Bachelor	1
Mrs. Wei	Doctor	Pediatric	Associate chief	47	Y	Bachelor	1
Mrs. Jiang	Doctor	Internal	Resident	38	Y	Bachelor	1
Mrs. Shen	Doctor	Internal	Associate chief	44	Y	PhD	1
Mrs. Han	Doctor	Internal	Attending	36	Y	Bachelor	2
Mrs. Yang	Doctor (Manager)	Internal	Chief	62	Y	Bachelor	1

Table 2. INFORMATION OF THE INTERVIEWED CHINESE FEMALE NURSES

Projects / Name	Occupation	Age	Marital status	Education background	Children number
Mrs. Miao	Nurse (Manager)	58	Y	Bachelor	1
Mrs. Lin	Nurse (Head)	37	Y	Bachelor	1
Mrs. Lan	Nurse	30	N	College	0
Mrs. Hu	Nurse (Head)	44	Y	College	1
Mrs. Wu	Nurse	34	Y	College	0
Mrs. Hua	Nurse (Midwife)	31	Y	Bachelor	1
Mrs. Liu	Nurse	34	Y	Bachelor	1

4.3 Active Interviewing: Materials and Procedures

Interviews provide researchers with rich and detailed qualitative data for understanding participants' experiences, how they describe those experiences, and the meaning they make of those experiences (Castillo-Montoya 2016; Lin et al. 2017). I adopt in-depth face-to-face narrative interviews. The data collection experienced two periods that were conducted during my PhD programme: from 2015 to 2016.

One of the reasons that the data collection took two periods is owing to the time constraints. The potential participants are female medical professionals (doctors and nurses) working in Chinese hospitals. To collect data, I had to travel back to China, which required a lot of money and time. Also, there is the matter of time limitations for academic leave for data gathering, and it was difficult to make appointments with some of the potential participants. Therefore, I interviewed about ten participants in the first period, and then I came back to the UK to analyse the data I had obtained. Although I did not finish all the data collection in that period, it was useful to formulate some themes that were helpful in modifying the interview guide, and these themes in the first stage helped me to gain a

considerable amount of valuable interview experiences to go further into the participants' medical careers. Therefore, the other important reason for second-time data collection is to conduct interviews more purposefully and more comprehensively. All the interviews lasted from one to three hours and were conducted in different settings since the female medical professionals were able to choose the location of the interview. Consequently, the interview setting varied from offices to public areas. The interviews were recorded and later transcribed.

4.3.1 Materials

Two materials had been prepared for participants before the interview. One was an introduction letter about the purpose of this study, the main contents of the interview, and what topics might be involved during the interview. I also gave a very short form for participants to fill in; the form refers to the participants' name, age, marital status, contact information, education background, promotion experience, and career transition experiences. There was no formal interview guide or set interview questions. I prepared some open questions (e.g. How is your current work? What do you think about your work and family life? How do you handle the relationship between medical work and your family?) to remind me to use the time efficiently. Also, these open questions could check whether the main topics had been mentioned in the participants' narratives. The objective of open questions is to hear the exact wording of the participant when she presents the problem. Also, these open questions could also remind the researcher to avoid talking for too long and to keep the interview time under control.

A small recording device was used to record all interviews, and

participants were told about the recording. All interviews lasted approximately 1 or 1.30 hours, though a few lasted as long as 2 hours. All participants in the sample chose pseudonyms for the purpose of the project.

4.3.2 Procedures

There are some essential issues one might consider when undertaking semi-structured or unstructured interviews, which offer a guide for active interviews (Easterby-Smith, Thorpe, and Jackson 2018). For example, the aim of the interview is to develop an understanding of the participant's 'world'. It is necessary to understand the constructs that respondents use as a basis for their opinions and beliefs about a particular matter or situation. There are issues about which the interviewee may be reluctant to be truthful, other than confidentially in a one-to-one situation.

In this data collection, participants were interviewed in the hospital, in their offices, lobby, or the break room, depending on each participant's preference. All interviews were conducted by one researcher. Brief notes were taken during the interviews, mainly to ensure that all topics were addressed. At the beginning of the interview, I gave participants a few minutes to read the introduction letter and complete the interview form. This gave them a chance to recall memories of their career experiences, and it is also an essential part of the preparation for the interview. As I came to know more about the participants' work and life experience, so I could encourage them to talk openly about their career experiences and share their life stories. The main questions and themes were directed towards the participants' work experience and as well as their family lives, and the interviews were limited by how much participants wanted to talk

(and what they wanted to talk about).

The interview started by asking the participants if they could tell me something about their educational background, and why they chose medical careers. These two questions allowed me to tap into their career story in a relatively uncomplicated way. This strategy was successful because talking about their education background could help them to remember when and how they started their medical careers. Throughout the interviews, I asked my participants to explain things I did not understand or aspects of their stories that I wanted them to elaborate. For example, when they were telling stories from their daily work, I encouraged them to develop on why they thought different incidents they had experienced had happened. I often invited them to compare the difference between their previous work and current work.

Some of the participants were critical of their career experiences and told detailed stories about certain situations where they felt misunderstood by managers, staff, and patients but also by Chinese medical systems, government, and other issues outside the workplace as well. They might want to talk about one issue in more detail because they thought this issue was essential. To get into a discussion about the next subject without neglecting the experience they were sharing with me at that moment, I used follow-up questions to redirect them. For example, “what did you do to get out of that situation?” or “What method do you use to deal with the current problems?”

Some strategies were developed over the course of doing the interviews, as I found there were some problems during the interview process. I found that the participants’ career experiences and family life were harder to access at first if I asked them about these topics directly. So, I changed

the questions to encourage the participants to talk more about their career experiences. For example, I asked one participant the question ‘what do you think about your career and have you experienced any problems during your career?’ The participant said, ‘I have no idea, and I think everything is fine for me!’ Her answer was very general but it made me realize that there was something wrong with the question. So, I changed my question to, ‘could you tell me something about your education background and why you chose a career in medicine?’ Following this question, she talked more and recalled the difficulties she experienced throughout her medical career. I did not think that she was disinterested in this topic, she just did not know how to begin the story, and she also needed some questions to prompt her to remember her career experiences. Moreover, it is important to observe the people who are present and their interactions with each other and with the interview participant (Elwood and Martin 2000). Some participants revealed the real situation about their career and family; however, some participants wanted to show only the positive aspects of their life. For example, a participant changed several hospitals before working in this private hospital. In spite of this, she did not think there had been any problems during her career; she just believed that the previous workplaces did not suit her. When this was the case, I followed their narrative to develop their stories, but I was more focused on asking follow-up questions that could check in this particular case whether her description of her experiences fitted with her claim of ‘no problems’, and also get her to elaborate on her experiences. I asked questions such as, “can you remember a situation that was not as easy?” Through these questions the participants could reflect on situations that might have been difficult, they might have different answers, and their narrative style might be more critical. It also led to more complex reasoning about their difficulties and barriers concerning others in a similar situation.

All the interviews were carried out in the participants' hospitals. I made appointments with participants through message, phone call, or email. The time and place were chosen by participants. Most interviews took place in their offices during their break time or after they had finished their day's work. Three interviewees decided to have the conversation in the lobby of the hospital in which they worked. There are some suggestions of appropriate locations for interviews, including restaurants, private homes, and public buildings such as community centres. Also, interview locations might situate a participant with respect to other actors and to his/her own multiple identities and roles (Elwood and Martin, 2000). The reasons participants gave for selecting their office or the lobby as the best place for the interview was that it was easier for them to participate, and they felt comfortable in such a familiar place. Another reason might be that their main role in this research is that of a doctor (or nurse) and doing an interview in an office or the lobby was suitable for this someone in such a role. However, the disadvantage of doing interviews in the hospital lobby was that they were easily disturbed by colleagues or patients walking by, or they had to respond to emergency calls.

4.4 Analysis of the Interviews

The data analysis of this study aims to understand participants' narratives about their work, family, and life experiences, and to collect themes to understand what factors influence their career development, and how they cope with the issues they face. Analyses were based on transcripts from the interviews. NVivo 11 was used as coding technique to cope with the transcript data. There was no constraining of the specific topics or the core categories (Zamawe 2015) for participants' narratives. Instead, I

encouraged participants to provide comprehensive stories about their careers. One important point is that some topics that I thought would be of interest to participants did not gain much attention. In other words, there were some changes to the research themes, for example, many new topics emerged after the interviews with the participants. The differences between designed themes and data themes lead me to undertake two stages of data coding: first-time coding and re-coding. This two-stage coding takes a lot of time; however, I was excited to recognize the differences between the stages and I was able to recognise that one of the reasons for conducting empirical research is to come to the understanding that what researchers think is important may not be important for the participants!

Template analysis has been used in the data analysis. Template analysis usually combines deductive and inductive reasoning in the incremental development of a template of codes to reveal patterns in data (Burr and King, in press). It can be used for all kinds of textual data including interviews and field notes (Easterby-Smith et al. 2018). Central to template analysis is the development of a coding template, which summarises themes identified by the researchers as necessary in a data set and organises them in a meaningful and useful manner (King, Brook, and Tabari 2017). During the first stage, I read line-by-line from the beginning, recognised the main concepts of each sentence, and then placed similar concepts into the same category. The transcripts were thus read and re-read and the parts of the interview that indicated or alluded to the themes of career and life problems were recorded. Following these steps, the first stage categories were created.

Template analysis is fairly flexible when it comes to how a template is created (Easterby-Smith et al. 2018). However, deciding at what stage to

produce an initial template is an essential consideration (King et al. 2017). The template analysis suggested the initial model is usually produced between two extremes: after coding just one interview transcript, or waiting until after every transcript has undergone detailed analysis for original themes. However, this process of analysis requires researchers who are over-sensitised to material that "fits" the existing template. During the second coding stage, if the new segment (maybe containing several sentences) of text resembled the others, it was placed into an existing category and labelled accordingly; if not, it was placed into a new category and provided with a different label. Finally, several templates were recognized according to the transcripts of the participants' career stories, including three core categories: career choices, organizational problems, and family-related work problems. These are the main themes of this study. There are also some sub-categories of each core category. The more specific properties of the *career choices* category identified during the coding process were "interests in Medicine," "following the career models," "roles in the family," and "gender identity." Regarding the *organizational problems* category, the more specific properties were identified as "workload pressures," "hospital hierarchy problems," and "relationships and conflicts". The properties of the *family-related work problems* category were "marriage bonds," "childcare issues," "family relationships," "leisure time," and "family and social support." During the second stage, a coding scheme was ultimately developed to represent the main ideas of the three parameters (i.e. authenticity, balance, challenge) and the career patterns of KCM followed with numerous iterations and sorting of the properties and dimensions of each category.

4.5 Trustworthiness and Credibility

In this part, I will discuss the trustworthiness and credibility of this research. One of the main tasks a qualitative researcher faces is how to interpret the data in ways that stay true to the contexts that determined the data. A significant challenge for researchers is striving for the highest possible quality when conducting and reporting research (Cope 2014). The trustworthiness and credibility of analysis are therefore at the forefront of qualitative researchers' quality control efforts.

There are different methods that researchers can use to achieve trustworthiness and credibility in qualitative research (Connelly 2016). Prolonged engagement was achieved by repeated readings of the transcripts and listening several times to each audio recording of the transcripts. The researcher spent more than five months transcribing these audio recording. This activity helped ensure that the data were processed not only over an extended period of time but also at a deep level. I used NVivo 11 to analyse the data, which is shown through representative quotations in the text, and I collected the relevant data and themes from the transcribed text.

Seeking agreement among peers, experts and participants are beneficial for the trustworthiness and credibility of a research thesis. Another essential approach was to seek the agreement of my first supervisor and second supervisor. During the analysis, I had several informal chats as well as formal supervision meetings with my supervisors to display and discuss all the essential themes that came out of the interview transcript. Thus, I considered not only how I have analysed the transcribed interviews but also how the data display could be constructed. I have also discussed the data analysis with other doctoral students frequently, debating alternative interpretations of the different studies we were each conducting as part of our PhD projects; additionally, I arranged several

chats with some of my interview participants, to discuss the analysis I present.

The issue of language differences in translation and interpreting data is a big challenge (Nes, Abma, and Jonsson 2010). Although there were no cultural barriers for me to understand participants' narratives about their career and work issues, how to reasonably interpret and translate the data in a foreign language without missing any important meanings is a significant issue for the trustworthiness and credibility of this research. To potentially reduce the loss of meaning and thereby to enhance the validity of the research, I had several meetings with my supervisors during the data translation and analysis. My principal supervisor is an English native speaker, and my second supervisor is a Chinese native speaker. I checked the interpretations by going back to the codes and preliminary findings in the source language and keeping records of these discussions.

As Cope (2014) claims, an essential step in qualitative research that substantially enhances credibility is member checking. One could say that I tested my initial ideas about what is going on with my participants. For example, reading the transcripts instead of talking with them about the themes that caught my attention during my fieldwork and while transcribing, and asking them if they thought my interpretations seemed fair. I also had three medical doctors (one is my mother, and the others were my mothers' colleagues) that read the analytical chapters to see if the analysis would be comprehensible to someone in the field.

4.6 Methodological Reflection

Whether the multiple roles of the researcher would affect the final results

of the study is an essential issue in the methodological reflection. It is necessary for a researcher to be concerned about personal reflexivity and reflexivity within relationships (Palaganas et al. 2017), as reflexivity helps to situate the research project and enhance understanding of the topic. In this study, I have four different roles. These roles played out differently in the interviews, as they significantly influenced the information offered by interviewees and their communication styles. Specifically, I am a starter researcher in academia, and I am trained to use an objective attitude and professional knowledge to undertake qualitative research. Secondly, I am the daughter of their colleague, and this role would obviously influence interviewees' performance. Thirdly, I am an overseas PhD candidate who is studying in a developed country. Fourthly, I am a woman who has just become a mother. In this section, I will discuss how the diversity of roles affected the interviews.

As an academic researcher, I recognise that ethical informed consent is necessary for protecting participants' privacy, and it is critical for research to have ethical considerations. Therefore, all the interviewees signed the ethical consent form before interviews. It helps to build trust between the interviewees and the researcher and adds to the credibility of the data. However, some participants saw me as a professional career counsellor who might give useful suggestions for how to solve their problems at work and in their lives. For example, there was a participant living with her husband and daughters in Shanghai, but her parents were living in another city. She said that she was working in Shanghai because of her husband's work. She was finding it difficult taking care of her parents, and she felt a lack of support when there was a conflict with her husband. She talked about the difficulties she experienced in her work and family, and also asked me many questions about how to improve her current situation, as she looked upon me as a professional work-family life

counsellor. Some participants stated that they had no intention of seeking a counsellor when they encounter difficulties at work or at home. However, the interviews gave them an opportunity to consider their work-life balance. I believe that this is an important contribution to the research beyond the research itself. Although their questions sometimes distracted or diverted from the interview topics, the interactive process facilitated the interviewees to expose themselves in relating what difficulties and challenges they experienced in developing their medical careers. These issues were also the ones that I hoped participants could talk about in as much detail as possible. As a researcher, I was at a risk of exerting more influence upon the interviews.

My role in this study as an overseas PhD student aroused much attention from the interviewees and also their managers. I conducted interviews for the purpose of data collection for my PhD thesis; however, some participants believed that my research could play a significant role in improving their work situation. It was quite interesting that I had not thought about this before the interviews. These interviewees told me that many previous studies, the Chinese government, and social media focus more on patient benefits and less on the medical professionals' working situation. They hoped that my research could make both Chinese people and people in other countries understand the working situation of Chinese doctors and the many difficulties they experienced during their medical careers. Thus, some interviewees showed a strong desire to participate. Their thoughts and behaviour offered me the opportunity to understand their medical careers in more depth and enabled me to notice the importance of this research. However, some interviewees saw me as an overseas study consultant and asked me questions about studying abroad. Most of the interviewees were mothers; they worried about their children's education and want to offer their children a better future.

Therefore, our conversation naturally centred on the issues of children, and then focused on the relationships between work and family. These issues were what I expected interviewees to mention.

My special role in this study is as the interviewees' colleague's daughter. This role brought me the benefits of using the snowball method to find interviewees, however it also influenced the interview process in potentially compromising ways. My mother is one of the interviewees, and she was also the gatekeeper of data gathering who introduced many participants. Some participants agreed to attend the interview because my mother asked them to help me with my research. As a female doctor's daughter, I am familiar with the medical profession, so participants could easily tell their career stories without explaining medical knowledge or organizational policy in more detail; I was able to exploit some topics such as hierarchical barriers and promotion problems. It was useful to modify the interview outline. Moreover, with the experience of being a female doctor's daughter, I knew some participants might have problems with childcare because of frequent night shifts and a heavy workload. These topics are critical for data collection. However, some participants might still care about my identity as their colleague's daughter. As a result, some participants may be reluctant to talk about any difficulties they experienced in the medical profession or only tell part of the truth because they did not want others, especially colleagues, to know they were experiencing trouble with their careers. A useful way to dispel their doubts was to sign the ethical consent form in which the participants had been informed that their personal information would be anonymized in the thesis, and the interview data would not be shared with third-party organizations without their permission. Another way to reduce these concerns was to introduce myself to the interviewees before the interview. I wanted to introduce myself as a researcher, not as their colleague's

daughter, although the participants knew of the relationship between my mother and I. These strategies could reduce some participants' concerns and minimize the impact of peer relationships on the research results.

Finally, I realise that as a woman researcher interviewing female interviewees, gender is an important issue to be reflected upon. Herod (1993) argued that 'gender relations are an important dynamic shaping the interview process which can significantly influence the sorts of data obtained' (p. 304). The main issue in this study is how the gender of the interviewer or interviewee may shape the interview process. Mentioning gender difference here does not mean that there is gender bias in the interview; instead, the implications of gender mostly come from specifying women researchers or research topics (Golombisky 2010). I mentioned before that most of the interviews were carried out during my maternity leave. At that time, I had just become a mother, and I experienced troubles with work-family balance. I wanted to be with my son but I had to come back to the UK to finish my PhD program, leaving him with my parents-in-law. This was the first time that I had experienced conflict between work and family. I had empathy with some interviewees who had similar conflicts. Most interviewees were mothers, so they believed that I could appreciate their situation and they wanted to share their experiences with me. Some interviewees cried when we talked about their difficulties with achieving a work-family balance. I appreciate that the interviewees trust me and want to share their stories with me, and I think one of the important reasons might be because we are all women, so they could open their hearts. A female doctor remembered that she was very busy in the hospital and had no time to take care of her five-year-old son. One day, she arrived at home very late, and her son had cooked dinner for her. She was surprised, but she quickly fell into deep guilt. She felt uneasy about being busy at work while also having caring responsibilities. She

had considered becoming a housewife, but she could not give up the job because of her family's financial situation. She asked me some questions to ascertain whether I could understand her situation and she expressed that my understanding made her feel relieved.

Although multiple analysts afford something similar to interrater reliability, it is difficult and nearly impossible for researchers to fully extract their initial subjectivities from the process (August 2011). As a qualitative researcher, I accept that the researcher is a central figure who collects, selects and interprets data, but the research is a joint product of the relationship between participants and the researcher (Golombisky 2010). In this case, the researcher is a female PhD candidate. She is trained as both a human resources specialist and qualitative researcher. Secondly, her parents are both physicians in Chinese hospitals, which means she is familiar with the Chinese medical system and understands participants' working situations. However, this role also brings some problems in the data collection and may influence the trustworthiness of the research. Thirdly, the researcher considers herself to be a mild feminist in life and in research, so she was able to complete the research with an objective attitude, while maintaining empathy for fellow female participants.

4.7 Ethical Considerations

Before the research begins, I should decide who will be my research respondents and consider respondents' emotions and feelings carefully, especially for my research given that discussing their life stories might be a sensitive topic for some Chinese professional women. Whether they want to be participants in my study and whether participants can give

informed consent are very important to the success of the research.

During data gathering, recording and transcription by the researcher are the key areas of focus. The translation was a challenge for me because I had to translate from Chinese to English. Therefore, not missing and not misunderstanding the meaning of respondents will be crucial to the research. In data collection, although researchers could collect private and general information, participants should be told the truth about the study, show respect to the respondents and protect their privacy regarding anything they do not want the researchers to publish. It is important to get the permission of the respondents for what could be discussed in the research as well. Moreover, researchers also need to decide what ought to be used in the study.

Following the University's Policy on Ethics in Research, a series of ethical considerations were drawn up to guide the research. Written consent was obtained from research participants. The interview research is based on a live-work situation where research findings are derived from the researcher's experience. The data collected is to be used to generate overall outcomes, without involving individuals' privacy in the research, and the data and information sources of this research will be valid and reliable.

This chapter discussed the methodology and method used in the thesis, including the issues of data collection, participants and sampling, materials and procedures, as well as how to analyse the interviewed data, the trustworthiness and credibility of the data and participants, methodological reflection, and the ethical considerations of the research. In the next three findings chapters, I will analyse the data in terms of what difficulties and problems the interviewed Chinese female doctors

experienced in developing their careers, and how they deal with these obstacles to achievement and success.

5. Medical Career Choices

This chapter aims to shed light on the problems that the interviewed Chinese female doctors experienced in their initial occupational choices and with their on-going career choices. The participants offer several reasons for choosing medicine as their profession. It is clear that their occupational choices were highly influenced by Confucian culture and government policy in China. Some participants confirmed that they have fewer constraints to their choices about their careers, however factors such as family issues still dominate their decisions about ongoing career development.

5.1 Initial Occupational Choices

There are several factors that influenced individuals' decisions, such as standardized test scores (Volodina and Nagy 2016), self-efficacy beliefs (Marsh and Yeung 1997) and domain-specific value ascriptions (Eccles 2009). This part aims to identify the factors that influence the interviewed Chinese female doctors' occupational choices.

5.1.1 Self-interests

Some participants assert that their career interests are highly related to their personal experiences when they were young. Mrs. Feng (Doctor, ACP, Married) mentions her interest in doctors when she was a young girl:

> When I was young, I had frequently tonsillitis. I went to the hospital to see doctors many times, so I was very impressed. I thought it would be great to be a doctor, and I chose to study medicine at university…

Similarly, Mrs. Wang (Doctor, ACP, TCM, Married) indicates her strong interest in medicine:

> I was interested in medicine, but I lacked courage when I was a little girl. I thought that it was difficult for me to study Western medicine because of the anatomy and surgery, so I studied Chinese traditional medicine... My mother told me that I had been sick since I was born... I went to the hospital frequently for injections until I was two or three years old. This left a deep impression on me. But anyway, when I decided to study medicine at university, my parents agreed and supported my decision!

Some participants shared their understandings about the meaning of a career in medicine. Mrs. Sun (Doctor, ACP, Married) expresses that a doctor should be "sacred" and “responsible”:

> I don’t think it is easy to be a doctor, and I don’t think it is interesting. Doctors should have professional skills and ethical beliefs to cure patients. We also need to believe in saving lives, and dedicate ourselves to treating the sick and wounded.

Similarly, Mrs. Wu (Doctor, RP, Married) said,

> I felt that the doctor was very sacred. I thought this profession was very good, because I could save lives and rescue the wounded[8]. I believed a doctor was omnipotent when I was a little girl. Even if a patient's condition was serious, he/she could get better after treatment by doctors!

[8] A common word used in China to describe the special character of doctors and nurses: jiu si fu shang (救死扶伤)

Some other participants stated that they might not have wanted to be a doctor originally, but their interests in medicine have grown since they became doctors. The individual's original career interests are likely to form and change at work, and with the changing of time, environment, and experiences (Savickas et al. 2009). This is a dynamic process, not static. However, given that medicine involves a long period of education and training it is surprising to find participants are willing to enter this process, despite at first having little interest in the profession.

Mrs. Wei (Doctor, ACP, Pediatrics, Married) indicates that being an engineer was her first choice when she thought about future occupations, but she felt really happy and lucky to be a doctor in the end:

> Tracking back to my occupational choice, I think everything is down to fate. If I studied engineering at university, I may not have liked it and done well... I think I was very good at medical studies, and my parents also think so. It is very interesting to work for my child patients, because I like children. It is also very meaningful to be able to cure their illness, and help them to be healthy...

Mrs. Yang (Doctor, CP, Hospital manager, Married) says that she did not originally want to be a doctor. Her parents were both doctors. They were very busy with work so they had no time to take care of her. She felt lonely during her childhood, so she did not want the same situation in her own family:

> My parents were working in a church hospital. I knew they were very busy all day, and they often came back late... They spent lots of time on and were dedicated to their medical careers, but they spent little time

> with me. They recruited two babysitters to look after me. They made delicious food for me and played with me. But I didn't like them because I wanted to stay with my parents! My parents often went to the hospital at night because of emergencies, so I was often awakened at midnight . . . In my mind, they had no leisure time! When they finished dinner, they read medical books and discussed what they had learned. They never took me to the park or on holiday! … At that time, I thought (after I grew up) I would never be a doctor!

Mrs. Yang understands her parents' work after being a doctor herself. She understands that a doctor's duty is to save lives and help the sick and wounded. For her, being a doctor is different from other occupations, as it is more sacred and requires dedication:

> My parents have had a big impact on me. The doctors of their generation were wholeheartedly committed, which is very different from the current doctors. We are still a far cry from the older generation of doctors! I want to relax and watch TV after work, but my parents read medical books and did research. They did not go to sleep before 12 o'clock at night. They donated a lot of money to charity and bought books for the children at the hospital. They cured the elderly people and children and did not ask for any money from them. They often said to me that a doctor should be kind to people.

In fact, Mrs. Yang's ambivalence about doctors is part of the process by which her career interests are produced. Family background has an important influence on individuals' behaviors as well as their career choices (Li, Hou, and Jia 2015; Powell and Greenhaus 2012). Savickas (2004) indicated that vocational self-conceptualising originates in the home as children learn to view themselves and the world through their

parents' eyes.

5.1.2 Gender Expectations

Some participants believe that their occupational choices are highly influenced by gender expectations. Chinese individuals' choices about their occupations are deeply influenced by Confucian philosophies, in which women are characterized by strong gender stereotypes (Li et al. 2015; Yao 2010). The participants more or less accepted the influence of the traditional feminine characteristics of being receptive, passive, inward and downward moving, soft, obedient, and supportive (Sullivan et al. 2008).

Mrs. Chen (Doctor, ACP, Married) believes that becoming a doctor is the perfect choice for a Chinese girl:

> When I was ready to fill in the form to choose my academic subjects before going to university, my high school teacher suggested to my parents that a girl should be a teacher, a lawyer, or a doctor. She believed that these jobs were good for a girl, because you don't need to work outside, you work in an office[9]. In her opinion, these jobs are easy, safe, and decent. Both my parents and I thought the teacher's suggestion was good, so I chose to be a doctor…

Mrs. Chen accepted the feminine gender characteristics defined by Confucian culture in her occupational choices. However, she gives her own opinion about gender expectations when talking about her ongoing

[9] We may better understand the reasoning behind the teacher's suggestion in the context of China. At that time, there were limited occupational options for people, especially for women. Compared with being a worker, farmer, etc. doctor, teacher, and lawyer were better choices.

career:

> I agree that a woman doesn't have to work hard, but she should be independent, which means economically independent and unfettered by her (male) partner. Economic independence is the first step to becoming fully independent. I did this. I have a salary to buy what I want without the constraints of my husband (asking for money from her husband), and I have enough savings. Professional women should be strong and independent! There are lots of pressures for promotion, re-education, and teaching at work, but we still need to work because a job is significant for a woman to become involved in social activities. I think there is a big difference between being strong and powerful. In my opinion, to be stronger means to be independent in one's own field of specialization. This independence can support one's own life and help one to not be criticized by others. However, being powerful is when I achieve a certain purpose or achieve a high position, and make others serve me. I do not like it. So, I want to be strong woman, but not a powerful woman.

5.1.3 Filial Piety (*Xiaoshun*)

Filial piety is an important subcategory of the desire to think about your family, especially your parents, when considering your occupational choices. Filial piety (Chinese: "Xiao") is a critical traditional Chinese virtue of supporting and taking care of parents when they are elderly. It is a virtue of showing love and respect for parents, elders, and ancestors (Wang 2010). Owing to the deep influenced of Confucian culture and the expectations of feminine characteristics, filial piety informs the idea that women should be "compliant", "receptive", "softer", "loyal", "obedient",

“supportive”, and “considerate” (Li 2015). Some participants consider being doctors in order to benefit their families, for example, being able to take care of their family’s health.

Mrs. Wei (Doctor, ACP, Pediatric, Married) says that being a doctor was not her initial career aspiration, but she is very pleased that her current job is a great help to the health of her family:

> In fact, I wanted to be an engineer, and I never thought to be a doctor! It was a long story, and even now I can't believe this could happen! But anyway, I think everything is down to fate! My parents thought it was great that I could be a doctor, because it was very convenient for them. My father had very bad health with his lungs and stomach ulcers in that year (when I studied at medical school), and after I started working in the hospital, I helped my father get better. I could consult the experts in the hospital and then bring medicine to my father. I took my father to the hospital to see the experts without waiting in a long line! Being a doctor has been very convenient for my family. I think it is necessary for elders that at least one of their children is a doctor.

As doctors can earn a high income, some participants entered the profession in order to increase their family's income and improve their family's living conditions through a high-paying job. Mrs. Zhou (Doctor, AP, Surgeon, Married) said,

> I remember when I was in primary school, my father worked far away from home to make more money to support my brother and my tuition fees. My mother was a farmer and was busy working on the land in my hometown. My father seldom came home, so she had to take care of my brother and me at home. My family was really poor, and I wanted to

> start work as early as possible to earn money and help my mother to support the family . . . I thought a doctor could earn lots of money. If I could be a doctor, I could work in the big city, because I wanted to escape from my hometown and escape from an impoverished life!

5.1.4 Parental Authority

Parental expectation, consistent with familial and cultural expectation, has a major effect on most women's perceived career choice (Olle and Fouad 2015; Wong and Liu 2010b). Cultural differences tend to be especially significant between countries with an individualistic culture and those with a collectivistic culture (Wong and Liu 2010a). Chinese parents play a very important role in all aspects of their children's lives, including critical decision-making points such as choosing a career. In their original choice of medicine as an occupation, most participants described that they wanted to be a better daughter and well-behaved girl, so they followed their parents' advice and acknowledged the importance of parental authority.

Mrs. Han (Doctor, ACP, Married) remembers that she was a compliant and considerate daughter, strictly obedient to her parents' authority:

> My parents were very strict with me, especially my dad. If I didn't obey his orders, he would hit me! My father asked and pushed me to study medicine. When I graduated from high school, I wanted to be a soldier to contribute to the country. But my dad did not agree, he said I was too young to make impulsive decisions. He told me that his classmate's daughter graduated from the National University of Defense Technology (a military university). After graduation, she worked in a

very remote place and her health was greatly affected. And working so far away did not benefit her children's education ... Later, I was very obedient and I went to the medical university to study ... In fact, I did not study hard during my four years at the university, and my scores were not so good. Especially when I faced the prospect of rote memorization, I would get bad headaches… I really hate it…

Similarly, Mrs. Li (Doctor, AP, Married) recalls that her initial decision to enroll in a military medical college was largely related to her parents' occupations:

I think my family background has had an impact on my career choice: my father is a soldier, my mother is a doctor, and many of my relatives are also working in the hospital. Learning medicine was really not in my expectations, I wanted to do some other kind of work. With my high college entrance examination scores and after listening to the recommendations of my teachers and parents, I went to the Military Medical University...I think I chose the wrong profession; I may not be suitable for being a doctor. If there was an opportunity to choose career only according to my interests, I would not be a doctor, because I do not like medicine, and I am not good at it. When I was in high school, I was really good at science and liberal arts. However, when I was in college, my grades were very normal. Medicine requires you to memorize a lot of theory and knowledge; I do not like memorization, so I did not spend too much time and energy on learning medicine. I just wanted to pass the examination…

5.1.5 Government Allocation

Some participants who experienced the Chinese Cultural Revolution when they were young said the government allocated their occupations. They accepted the job allocation by the Chinese government because they wished to meet the government's needs, and the media also encouraged them to obey the government's allocation. Chinese people have held collectivistic values as obligation, giving to others and showing obedience and the sacrifice of personal interests for thousands of years (Zeng and Greenfield 2015).

Mrs. Zhao (Doctor, CP, Married) pointed out that her thoughts about her career were influenced by the family environment in which she grew up and the background of that special era in Chinese history. The school's collectivist education and the media's extensive publicity of the "model-worker" (Chinese: Laomo) had a great influence on her conception of careers. Her initial concept of an occupation came from these working models, which was also her initial understanding of self-value. She recalled that her initial concept of work was to be a model-worker:

> The era in which I grew up is very different from contemporary China. I had no clear plans for my future career when I was young. Our education at the time was faith education and communism education… I remember there was a female textile worker in Shanghai. I hoped that when I grew up, I could become a model-worker like her… I just wanted to be a model-worker, but I never thought of which occupation I would take. My thoughts on my future career came from the media's publicity and education in that special era…

Mrs. Yang (Doctor, CP, Married) said,

> I stopped studying and went to the countryside during the Cultural

> Revolution. This was the government policy, and we all had to obey! Maybe because my parents were both doctors the leader assumed that I knew more medical knowledge than others, so the leader asked me to be a barefoot doctor. And then I began my medical career!

The participants reported different reasons for choosing a medical career, such as an interest in medicine, benefits for the family, the idea that a medical career was the best choice for professional women etc. Some participants' accounts seem to suggest they perceive limited opportunity for individual agency and that their occupational choices are constrained by filial piety, parental authority, gender expectation, and government allocation. In the next section, the interviewed Chinese female medical professionals give their opinions about how to make choices between family and career advancement.

5.2 Ongoing Career Choices

Initial occupational choice (i.e. to become a doctor) was invariably influenced by parents or traditional gender expectations, and some participants' own wishes were ignored or overruled; however, with their ongoing career choices they seem to embody their individual agency, in that they consider both their own needs as well as the demands of their families.

5.2.1 For Marriage Bonds

It is essential for some participants to consider their relationship with their husband when they make ongoing career choices. Mrs. Li (Doctor, AP, Married) said,

I have made little progress in my career over the years. You know, I am 55 years old, and I am almost ready for retirement. Many of my friends are chief physicians in tertiary hospitals, but I am just an attending physician! Actually, I am a little disappointed with my career development, but everything I did is for my husband and for my family! He is a scholar at the university, and he did his research abroad for many years. I have been looking after his parents and our daughter during these years, so I have no time and patience to focus on my own career. Five years ago, my husband changed his job location to Shanghai, and I gave up my original job in the tertiary hospital to work here.

Mrs. Wang (Doctor, ACP, Married) said,

My husband and I have been working in different cities for several years. When I started my career, I was enthusiastic about my work, and I wished to be promoted as soon as possible. So I spent a lot of time on and paid a lot of attention to my career advancement, at times ignoring my family's demands. I found that my husband did not want to communicate with me, and we had fewer topics to talk about. He enjoyed life in his city and didn't want to go with me. I realised we needed to make some changes. I decided we should live together and have a baby, so I changed my job location and I now live with my husband, and happily, we are getting better!

Similarly, Mrs. Sun (Doctor, ACP, Married) said,

We (my husband and I) are working in different cities. I am living with my daughter in Shanghai, and my husband comes to see us every

week. My husband is a teacher, and he cannot change his job location. So I think I will go back to his city in the next few years, as I don't want to leave him lonely and we all want to live together!

Some participants were confused about their ongoing career decisions: whether to be a professional woman or to be a housewife. Their husbands advised them to be housewives as they could focus on family care, and some participants also wanted to change their current situations because of the high workload and pressure. This makes them question the meaning of their work. In other words, they are confused about what they are working for.

Mrs. Han (Doctor, AP, Married) thought that the meaning of her work is to keep her marriage bond. In her opinion, work could allow her to earn money, and money could secure her economic independence within the family:

I am not very passionate about my job; I am not a very motivated person, but I have a lack of security… I do not know what it means for me to work, maybe to keep our marriage bonds ... Work can give me enough money to be economically independent, so I can communicate with my husband and his family equally. I do not mean that I must have the job because I like it ... For me, work is very important for my family. I don't want to ask for money from my husband, if I want to buy something I like. I want to be economically independent, so being a housewife for a long time is certainly impossible.

She had repeatedly considered giving up her current job and going home to be a housewife, but she finally gave up the idea and decided to

continue her work. She says,

> I am not a very assertive person, and I am not good at making decisions… My working time is too long and it is boring… My husband advised me to give up work. He complains that my job is busy and it leaves me with little time at home. When we planned to travel or return to our hometown to see our parents, I was busy with work, so I could not go with them (husband and children). He wanted me to be a housewife, but he was very proud that I was a doctor. I think he is very contradictory. He is working in a Taiwanese company. Doctor is a very good occupation and it has a good social status in Taiwan. So my husband is very satisfied with my occupation. He wanted me to be a housewife, give up my job, and return home to take care of our children, but he enjoys the feeling of pride that my job brings to him…

Mrs. Wu (Doctor, RP, Married) described herself as an "easy going" and "easily satisfied" woman:

> I am not an ambitious woman; I just need a stable job. I have no ambition to reach a high position or achieve something in my work . . . Both of us (my husband and I) are not highly motivated and must work hard. Living a comfortable, stable life, and being able to solve the basic needs of life would be fine. If we have more money to get a better quality of life, to buy something we want, and to go anywhere we like, we will be happy and satisfied.

Her working desire is to maintain a comfortable life and family stability. However, she also stressed the importance of work for a woman's marriage:

> I think a stable job is important for a woman. I don't want to be a housewife that completely stays at home! I don't need to worry about the money and my family's living expenses because my husband could earn enough money. However, working outside is not just about making money, but more importantly having an independent income and integrating with the community and society. Moreover, I can't imagine always asking for money from my husband. I think I must go out to work and have contact with society. I feel relaxed and good about spending my own money.

5.2.2 For Children's Future

Some participants indicate that children play an essential part in decision-making about their ongoing careers. Worries about their children's education and the future were important reasons that pushed them to change job location.

Mrs. Qian (Doctor, ACP, Married) is living with her daughter. When she realised that her daughter was very timid and refused to communicate with others, she decided to change job location:

> I was very busy at work before coming to Shanghai. I had frequent night shifts, and I didn't have long holiday breaks, I didn't even have a normal weekend... I had no time to take care of my daughter, and my husband couldn't as well, as he was working in another city. So my daughter was taken care of by my husband's parents. However, they are too old to take good care of my daughter. My daughter was only 4 years old at that time; she needed her mother and father, but I did not realize this clearly at that time. I found that my daughter was always crying. She

was particularly timid, and often lied…

Therefore, Mrs. Qian changed her job to Shanghai and took her daughter with her. She believes it was the right choice because it made a big change to their lives:

> I am glad I made this decision. I am really satisfied and happy because we (my daughter and I) can live together. She has made great progress in her performance at school. She is the monitor in the class and she has strong self-management skills and verbal communication skills. Maybe I sacrificed my own career, to a certain extent. You know, I was the head of the department in the tertiary hospital, and now I am working in a private hospital. However, I am very satisfied with my current life. I think nothing is more important than my daughter's future!

Mrs. Zhao (Doctor, CP, Married) says,

> I had a good position in the previous hospital (in my hometown), and I had many friends and colleagues in my hometown. When I made the decision of coming to this hospital, it was really difficult. My husband did not want to change his job location, and neither did I. However, we needed to consider our daughter's education and her future. If we moved to Shanghai, we could earn more money and offer our daughter a better education and quality of life. So we made the decision to come to Shanghai, and start our new life here.

Mrs. Yang, and Mrs. Feng are still working, even though they are past the age of retirement. They believed that they were young enough to continue working, and enjoyed the feeling of working, but more importantly they need to earn enough money to pay for their children's expensive tuition

fees. As Mrs. Yang said,

> I enjoy working in the hospital. I know I should retire, as I am more than sixty years old; however, I don't know what things would interest me except working. Maybe I am used to this schedule… Also, my daughter is doing a master's, so I need to work to afford her tuition fees and support her living costs. Although my daughter is old enough to earn money by herself, I don't want her to study while earning money; I want her to be relaxed and happy.

5.2.3 For Self-needs

Participants expressed different reasons for their ongoing career choices, which were highly related to family demands. Some participants said they changed job location because of their need for a more comfortable life. Mrs. Feng (Doctor, ACP, Married) said,

> I have been through several changes in job location. I originally worked in a tertiary hospital in my hometown. I think my hometown is a small city, and I wanted to know what life was like in a big city. So I came to Shanghai with my son. You could say that I came here for my son's education, but I think this decision was really important for me. I enjoy life here, and I think I made the correct decision. About five years ago, I changed my job location from a private hospital to a public hospital. I wanted to make progress in my career, and I think there were better opportunities in the public hospital, so I went there. But I decided to come back (to the private hospital) last year, because I didn't like the working environment in the public hospital. Everyone in the public hospital was thinking about promotion, and the highly competitive

environment brought me a lot of additional pressure…

Similarly, Mrs. Shen (Doctor, ACP, Married) said,

I have worked in many hospitals in the past several years and I have moved to many different cities. When I got my PhD degree, I worked in a tertiary hospital in Shanghai, because I thought it was better for my career development. However, there were many talented and well-educated doctors, so the competition was really intense. Also, my manager often allocated lots of research and education tasks to me. But there were quite a lot of them, and I couldn't finish them on time. I felt a lot of pressure and I had no ability to solve them. So I changed to another hospital. It was a small private hospital. I felt relaxed there. My manager offered me a flexible working schedule. I was very happy and relaxed in the first year. But in the second year, I thought it was a waste of my life working there, because there were few patients, and I learnt nothing, so I had no sense of achievement. So I changed work again…

Seeking a sense of career achievement. Whether they should stay in the medical profession or not is frequently mentioned by some of my participants. The medical profession is regarded as busy and high-pressured by some participants; however, it is also rewarding for those seeking a sense of career achievement. Human needs and motivation differ according to the circumstances people face, their age, and their expectations. Sense of achievement is important for stimulating a person's career motivation and growth in a profession, and results in positive work outcomes including job satisfaction and organization commitment (Walsh, Boehm, and Lyubomirsky 2018).

Mrs. Han, a surgical attending physician, says:

> When I entered the medical industry, I was very enthusiastic. Whenever I see the patient's trust and longing eyes, it is a great sense of accomplishment if I can help them to solve some of their problems and help them to regain their health.

Patients' needs and trust have given her great motivation to work and have made her increasingly aware of the importance of her profession. Therefore, she took the job very seriously and put her time and energy into her medical work: "I know each patient's condition well. Even if it is not my patient, I want to understand them perfectly. My job can be serious and responsible to this extent."

Mrs. Wang (Doctor, ACP, TCM[10], Married) is the only one of the participants engaged in the TCM profession. She graduated in TCM with a PhD degree and has been promoted to associate chief physician of TCM. She indicates that she feels a sense of achievement when her patients believe in TCM, and finally recover their health through adhering to her treatment:

> I treated a patient who was coughing a lot. He was very obedient, took his medicine on time, and his coughing was fine after six months ... After a few years, he (the coughing patient) came back to me to treat another illness. When he told me that I had cured his cough a few years ago, I felt very gratified and had a great sense of accomplishment ... I am a Chinese traditional medicine practitioner. Although I always feel great pressure, there is big sense of accomplishment when my patients trust Chinese medicine.

[10] TCM: Traditional Chinese Medicine

Western medicine and TCM are the two most commonly used means of medical treatment in China. However, compared with Western medicine, Chinese medicine has the characteristic of being long-term and slow to take effect. As a result, Chinese medicine has gradually become a less favored specialism. Fewer medical students choose TCM and fewer patients prefer TCM. Her sense of accomplishment stems not only from relieving her patients' pain, but also from her insistence on Chinese traditional medicine. She is keen to increase her knowledge and skills so that more and more patients can affirm, trust and choose Chinese traditional medicine.

Mrs. Shen (Doctor, ACP, Married) believes that when she helps to restore a patient's health through the medical knowledge and skills she has learned, the patient would appreciate her and bring her a sense of achievement and job satisfaction.

> I remember I was on duty one year during Spring Festival. The first day of the first month, there was a lupus patient and her situation was very serious ... I was given her medication, and gave her the appropriate treatment… When I went to work on the third day, the elderly patient's situation got much better, and everything was normal. The lady's family were very grateful to me ... I think I was very accomplished at that time, and I feel very happy, because I saved that lady's life...

Sense of achievement is an important motivation for her:

> A patient's approval may be the motivation for me to continue my work. I should be able to listen to my conscience and be worthy of my patient, because as a doctor, I have a responsibility to my patient ... I

> think I would still be a motivated person; whether I loved my career or not, I would have to do it well and try my best ...

The patient's trust and affirmation of the doctor makes her feel a sense of responsibility and accomplishment. The challenges of the medical profession constantly inspire her interest in medical work and is the inherent motivation in her career.

The regression of accomplishment. Some participants discussed the topic of regression of career accomplishment and expressed their disappointment with their medical careers. The reasons for a lack of career challenges, such as the strict hospital hierarchy, endless repetition of daily work, and violence against doctors have affected some participants' sense of professional accomplishment and satisfaction. Therefore, the gradual regression of professional enthusiasm and motivation is a great challenge for participants' career development and significantly influences their ongoing career choices about whether to stay in medicine.

Mrs. Wu (Doctor, RP, Married) expresses her frustration that she could not cure all of her patients:

> When I was training to become a doctor, I thought that I would be doing a lot of first aid. I thought it would be as vigorous as it is on TV and that curing a patient would be very rewarding. But now the patients I am in contact with have mainly chronic diseases and geriatric diseases, such as elderly hypertension, diabetes, and coronary heart disease. This kind of patient has seen a lot and will feel that doctors are helpless. Many patients are very sad, but we cannot cure them, we can only ease their conditions. Doctors can only use the most appropriate treatment

> plan according to the patient's specific situation, but after following the treatment, there is no way to guarantee that the patient will improve and they may feel the burden of their disease is heavier and heavier. A large part of my job is to act like a psychiatrist, to understand the emotions of the patient and their family as well as understanding the condition, so that they have a correct understanding of the condition and gradually accept that the disease may be lifelong, or recur later on.

Mrs. Qian (Doctor, ACP, Married) expresses her interest when she first came into contact with medicine:

> During college, I was very interested in medicine. When I first walked into a hospital ward, I felt curious about everything I saw ... I felt appreciated by my supervisor (a famous doctor) and she gave me a lot of encouragement, so I gradually started to like my specialty. Actually, I really started to like my career, starting from the moment when I was truly a doctor and could be on duty independently. There is a Chinese proverb that is taking things as they come. Since I chose to be a doctor, I should try my best to be a good doctor and take responsibility for my patients ... Through continuous study, I made great progress. I applied the knowledge and skills I learned to clinical practice, and it worked so well that my job performance was getting better and better ... Although my supervisor had told me that being a doctor was very hard, I did not care because I really enjoyed it …

Her passion for work stimulated her desire for growth in her career. Her interest in medicine led her to feel the need and desire for career challenges. She successfully – and independently – completed a pacemaker operation in 2002. She felt very excited, as this was an important turning point in her career development:

> When I was in medical training in a tertiary hospital, I did not have the experience to do the surgery to install a pacemaker. However, I watched my supervisor operating many times, so I can recall the whole process of the surgery ... After I finished my study in Beijing, I returned to the original hospital. Once I met a patient who was in a very serious situation and needed to have a pacemaker installed ... At that time there was no doctor in our hospital who could do this operation. But I wanted to try! I relied on my memory and went to the operating table… I succeed! I was very excited! You know, when I was studying in Beijing, that hospital only allowed me to watch, but it did not allow me to practice. But when I came back to my working hospital, I succeeded in finishing this surgery on my own, and I could assume the responsibility ... What I was thinking was that as long as I was going to rescue the patient, I would definitely succeed. My surgery succeeded - I saved the patient! After this incident, my colleagues admired me very much, and I was getting famous in my hospital...

With the success of this surgery and her fame throughout the hospital, a high workload was placed on her, which has greatly affected her health and her family life and has also led to her being excluded by hospital leaders and envied by her colleagues. Since then, her career has been hampered. Now her attitude towards her career has changed a lot:

> For me, I used to think this job was particularly good because it gave me a sense of accomplishment. But now my understanding of accomplishment has changed a lot, or the sense of accomplishment is less of an issue to me. Now I think that as long as the leadership and the patients do not give me trouble, I am satisfied. I would like to be able to do my job safely and peacefully ... I do not need others to thank

me; I just hope that every patient I have ever seen will understand me more. I have no need to pursue a sense of accomplishment ... but I had this need before. As a doctor, my inner world was pure and simple before. But after some things happened, I would feel very wronged, but also very helpless. After so many years of work, I have changed a lot; work has polished my personality and ideas. Now if I meet with things that I am not satisfied with or if I'm unfairly treated, I will calm myself down and then choose to endure and try not to clash with leaders, colleagues and patients. So being a doctor makes me feel very depressed...

Although her quest for accomplishment is diminishing, she still expresses her enthusiasm for a medical career. However, there is a big difference between her current enthusiasm and her original feelings:

In fact, I still love my job, but everything that I have experienced over the years reminds me of re-thinking the significance of my work: whether my dedication to work is misplaced and if the patients deserve it … There is a Chinese proverb that says to save one life is better than building a seven-storied pagoda. I agree very much with this statement. I think as long as I continue to be a doctor, I can save lives and rescue the wounded, which is doing good deeds. Perhaps I will suffer and be wronged, but such an idea [*save one life, better than build a seven-storied pagoda*][11] can support my belief in continuing to be a doctor. According to this belief, my job is not only good because I'm helping others, but also because of the benefits it brings for my family. Although there have been so many things happening, it still will not affect my love of medicine.

[11] jiu ren yi ming, sheng zao qiji futu (救人一命，胜造七级浮屠).

Her understanding of her career is more complicated and contradictory, arising from her devotion to the medical profession itself, to a kind of respect for and perseverance of her inner conscience, and a sense of responsibility to the patients, and a basic respect for her occupation.

Original occupational choices and ongoing career choices are both essential parts of the participants' career decisions. Although some participants chose their preferred occupation by becoming medical professionals, others reported that their occupational choices were constrained by gender expectations, parental authority, filial piety, or government allocation. Further career choices, especially decisions about changing job location, seem to bring authenticity into focus (Sullivan and L. Mainiero 2006) about their self, work, and family demands, as they could display individual agency to make relevant career decisions. However, there are some factors that influence their ongoing career choices, such as marriage and their children's future. In this chapter, it seems that these medical professional women have limited agency to make decisions about their work, family, and lives. They experience complex relationships with family demands and social demands, linked to cultural factors and gender expectations. In the next chapter, I will discuss the organizational problems and pressure that some interviewed participants experienced in developing their medical careers.

6. Organizational Pressures/Problems in Medical Career Development

In the last ten years, high-risk, high-pressure, and excessive workload are the notable features of China's healthcare industry (H. Zhou 2013). Chinese medical professionals, especially the doctors and nurses who are working in the front line in Chinese hospitals, have frequent contact with patients and these have gradually become highly stressful occupations (Yi-ping et al. 2013). Some participants described the difficulties and problems they experienced in work due to a heavy workload, strict hierarchy system and various relationships and conflicts, which brought these participants a lot of pressures and affected their physical and psychological health.

6.1 Medical Work Pressures

According to these participants' narratives, high workload, long working hours, many responsibilities and frequent night shifts are the essential factors that brought many pressures and challenges to their physical and mental health.

6.1.1 Multiple Work Roles

Some women doctors report that they occupy many different positions in the hospital, for example, director of the department, research leader, supervisor et al., which led these doctors to being over-worked and highly stressed. Mrs. Qian (Doctor, ACP, Married) had worked in a public hospital. She says,

> I had a lot of work to do, such as organize meetings, management, and medical treatment. I think my workload was greater than that of any of the other doctors in the hospital. If there was an emergency situation, I was the first one to arrive. I took on many roles at work such as resident physician, clinical physician, attending physician, associate chief physician, as there weren't enough physicians in the department. What I did was more than expected!

Mrs. Qian changed her job location to Shanghai. One reason is to accompany her daughter, and the other is to escape from the burden of multiple work roles.

Similarly, Mrs. Wei (Doctor, ACP, Married) describes that she took multiple roles when she worked in a tertiary hospital. She took on both daily administrative work and medical work:

> I was the head of the department, and I was in charge of the entire ward and outpatient clinic. As a manager, I understood the high level of responsibility I had, so even after I finished my daily work, I was always worried about the patients . . . It was difficult for me to relax because I could not stop my mind from thinking about my next day at work, for example, how to set up tasks for others in the morning meetings, how many patients I need to see, etc. There were so many patients when I was in the clinic, so I often worked overtime without rest … Many times, when I was on the night shift, it was 2 o'clock in the morning, but there were still a lot of patients standing in line, waiting for the treatment[12] . . .

[12] She was on the night shift in the emergency department of a tertiary hospital. There is an emergency department in the Chinese hospital open 24 hours.

She acknowledges that she is more relaxed after changing to a private hospital because she is not the head of the department and has no extra administrative burden:

> ... I do not take many roles now, and I have no such responsibilities. I just need to finish my job because I am not the head, and I am not the manager . . . I am busy with seeing patients in the clinic, but I do not need to worry about other things after I finish my daily work… So I relax and enjoy my time when I am at home…

Similarly, Mrs. Shen (Doctor, ACP, Married) complains that she was exhausted and struggled with working in the tertiary hospital:

> Before moving to Shanghai, I was the head of the department. I took multiple roles and was busy with research projects, medical education, and seeing patients. I was the only one with a PhD degree in my department, so I had a lot of teaching work and research tasks. Other doctors had no ability do these things, and I know they were not willing to either. I was pressed by so many roles every day. I felt tired and fatigued. I did not know what I was working for . . . I was almost exhausted . . .

She recalls that her experience of working in the tertiary hospital made her feel very bad. Many of her colleagues in tertiary hospitals (doctors) are also haggard and burdened by the heavy workload. She indicates that her supervisor's working experience changed her original mindset of working hard:

> When I was going to see my PhD supervisor for an interview, he was 47

years old but looked older than his real age. His hair was almost going white. I heard that when he was 36 years old, he was already a chief physician and he was also the head of the department, so he has multiple roles and lots of work to do. His wife takes care of the family and supports his work. He spent all of his time in the hospital and spends almost no time with his child. I appreciate my supervisor was a very successful doctor, and I admired him very much. I hope I can be an excellent doctor like him. But after I understood how busy his life is and how little time he spent with his family, I changed my mind. I think he is a workaholic, and he cares about nothing except his work. I suppose that if I work hard like him, my health and even my family would deteriorate, and everything would be terrible. I do not want to be a workaholic like him . . .

Mrs. Shen feels relieved after changing to work in a private hospital. Although there are still many patients to see, she does not have so many duties and has no teaching and research tasks as well.

6.1.2 More Patients, Less Staff

There is huge number of patients in China due to the large size of the Chinese population. However, fewer medical graduates have chosen to enter the medical industry in recent years. Frequently, violence against doctors is an important reason, as well as workload, long working hours, frequent night shifts etc., all of which are contributing to the decline in the number of medical staff in Chinese hospitals. Especially in Shanghai's hospitals, patients come from many different areas, so doctors in Shanghai might have a higher workload than doctors in other cities because of there being so many migrant patients. Some of the

participants acknowledge that they are experiencing the pressures of seeing so many patients every day.

Mrs. Wei (Doctor, ACP, Married) complains,

> I have a lot of patients to see when I go out of the clinic. More than one hundred patients! I have no time to eat, no time to go to toilet, also no time to rest. When I was on night duty, I needed to see more than fifty patients in a single night. You can imagine that I nearly had no time to sleep, and I had been working hard all night. I was so tired! This is a doctor's job; I must stay focused because I am working to save lives!

Compared with other departments, the number of patients in traditional Chinese medicine (TCM) is not too large. But even so, as there are too many Chinese patients, doctors in TCM still have a lot of patients to see and are busy with their workload every day. Mrs. Wang (Doctor, ACP, TCM[13], Married) says,

> I need to see about 80 patients every day in the clinic. If a patient needs three minutes for acupuncture and at least one minute for preparing, then I need at least 280 minutes to see these patients; after the treatment, I have to write the medical record for these patients . . . Can you imagine how heavy the daily workload is? I am so busy that I do not even have time to drink some water or go to the toilet!

6.1.3 Long Working Hours

Some participants reflect that they are working long hours each day and

[13] Traditional Chinese Medicine

often work overtime; they have very little rest and almost no holidays. Long working hours and less rest not only posed a significant challenge to their physical and mental health but also brought a lot of pressure and distress to their lives. Mrs. Feng (Doctor, ACP, Married) says,

> After coming to Shanghai, I feel I am busier than before, and I have no time to enjoy the cultural and recreational resources in Shanghai . . . I think there is a lot of pressure working in this hospital. I have to work six days a week, often work overtime and go home late… I have only six days' holiday in one year. If I want to have more than six days' holiday, I need to ask my hospital and leader for leave…

Similarly, Mrs. Wu (Doctor, RP, Married) makes a joke that "I have not seen the sunshine for several days, and I suppose that I have no chance to see it in the following days…" She works for many hours every day. The sun is not up when she goes to work in the morning, and the sun has set by the time she gets off work. She says,

> My biggest requirement now is that I can have more holidays and have more time to rest . . . Spring Festival holiday is up to no more than five days, and I do not have enough time to travel back to my hometown and see my parents…

6.1.4 Frequent Night Shifts

Some participants report that they were under the pressure of frequent night shift work. Studies have found that shift workers often have the risk of health problems, such as lack of restorative sleep, reduced sleep duration, and poor sleep quality (Knutsson 2003, 2017). Mrs. Han (Doctor,

AP, Married) describes one of the night shift experiences that left a deep impression on her. There were a lot of patients waiting in line, so she had little time to have a rest and had seen nearly 80 patients in this single night. By midnight, she was so tired that she fell asleep while she was seeing the patient. Only after a few seconds did she realise that she had fallen asleep.

Regular night shifts have dramatically affected the doctors' health and sleeping patterns, and they have undergone considerable pressures. Many of them have degrees of mental stress and sleep disorders that influence not only their work but also their daily lives. Frequent night shifts have dramatically affected Mrs. Wu (Doctor, RP, Married), who says:

> I hardly fall asleep once I get up at midnight, and in the next morning, I feel haggard, like I have a severe illness . . . When I was on duty at night in the hospital, I was so nervous and could not sleep . . . There are a lot of people in the hospital. Cleaners go to work at 4 am in the morning; the nurses run around in the hallway to take care of patients. All the people in the hall are talking loudly in the early in the morning. I really cannot sleep well . . .

Some participants state it is terrible to be on duty at night in the tertiary hospitals because Chinese patients prefer to go to tertiary hospitals, which increases the workload of doctors there. Mrs. Yang (Doctor, CP, Married) worked in a tertiary hospital in Shanghai before she retired. There are many emergency patients in this hospital from morning to night. At least four or five ambulances arrived in one night. She often treated patients all night and did not have time to sleep. However, she says she enjoyed the busy night shift and did not feel so tired as she was young enough to deal with the health problems.

In contrast, Mrs. Shen (Doctor, ACP, Married) characterises night shifts as a "nightmare.” She worked in a tertiary hospital before she came to the private hospital. She had night shifts twice a week. When she was on duty at night, she could not go to sleep and kept a high degree of concentration and tension:

> After the night shift, I hardly slept for at least two days, which led to my brain running very slowly and everything going wrong . . . I had no alternative but to support myself by willpower. I drank a lot of coffee to keep myself awake because I had to do housework and take care of my child. I drank more than five cups of coffee a day, which made me feel uncomfortable . . .

6.1.5 High Responsibility

Doctors have to cope with the burden of curing patients and directly confronting severe illness and death. Therefore, they experience even more massive occupational stress and low job satisfaction (Jin and Yin 2016; Sun et al. 2017). Some participants report they are under pressure from the high responsibility of the work they do, which might extend to other aspects of their lives. Mrs. Zhao (Doctor, CP, Married) expresses that she felt pressured and exhausted because of the high responsibility of her job. She cannot stop worrying about her patients, and she cannot stop thinking about her work and her patients when she goes to bed at night. When she heard the telephone ring, she was so nervous because she was afraid of an unexpected situation occurring for one of her patients. Mrs. Wu (Doctor, RP, Married) reports similar experiences:

> When I was resting at home, whenever the nurse called me, I was very nervous . . . Some patients should be getting well, but they might be getting worse at any time. You cannot predict what will happen next. I am afraid of these things . . . So for a doctor, there is no fixed working hours and off-hours; no matter when and where I am, I always worry about my patients, because my responsibility is too high . . .

Some participants said they have no real holidays. Mrs. Qian (Doctor, ACP, Married) acknowledges that she did not like taking holidays because "other people's holidays are our busiest time."

> Patients who are not serious will not come to the hospital during the holidays. However, most of the doctors and nurses are on holiday, so the number of medical staff during holidays is less than usual. I do not want to be on duty during the holiday. People may look forward to having a long holiday, but I do not because the holiday duty is very painful, with a lot of suffering . . . Even if I am on holiday, I need to be on-call 24 hours. . . I remember it was a winter night and I was at home during the holiday. When I was taking a shower, I suddenly got a call from the hospital that there was a patient who needed my help. It was freezing outside, about minus 20 degrees. I hurried out of the bathroom, my hair was wet, and I rushed to the hospital… I did not have time to dry my hair because I needed to rescue the patient right away…. The next day I had a severe fever . . .

In fact, this burden is not only because of the specialism of the medical career but also because of these medical professionals' awareness of the responsibility they undertake, which relates to other people's lives and happiness.

6.2 Relationships and Conflicts

Coping with complex relationships and conflicts is a key challenge for some of the interviewed female medical professionals. The doctors and nurses are asked on the one hand to manage their working relationships with colleagues, creating a comfortable and harmonious working environment; on the other hand, they need to deal sensitively with their patients in order to avoid conflict. The successful coordination of various relationships can not only prevent the inconvenience of being on bad terms with colleagues, but also help them avoid physical attacks and injuries.

6.2.1 Competition among Colleagues

Some participants indicated there is intense competition among colleagues in the tertiary hospitals. Mrs. Shen (Doctor, ACP, Married) says that she resigned from a tertiary hospital because of fierce competition and conflicts between two chiefs in the department:

> Chief A and the chief B often quarreled, they even quarreled when the patients were there... Both of them believe they are better than others, and they could deal with anything. Other doctors cannot work in conditions like this. You know, they are both heads of department, so we don't know how to cope with different opinions frequently. If we take one's opinion, the other one would not be happy. I'm afraid that if I listened to A's idea, B might deliberately make things difficult for me. I was perplexed, and I did not know how to work in this situation, so I resigned…

Mrs. Qian (Doctor, ACP, Married) describes how she resigned from a public hospital because of competition among colleagues. She finished her medical study in Beijing and returned. After successfully completing an operation, the first heart surgery in her hospital, she became famous. However, her success drew jealousy from her colleagues, and they put a lot of obstacles in place at work to stop her career development:

> Some colleagues tried to persuade my patients to withdraw their surgeries because they did not want to see my success and they did not want me to become more famous. They were jealous of me, I know! They put up lots of barriers to me. I was sure that if the patients did not have the operation, they would die. Many patients refused surgery because they trusted what my colleagues said. They quarreled with me. The chief physician in my department was lazy. She did not want to solve these problems. She just let things go and saw what happened. I could not develop my career any further in this working environment, so I resigned...

Some participants thought that the relationship among colleagues in private hospitals is easier and more straightforward, as there is less competition than in tertiary hospitals. Therefore, it is an essential reason why some participants decided to change their job location. Mrs. Huang, the head of Human Resources department of a private hospital, said that doctors and nurses in private hospitals are aiming to earn more money, and actually they could earn more money than in public hospitals. Therefore, they are focused less on competition. Mrs. Feng (Doctor, ACP, Married) resigned from a tertiary hospital last year. She believes that the relationships in private hospitals are less complicated because “doctors and nurses here do not have to compete for promotion and power, they are too busy seeing patients and earning money.”

Mrs. Wu (Doctor, RP, Married) indicates the number of doctors in private hospital is less than in tertiary hospitals, and there is no need to compete. Some participants enjoy the more comfortable working environment in private hospitals. Mrs. Shen (Doctor, CP, Married) has worked in a private hospital for about one year. She enjoyed the simple relationship between colleagues, and says, “I enjoy the working environment here. I am relaxed. The chief physician is nice and easygoing. There is no competition among us.”

6.2.2 Violence against Medical Professionals

Some participants mentioned that frequent violence against medical professionals in China poses a big challenge for their career development. They have found that they are dealing with conflicts with patients when they should be treating them. Conflicts not only affect the medical professionals’ work but they also suffer physical and psychological trauma as a result. Doctors and nurses are working in the front line in Chinese hospitals, and some interviewed nurses complained about patients’ violence, and that their situation was even worse than that of the doctors. Therefore, nurses’ narratives are considered in this part together with doctors’ in order to better understand violence against medical professionals in China.

Mrs. Zhao (Doctor, CP, Married) has been working as a doctor for more than thirty years. She indicates that the situation has changed in recent years, in that patients trust doctors less than they previously did. Mrs. Zhao asserts that the Chinese media should take the responsibility for the bad environment in hospitals:

I think the relationship between doctors and patients was not so sensitive when I entered the medical profession, so I didn't worry about it much. At that time, doctors had a high status in Chinese society; patients trusted and respected doctors, so as a doctor, I had high regard for my occupation. Patients believed what their doctors said, so they followed our suggestions. We would like to try every method to treat their disease. Even if there is a risk, we would like to try to save every life. However, the situation has changed now. I can't remember when it started: the patients in China became a vulnerable group. I know that there is a big knowledge gap between patients and doctors, so that patients may not be sure whether their doctors could make the best suggestions for their treatment. And social media spreads the news that doctors want to earn money more than they want to treat diseases. This view has come from media hype. Whenever there was a medical dispute, the media reported that it was all the doctors' fault, and the patients were the victims. We are human beings, and we are not gods. We may make mistakes, and we cannot handle everything in the best way, although we wish everything could be great. We want to help our patients to get better, but it is impossible to cure every patient. Now it is said that the medical environment is gradually changing, and all aspects are getting better, but I feel that there is little change and it will never return to how it was in the past…

Mrs. Lan (Nurse, Married) said,

Because of the small number of nurses, each nurse may be responsible for ten to fifteen patients. There was a patient who was very grumpy and who often quarreled with us. Once, a nurse was late to answer the patient's call and the patient was so angry that they slapped

the nurse's face. The nurse was very angry, and she resigned the next day.

Mrs. Wu (Nurse, Married) worries about the violence against medical staff, and she thinks she is working in a dangerous environment.

If the patients stare at you every day, and they abuse you if you do something wrong, how can you work? I'm nervous at work because I'm afraid of doing something wrong. Some patients are very rude. Some new nurses may do the things in the wrong way because they have just started to work, but they work hard and want to be better. I can understand that patients feel bad because they are ill and easily become angry, but patients should appreciate our nurses more!

In some participants' opinions, Chinese hospitals and China's medical systems have big problems with the way they handle disputes. This puts the medical professional in a high-risk working environment that exposes them to danger. Mrs. Miao, an associate president in the private hospital, indicated that doctors and nurses take little advantage of the medical disputes judgments. For example, doctors need to give the evidence to prove they are professional, and have no fault if the patients question their treatment. If the doctors fail to give the evidence, or the hospital manager wants to solve the problem in a quick way, compensation may happen. The hospital will pay 30% of the compensation, the department will pay the 40%, and the doctors will pay the 30% in the end.

Most hospitals, especially private hospitals, prefer to use the "peace" way[14] to solve the conflicts, but they have no effective measures to think

[14] They believe that the best way to resolve conflicts is: make big things into small things, and let the small things be gone (da shi hua xiao, xiao shi hua liao 大事化小，小事化了) to avoid conflicts

about how to protect the doctors and nurses who are working in the private hospital. Some participants are not satisfied with the way the hospital handles medical disputes. Mrs. Wu (Nurse, Married) expresses disappointment with the hospital's response.

> If a nurse quarrels with a patient, even if the patient attacks or kills the nurse, our hospital's leaders will not protect the nurse! We are the employees in the hospital, but they do not help and protect us. Private hospitals regard the patients as God, the patient's word is the truth, and whatever the patients ask for, we must do our best to satisfy them. A patient beat a young nurse, but the hospital leaders just gave the nurse 200 RMB as compensation . . . We do not want money! We want dignity!

Some participants tell how the hospital managers prefer to pay money to patients as compensation to solve the conflicts to protect the hospital's reputation. This approach to reaching a solution is not conducive to maintaining order in the medical system, and it also poses some problems for doctors' work. "Yinao"[15] is a typical example. Mrs. Zhao shared one story.

> I had a patient who brought me lots of problems. It was a nightmare! It was a long story... I did everything right and tried my best to cure her. Unfortunately, her illness did not get better, and her husband required a lot of money as compensation. I refused to give him any money because I did nothing wrong. I know he just wanted money! He followed

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and quarrels with patients. The hospital does not want the patients to spread the conflict. It is to prevent the doctor's and the hospital's reputation.

[15] Yinao (医闹): medical disturbance. It refers to those who obtain illegal interests through exaggerating medical disputes. They include patients, relatives of patients, and organizations or individuals who are employed by patients to make money. They hampered the medical order, and they hope to put pressure on the hospital in the form of expanding the situation and causing a negative impact on the hospital.

me every day, following me for ten days! I went to work, he was sitting in my office; I was out of the clinic, and he was sitting in the hallway; I went to lunch, he followed me to the canteen… I was terrified! As soon as I was at work, the hospital's security was protecting me, and that patient was lying in the hallway... I was outraged, anxious and afraid. That man was a scoundrel! Can you imagine how dangerous it was when I went to work every day? I was afraid if he found my house and hurt my family… Before I went home, my colleagues came to tell me that the man went away, or he went to the toilet, and I ran quickly to home from another gate…

Some other participants also reported similar experiences. Many of them agreed to pay money instead of being disturbed by “Yinao”. However, Mrs. Zhao did not want to follow that way. She says that she didn't want to admit a mistake that didn't exist!

It was a horrible memory, but it was really lucky that the hospital manager helped me to solve the problems in the end. The manager confirmed that I did nothing wrong after a series of investigations, and he supported me! He arranged a meeting for the patient’s husband, and told him that they could not accept his requirement, and if he bothered me again, they would call the police! ... You know this is the first time that the hospital manager solved the problem like this way! I believe I did the right way!

“Yinao” is a big problem, and the existence of this strange group has a lot to do with the Chinese hospitals and China's medical systems. They try to use the compromise way to solve the conflicts between doctors and patients to protect the hospital’s reputation. However, it brings problems and pressures to the medical professionals. Some participants suggested

that the hospital managers could be more supportive when they are in trouble, and it needs to create policies to protect the medical professionals' rights and security.

Medical professionals take some measures to get far away from the conflicts and violence. Reports say doctors could wear hard hats to work to protect themselves, and they could run away when they are involved in trouble! It is ridiculous but it is confirmed by some participants. Mrs. Lan (Nurse, Married) describes that it is too dangerous in the poor working environment and that violence is frequently happening.

> The hospital manager told us that when we have a physical conflict with a patient, we could only run but not fight back because we are in the workplace. If I fight back, the things would go wrong. I can't understand why I can't protect myself when I'm in danger！ It was stupid that the patient said he has a heart problem because he got angry, so I must accept his rudeness, and cannot quarrel with him! If things keep going in this way, nobody will respect nurses, and nobody will want to be a nurse!

Some doctors and nurses have to let the patients sign many documents before treatment to avoid responsibilities. Mrs. Wu (Doctor, RP, Married) confirms "There are a lot of documents needing to be signed before operations, so patients complain that doctors want to avoid taking responsibility. Nobody can protect us except ourselves…" Similar, Mrs. Zhao (Doctor, CP, Married) says:

> The hospital's leaders tell us that we should protect ourselves first and then save the patients. I know they want us to avoid the unnecessary responsibility, but I think it is an impossible and ridiculous idea! Patients

often in a dangerous and emergency situation when they are sent to the hospital, and it is impossible to be entirely exempt from taking responsibility. Here is an example, a pregnant woman who needs a caesarean, but the woman refuses to sign the operation agreement form. So, no doctor wanted to do this operation. In accordance with the provisions, if the patient does not endorse the procedure, then all the accidents occurring during the operation, would become the responsibility of the hospital and the doctor. Because of this responsibility attribution issue, it can delay the most precious surgery time. In many cases, doctors need to race against time to save people's lives but they also need to consider what would happen. We are so helpless.

6.3 Hospital Hierarchy Pressures

Since 2015, the Chinese health-care system reforms have emphasized the importance of constructing a hierarchical medical system. The public hospitals are affiliated with the state and they receive financial support from the Chinese government. In the contract, most private hospitals are self-sustaining, and are managed by investment enterprises or by wealthy individuals. According to the "hospital classification management standards" in China, there are three classes among public hospitals and private hospitals in China. These are the tertiary hospital, secondary hospital, and primary hospital. Furthermore, there are three levels in the different classes of hospitals. The hierarchical medical policy was intended to enhance the development of primary medical care and redistribute medical resources more rationally (Lancet 2017; Sun et al. 2017). However, the strict hospital hierarchy establishes barriers to career development for some medical professionals. For example, there exist

different career advancement between tertiary hospitals and primary hospitals, and some medical professionals feel the differences between working in the public hospitals and private hospitals. There are high requirements and competition in some tertiary hospitals that create entry barriers to some doctors who have not graduated from a prestigious medical school. Some interviewed doctors confirmed that compared with other hospitals, there are more learning opportunities in the tertiary hospital which is the essential route for career advancement. Moreover, some medical professionals experience detriment to their career reputation by working in private hospitals, because they are seen as less prestigious and the private hospital is assumed to employ less capable doctors.[16]

6.3.1 Entry Barriers

In recent years, with the standardisation and popularisation of professional medical education and training in China, the number of highly educated and professional trained medical graduates has increased. This is conducive to improving the quality of medical treatment in China. However, there is an increasing competitive pressure for medical professionals' career development in Chinese hospitals. Public hospitals in China have high recruitment requirements for doctors' qualifications. These act as barriers which are the barriers for some doctors to work in tertiary hospitals. It is not only a restriction on the doctor's career choices but also an inevitable consequence of China's hospital hierarchy. Graduates of prestigious medical schools are thought to have more

[16] Private hospitals in china are much different from they are in the UK. Most professional physicians] prefer to work in the public hospitals (tertiary hospitals) in China. Therefore, Chinese patients seem to trust doctors in the public hospitals more than private hospitals' doctors.

promising academic qualifications and greater scientific research ability that is directly related to the hospital's grade assessments.

Mrs. Zhao (Doctor, CP, Married) has rich experiences of working in different hospitals with different grades. She said that it is more and more difficult for medical students to start their career in the tertiary hospitals. Those medical graduates who just get the bachelor degrees can only work in the primary clinics or private hospitals. Furthermore, some elder doctors who have been working in the tertiary hospitals for many years also need to improve their academic qualifications, professional skills to obtain better promotion opportunities and to compete with the young doctors. Mrs. Shen (Doctor, ACP, Married) says:

> I started my Ph. D when I was 36 years old. I struggled whether to come back to school or stay at work. When I started thinking of doing a Ph. D. I had been working for about 10 years since I had graduated, and I was used to my job and didn't want to go back to school. Also, at that time, my son was only one year old. To be honest, I didn't want to leave my son to my husband, while I studied in another city for a long period. However, the position in the tertiary hospital was really competitive, and I couldn't get promotion opportunities if I gave up this learning opportunity! So, I decided to start my Ph. D.

Regional differences further restrict medical professionals' access to the higher-level hospitals. There is a high entry requirement in some developed cities that create barriers for some participants to change where they work. They confirmed that it is difficult to make the change to the tertiary hospital in Shanghai, and the compromise way is to work in the private hospital. Mrs. Li (Doctor, AP, Married) worked in a tertiary hospital before coming to Shanghai. She says:

I used to work in a tertiary hospital in my hometown, but when I came to Shanghai, I have to work in the private hospital because the requirement of the tertiary hospital is really high, and I am not young enough to deal with the intense competition there. I have worked in several private hospitals since I came to Shanghai. The first private hospital was so small that made me feel bored working there, so I decided to change. My friend recommended me to work in this private hospital, and I have been working here for several years. I know I cannot meet the entry requirements for the public hospitals in Shanghai because I am not a Master or a PhD graduate. Although my undergraduate university was not bad, I am not an associate chief physician or a chief physician, which means I fail to meet the requirements of some public hospitals… Shanghai is a massive city and developed. So many people are better than me!

6.3.2 Limited Career Advancement

Some participants consider that working in the private hospital restricts improvement in their medical professional skills. Mrs. Sun (Doctor, ACP, Married) worked in both public and private hospitals. She tells me that most doctors and nurses want to work in the public hospital because there are more learning opportunities such as professional skills training, quick promotion and high reputation. Moreover, some participants consider that some private hospitals put the entire medical specialty together,[17] and the lack of complete department subdivisions may restrict their improvement is specialized skills. The number of patients in private hospitals is smaller than the tertiary hospitals, and the hospital infrastructure and equipment in

[17] Some private hospitals are smaller and are more like the clinics in the UK, so the doctors working there are like the UK's general practitioners.

private hospitals are not as good as the tertiary hospitals.

Mrs. Shen (Doctor, ACP, Married) describes her working experience in a secondary hospital in Shanghai.

> I worked in a public hospital before coming here, and it was a secondary hospital. This hospital has many patients, but I think it is not as good as the tertiary hospital. There is no complete department subdivision, and all the departments are put together. There are many patients with different kinds of diseases, but resident in the same unit… So, I had to be a general practitioner, and I felt real disappointment as if was giving up what I had learned during these years! So, I resigned after four months… If I just got a bachelor degree, maybe I would not mind to working there; but I spent many years to finish my PhD study, so I did not want to give up my primary…

Similarly, Mrs. Wei (Doctor, ACP, Married) believes that the private hospital has restricted her specialist abilities, and she is looking for opportunities to go to the tertiary hospital.

> I know if I work in the tertiary hospital, I need to finish more work, work longer times, and frequently do night shifts. The competition in the tertiary hospital must be very intense, and I may lose my current job title and be managed by someone. My work is totally fine, but I would be really happy if I had the opportunity to work in the tertiary hospital! You know, there are no pediatric wards here; it only has outpatient clinics; my professional ability development is limited, because pediatric wards are critical to improve my professional ability . . .

Some participants indicated that they have fewer opportunities to see

“valuable patients”[18] in the private hospital. Mrs. Han (Doctor, AP, Married) explains what the term “valuable patients” meant.

> I worked in a tertiary hospital for two years. It is an outstanding hospital, and there are so many “valuable patients”. The “valuable patients” means that their disease can be cured. Curing these patients can bring us a great sense of achievement, and these patients could bring us much financial profit. But this hospital has a lot of old age patients, and their diseases are hard to heal …... I don't know how and where to start to cure them... A nurse said to me: I haven't seen you smile for months. I know it was because I do not like working here, and I feel disappointed...

Mrs. Wu (Doctor, RP, Married) has worked in two private hospitals. She says it was hardly possible to see any “valuable patients” in the two private hospitals.

> Patients do not believe the doctors here, so the "valuable patients” prefer to go to the tertiary hospitals. I just see patients with common diseases, such as hypertension, diabetes, coronary heart disease. Most of our patients are very old, and they have a lot of disease because of being old, I can do a few things to help them. I feel disappointed! To be honest, I want to see some “valuable patients”, but there are little opportunities. I have been working here for several years but have only had a slight improvement in my medical skills. I feel a little regret in my heart…

[18] The “valuable patients” refers to patients who are challenging to treat but can be cured, and so allow the doctors to learn and develop their skills. Most such patients are younger.

6.3.3 Promotion Pressures

Promotion[19] plays an important role in doctors' career advancement, as it represents their professional and skill level in the medical works. Titles also affect the doctors' career reputation and the degree of patients' trust. Although there are many factors affecting doctors' promotion in China, the hierarchy among hospitals has a great influence on the title promotion of doctors in China. Zhou Liang, a director of the Otorhinolaryngology Department in Affiliated Medical School of Fudan University (in Shanghai, China), indicates that patients and peers endorse some doctors' medical professional skills, but due to lack of research projects and publications, their promotion is tough[20].

Some participants found it difficult to get promotion opportunities in the private hospital because these are scarce. Doctors find it difficult to secure funding for the research project, and have less time to prepare and write journal articles. Mrs. Sun (Doctor, ACP, Married) acknowledged that she experienced promotion problems in the private hospital.

> I have a clear promotion plan, but I cannot accomplish it at the moment. The promotion requirement includes passing the promotion exams, getting the research funding, and publishing journal articles. Exams are not hard for me, but it is impossible for the physician in the private hospital to successfully get research funding. I can understand why most of the funding might be allocated to the tertiary hospitals'

[19] In Chinese medical system, "title promotion" is academic career progress, includes resident physician, attending physician, associate physician, and chief physician.

[20] http://www.doctorpda.cn/news/112640

physicians. There are many applicants every year, but the funding is limited.

Mrs. Zhao (Doctor, CP, Married) has been working in different hospitals, so she has a rich promotion experience under the hospital hierarchy. She adds more information that doctors' promotion in tertiary hospitals is not as easy as imagined.

Although doctors in tertiary hospitals have more opportunities to get research projects and funding than they are in private hospitals, the competition is also fierce as there are so many eminent doctors there but limited opportunities for promotion. There are many prestigious experts in tertiary hospitals. They can more easily get projects from grant awarding bodies in the Ministry of Education and Ministry of Health. These institutions prefer give the money to prestigious medical experts who worked in the tertiary hospitals because the Ministries believe these are the most capable physicians.

Mrs. Shen (Doctor, ACP, Married) pointed out an important reason for changing working hospitals was the difficulties of gaining promotion. She resigned from a tertiary hospital in Shanghai, because it was difficult to get promotion in that hospital.

If I want promotion, firstly, I should meet the following requirements, including getting funding by National Natural Science Foundation and publish in at least two high quality journals articles. However, even if I meet the promotion requirement, it does not mean that I will be promoted. I am not young, and I want to be promoted as soon as possible. I've got several publications, but I failed to get the funding from the National Natural Science Foundation. It was difficult for me to

> get this foundation within five years because of the intense competition. I thought that I had no possibility to get promotion, so I moved to a secondary hospital in a smaller city …The leader of that hospital promised me to be the deputy director of the department, and he promoted me to be an associate chief physician in that hospital. Although I preferred to work in the tertiary hospital, I changed to a secondary hospital for the promotion!

6.3.4 Career Reputation Impact

Some participants believe that the trust crisis in medical careers caused by hospital hierarchy problems impact negatively upon their reputations so that decreases any sense of career success. Studies suggest individuals' career success need to be perceived by others (i.e., reputation) as having developed specialized skills necessary for the workplace (Beigi, Wang, and Authur 2017; Ng and Feldman 2014). The participants confirm that patients trust doctors in tertiary hospitals, but find it harder to trust the doctors in private hospitals. It not only increases the violence against medical professionals, but also affects their career reputations.

Mrs. Yang (Doctor, CP, Married) is the associate president of the private hospital. She said that she did not want to tell others that she is working in a private hospital. In most patients' opinions, "private hospitals' doctors are driven by money and do not take care of patients' lives". Similarly, Mrs. Zheng (Doctor, AP, Married) says:

> I was working in a public hospital in the last few years. I like to talk about my work and I was happy to say that I was working in a public hospital. My relatives and friends thought my job was excellent because

being a doctor was an occupation with an “iron bowl”. Also, doctors had a high social status so others respected them. But after I changed my work to the private hospital, I don't like to talk about my career and I don’t want others know I am working in the private hospital, because I am afraid that people will say that the private hospital doctors are not professional and that charging in the private hospital is very high.

Mrs. Wang (Doctor, ACP, TCM, Married) has been working in a private hospital for several years since getting her Ph. D. She said that most of her friends questioned why a Ph. D doctor chose to work in a private hospital? They suggest Mrs. Wang to go to a “better” hospital.

Since graduating, I have been working in private hospitals till now. I may have a feeling of being left out at the beginning because most of my schoolmates were working in the public hospital. Those working in the tertiary hospital may feel superior to others. Some of my schoolmates are now chiefs in the tertiary hospital, they thought themselves as being very influential and mighty. These people look down on me, which makes me feel sad and even angry. However, it’s my choice, and I do not care about others’ opinions anymore. I don’t want to push myself into the competition, and the intense working environment. I think my work is perfect! I am an associate chief physician, and I have a lot of fun (patients). They trust me and support me! They believe I am professional and skilled to cure their disease. I’ve got everything I want. So why should I care about the hospital hierarchy, and why I should I care about others’ opinions?

6.4 Migration Barriers

Some of the participants work and lives is constrained by their city migrant identity. These medical professionals have been working in Shanghai for many years but they are not local residents ("Shanghainese"). With the development of transportation and the expansion of urban mobility, migration makes China become socially and culturally diversified. Most Chinese people aim to gain a better life and brilliant career advancement through migration from the small city to the metropolis. However, these migrants may face challenges and problems living in the new city. The participants reported that getting a "Hukou" in Shanghai is an essential issue that influences their work and life. The "Hukou"[21] has important consequences for occupational attainment, social benefits, housing choices, and children's education in China. It seems that the big cities offer "Hukou" to attract highly qualified migrants. However, as the numbers of highly qualified migrants have grown faster, the demand exceeds the supply. What is important is that there has been institutionalized discrimination against migrants with no local "Hukou" (Afridi et al. 2012; Young 2013).

Mr. Wu (Doctor, RP, Married) indicated the importance of getting a "Hukou" in Shanghai.

> I like living in Shanghai because the life here is better than in other places. I enjoy the convenient transportation, the high medical quality, and the advantageous education environment for my child. What makes me uncomfortable is that I don't have a Shanghai "Hukou". I have "hukou" in my hometown. It means that I cannot get equal rights such as medical care and pensions with the local residents (the people who have Shanghai "Hukou"). I know if I want to settle down in

[21] Household registration system. The household registration system has obvious implications for social class division in China. However, many see it as being an indispensable social foundation for Chinese citizens' lives, public services, government administration, and national justice.

Shanghai, I must get a “Hukou” in Shanghai because of the pension, medical care and the equal education rights for my son. But it will take many years, and I am not sure whether I could get it ...

A Shanghai “Hukou” means securing equal rights and identity for a migrant. Mrs. Wu worries about the damage of social benefits because of the migration problems of Shanghai “Hukou” which might influence the life quality in Shanghai and her son’s education.

Sometimes, I think the life quality in Shanghai is not as good as it in my hometown. I do not have enough money to buy a flat in Shanghai! We are living in a rented flat and the conditions are not good. In contrast, I have my own flat in my hometown, which is a big flat and it is very comfortable. My son is in a private nursery, which is not good as the public one (the public nursery is better than the private nursery in most of Chinese nurseries), because we do not have Shanghai “Hukou” and my son cannot go to the public nursery. It is also difficult for him to go to a good public primary school or a good junior high school in the future if there is no “Hukou”. Whenever I encounter these things that are caused by the “Hukou” limitation it makes us be treated differently. I feel it is very unfair and that I have actually suffered a blow. It is almost impossible to offer a good education for my son in Shanghai. I can only send him to a worse school to study. However, the quality and environment of these schools are not good. I do not want my son to go to such schools. I hope he can go to a better school and receive a good education.

In addition to the “Hukou" restrictions, the high price of buying a house is an important concern for Mrs. Wu.

No matter which city we choose, the first issue is to consider about the life quality and life satisfaction, and the second thing is my son's education problems. Our (my husband's and my) income can meet the basic living requirements, but buying a flat in Shanghai is basically impossible, at least within 20 years! The housing prices in Shanghai are too high; we need to work for many years to pay the deposit, and then we need to pay a large amount of the mortgage; after my son go to school, we need a lot of money to pay the tuition fee... These things put a lot of pressures to me. However, if we do not buy a flat in Shanghai, it will cause many problems for my son's future education. Where the house is bought, where the child could go to school. Although we like Shanghai, we are not going to stay here for a long time. When my son is ready to go primary school, I might consider changing job location. Maybe five years later, if there are no significant changes in our lives, such as obtaining Shanghai "Hukou" or buying a flat, we will return home.

I ask Mrs. Wu whether she feels a little regret if she gives up her previous efforts in Shanghai for many years, she says:

I have worked in Shanghai for several years. I saw many things that I haven't seen before and I earn much money, and I have the rich working experience in the biggest city in China. It's enough! I know it is difficult to get a Shanghai "Hukou", and I cannot handle the life well without a resident's identity. Going back to my hometown is the best way, so there is nothing I need to complain about. My parents are living in the hometown; they are getting older and their health is not good. It is necessary to return home to take care of them. My husband has the same opinion as me. For me, it doesn't matter where I live. I pursue my family's happiness and happy life. I have no excessive demands for

money.

In contrast, Mrs. Hua (Midwife, Married) is a local resident in Shanghai. She has no worries about her rights, identity and living conditions in Shanghai.

> Our family's economic conditions are good. Totally, my husband and I have seven flats in Shanghai, so we don't have to worry about the money. So, for me, my job is not aim to earn money, and I don't need to push myself to work very hard. I don't have much pressure in the work. My life is comfortable because I have Shanghai a "Hukou" and I can enjoy all the benefits in Shanghai.

Mrs. Wu and Mrs. Hua's description about their living situation show the significant importance of local resident identity ("Hukou"). Pressure on the migrant barriers is an essential factor that influences the career and life situation of the participants. It also has a big influence on career choice deciding which city the participants chose to work in.

This chapter focused on the organizational problems in China that constrain the interviewees career advancement. They reported the issues from different aspects such as medical work problems, relationships and conflicts, hospital hierarchy pressures, and migration barriers. They also reported the different strategies they used to deal with these problems. These issues reflect the existence of problems within the Chinese medical system, which creates the challenges and pressures for women doctors to develop their careers. The next chapter will focus on the work and family interaction problems of the interviewees, and look at how they deal with these problems.

7. Work and Family Issues in the Medical Career Development

Chinese healthcare professionals (especially doctors) have often reported working under high pressure because of work and family interaction problems. Chinese women are deeply influenced by Confucian culture. Gender expectations and role ethics place many family responsibilities onto Chinese women. Some interviewees are not only facing significant challenge from high work load, long working hours, frequency of overtime work and night shifts, and high promotion pressures (Ding et al. 2015; Mache et al. 2015). Moreover, they report significantly higher levels of work-family conflicts because of how much time they spend in the family to perform housework, take care of children and look after elderly family members.

The work-family interaction challenges that the interviewees have is an essential issue affecting their career development. Therefore, this chapter aims to analyse the interview data that relates to work and family problems and pressure of Chinese medical professional women, in order to show how they manage the relationships between work and family, and how do they deal with the conflicts.

7.1 Experiencing High Workloads

The medical profession is characterized by an intense and high work commitment, resulting high workloads for physicians (Mache et al. 2015). The doctors and nurses who are working in the front line are reported to have physical problems and psychological stress affecting their work performance and normal life. Some participants report that they are under

pressures when trying to balance the high workload with family demands, as such heavy workloads occupy most of their time and make them feel exhausted so that they have limited time to spend in the family.

7.1.1 Relationship with Husband

Some interviewees female could balance the relationship between the work and family. They are in trouble with the strong work-family conflicts producing a bad relationship with their husband. Mrs. Zhou (Doctor, Surgeon) divorced from her husband in the previous year says, “I put so much time to my work, so we divorced. I think I am the loser in the marriage!”

> My work was very busy, and I was tired in the hospital every day. I often worked overtime, so when I got home, I had a quick shower before going to sleep. I had no time to do the housework or take care of my son. I think I spent too much time at work, and had too little concern about my family. The high workload in the hospital made me feel stressful, so I became irritable and grumpy. I think a woman could hardly keep calm and elegant after a busy day! It was difficult for me to balance the work and family. I had no time to look after my family, and my ex felt disappointed with me, so he met another woman and then we broke up!

Some interviewees experienced these work-family conflicts having no time to look after their family; however, such mild conflicts could not impact on the relationships with the husband because of the understanding and support from him. Mrs. Sun (Doctor, AP, Married) says that her husband complains a lot about her busy work, but he gives much

family support with the housework and taking care of their daughter.

> My husband is a teacher. His work is not busy, so he spends more time than me in the family. It is better to be a teacher than to be a doctor because medical work is risky, over workload, and hard-to-do. Most doctors can only choose one of the work or family, which leads to many conflicts because it is difficult to achieve the balance. When I was a resident physician, I had two or three night shifts a week, and I was often on call in the night. I had no weekends or holidays. The Spring Festival is the most important festival for Chinese people; most families have the tradition that women are responsible for doing the festival dinner. However, I have never done the dinner since I was married. My husband cooked festival dinners for the family because I was on duty in the hospital every New Year's night. My husband complained to me a lot, but he gradually got used to and understood my situation. I chose this profession; I couldn't do anything other than being a doctor. My daughter was also accustomed to my busy work. In Chinese people's perspective, a woman needs to go to the supermarket, cook food, wash clothes, clean the house, and take care of the children. But after I chose to be a doctor, it became impossible for me to finish all the "women's work". The family role has been changed. My husband takes more responsibilities in the family. He may feel the sacrifice that he is going to face the conversion of the family role, but we all know that it is good for our relationship, and it is also good to maintain the family's stability and harmony.

Mrs. Wang's (Doctor, ACP, TCM, Married) thinks there is no significant conflict between the work and family. Although she is always busy with work, her husband understands her busy work and takes all the housework.

> My husband is an accountant. He is not as busy as me. He is very supportive of my work. I am often tired at work , so I wanted to have more time to take a rest when I was at home. I didn't want to spend my time cooking and washing the dishes. I am often very busy in the summer. There are more patients in the summer than other seasons. It is very hot in Shanghai (above 38 degree centigrade). I don't want to cook food in such a hot kitchen after working during a busy day. Instead, I want to buy some food to eat or eat some salad. My husband often cooks dinner so I can eat ready food after I finish work. He said that hot food is good for the health! After dinner, he washes the dishes and cleaned the home. I am very appreciative of what he does for me and for the family, and I am very touched that my husband can understand me!

Similarly, Mrs. Chu's (Doctor, AP, Dermatology, Married) husband is a doctor. Mrs. Chu believes that they could more understand each other's work than other couples.

> My husband understands me very well, and he gives a lot of support to my medical work. Although we are all very busy in the hospital, he would like to spent more time doing the housework because he asserts that a man should take more responsibility than a woman. He said he is stronger than me, and he could do more work! For example, if I feel tired, he will cook the dinner and wash the dishes. We share the burden of housework, work hard together, and make money to support our family. What we have is all from our effort and hard work, which makes our relationship closer!

Stress at work can easily bring negative emotions for some of the

women doctors, which affect the relationship with their husbands. Mrs. Qian (Doctor, AP, Married) describes that she cannot help but vent her anger and grievances to her husband because of experiencing big pressures at work.

> I have to control my emotions in the hospital. Even if I am wronged, I can't quarrel with the patients. I feel that I am very repressed. This kind of mood will more or less affect our (my husband and I) relationships. I know it is not good! My husband is the important person to me. When I was unhappy, my husband was comforting me. Why should I lose temper with him with no reason? But I really did that at that time! I regret it in retrospect. I shouldn't bring the bad mood to the family!

In contrast, Mrs. Chen (Doctor, ACP, Married) describes that it is great to get some good suggestions from her husband if there are problems at work.

> I believe family is very important for a woman. A warm family is helpful for me to concentrate on the career advancement. I think I am a lucky woman. I am really happy that my husband could give me many useful suggestions if there is something that I am not satisfied with or cannot solve. The hospital leaders asked me to take more positions and extra workload (this means the promotion opportunity) in the hospital, but I refused! My current work is busy, but I can still take some time with the family; however, if I accept the managers' proposal, I would have no time to take care of my family! I think my family is more important than the work, I am already an associate chief physician, and I am satisfied with my current title and position. I don't want to spend all the time on the work to get the promotion. My husband is busy with work. He is a company director, and he is responsible for management with lots of

pressure. Therefore, I think I should devote more time to taking care of my family and the child. To be honest, I could give up my job for my family, but I couldn’t sacrifice my family for work. If I lose my job, I can find a new job, but I can't choose to lose my family!

7.1.2 Taking Care of Children

Some participants indicate that the problem of taking care of children is crucial to the work-family balance. Mrs Yang (Doctor, CP, Married) is a hospital leader. She remembers that it was difficult to put more time looking after her son when her son was in primary school.

My husband is a doctor as well, and he is a surgeon. We had no time to attend the parents meeting when our son was in the primary school. The meeting was usually arranged at 3 pm in the afternoon. It was difficult for us to ask for leave the hospital, because there were a lot of patients waiting for the treatment. So, I often told my son’s teacher that I could not attend the parents meeting because I was really busy. His teacher was very angry and often complained to me, “You only care about your patients, but never care about your son!” I felt guilty about it, and I often doubted if I am a qualified mother or that I was irresponsible to my son and if I was concerned too little about him . . .

Mrs. Yang also says she was easily affected by the high work stress in the hospital, so she might become more emotional, bringing the bad feelings to home. This makes her feel guilty to the family.

I feel stressed to be working in the hospital. I have many things to deal with and patients will be annoyed sometimes. I cannot quarrel with the

patients, so I may possibly bring a bad mood to home and easily get angry with my son. Once my son got lost on the way home from school, so he came home late in the evening. I was angry and hit him without asking him why he came home so late! I didn't have the patience to talk with my son because I had talked a lot to the patients in the hospital. I often hit him even if he did something a little wrong. My son understands that was why I was easily to get angry and hit him, he said, “Mom, do the patients make you angry in the hospital? So, you are angry with me!” My son refused to choose being a doctor as his occupation when he graduated from the university, and he said: “ I can do anything except a doctor!”

Similarly, Mrs. Chu (Doctor, AP, Dermatology, Married) says:

I meet rude patients in the hospital and they make me feel very bad, and I would easily get angry with my son. If he (her son) was a slightly disobedient, I would get angry and hit him. I think I shouldn’t be like this! I feel so sorry to my son! Sometimes it’s really hard for me to control myself! I suppose that probably all female doctors will have this situation! My son is quite sensitive and he is very introverted. He speaks little to me, and he rarely expresses dissatisfaction to me. However, I don’t want him to be like this. I guess he might understand why I so easily get angry, and I hope he could open his heart to me, and tell me what he thought about ...

Some participants express anxiety about their children. There is little time for them to spend time with their children, so that the children have some problems with their personality. Mrs. Qian (Doctor, ACP, Married) indicates that her daughter had some problems with communicating with others, because her grandparents could not look after her very well when

she was living with them.

I was very busy with work when I was working in a public hospital in my hometown. I had frequent night shifts, and I often worked at the weekend. It was difficult for me to have a long holiday! I remember that I started with a new medical project, but there were few members could be involved in this project. Only a nurse and me! I think the leader was jealous of me and she didn't want me to finish this project. So, I was really busy with this it. If the patients had any problems, I would go to the hospital immediately to see what happened. Therefore, I had no time to take care of my daughter. My husband was working in another city. So, we left my daughter with my husband's parents. They are old, so they couldn't take good care of my daughter. I got to my parents-in-law's home twice a month to see my daughter. I found there were some problems with my daughter that she was always crying, and she was timid that she didn't want to communicate with others. My daughter was only 4 years old. It was better for a 4-year-old child to stay with her parents, but I understood this too late!

Mrs. Qian therefore gave up her job, and found a new job in Shanghai to take her daughter with her. Now she feels happy to see her daughter's change.

I have worked in Shanghai for two years. I feel very happy. I mean I feel happier than any in previous years! Nothing is more important than staying with my daughter! I really feel the joy of being a mother. My daughter sleep by my side every night, and I can watch her grow up. When moving to Shanghai, she made great progress in the school, and she became lively and sunny. She is the monitor in the class with strong self-management skills and verbal communication skills. I am

happy to see her big change, and I am very satisfied with my current life. The work is still busy, but I can stay with my daughter, and she will get better and better!

The problem of Mrs. Qian's daughter has been solved after moving to Shanghai. However, Mrs. Wei (Doctor, ACP, Pediatrics, Married) described that her daughter had the problems with settling down in the new city when they moved to Shanghai, as she was busy with work and had little time to be with her daughter.

My daughter has undergone a great change since we moved to Shanghai. She was a sunny girl, but she became more emotional and introverted. I think she may have some problems to adapt to the life in the new school. I just arrived to a new hospital, and I need more time to concentrate to the new job. So I was busy with work and I have no time to pay attention to her. My daughter didn't complain about me, and she said little about what happened in the school. So I know little about her life in the school that I assumed everything was fine. I remember that she was not happy for a while, and I asked her why. She said that other students laughed at her because she had no school uniform. She felt lonely because other children laughed at her and she had no friends. I suddenly realized that I forgot to prepare the uniform for my daughter! If I spent some time to communicate with other parents, I could know how and where to get the uniform. But I paid a lot of attention to patients at work, but little to my daughter! From then on, she became introverted and unsociable, and she did not like to communicate with other children ... Many years passed, she is now a university student. She always complains that I care too little about her. She often asked me: "Mom, why couldn't you spend more time with me when I was a child?" I don't know how to answer! I had no choices, as it was the busiest time.

> I struggled with the work and family balance! I wished to stay with her, but I didn't have time. But anyway, I shouldn't have just cared about busy work, and ignored her feelings. I think this is where I made mistakes! I felt guilty and regretful to my daughter. There is my colleague who is a migrant woman doctor. She spent a year helping her daughter adjust to the new life when they moved to Shanghai. I know I can't quit my job and stay with my daughter for the whole year like that woman doctor. However, if I could spend more time with my daughter, I could know more about her thoughts and could help her to pass this period!

7.1.3 Maternity Leave

Studies (Sullivan et al. 2008; Sullivan and Baruch 2009) indicated that women's careers were easily interrupted by family demands such as maternity leave and childcare problems. Mrs. Li (Doctor, AP, Married) says:

> I was busy with work when I was pregnant. I remember I went directly from the hospital to the delivery room on the day of the childbirth. I hadn't had a day off during the whole pregnancy period. Maybe I believed that my physical fitness was good and I never thought of asking for leave. I am not a surgeon, so there is not much demand for physical strength. I didn't feel so tired so that I could handle all the things.

Mrs. Zheng (Doctor, AP, Married) complains she lost promotion opportunity because of the maternity leave.

Since I became a doctor, I worked very hard and had good performance. The hospital manager was going to promote me as the head of the department. However, everything has changed since I was pregnant. The promotion opportunity had been given to my colleague who is a man. I was really disappointed and asked for the reason. The leader said I was pregnant so that I couldn't focus on the work in the following two years! The hospital could offer me a salary, but they could not offer me the promotion opportunity!

Mrs. Zheng says she has waited for another promotion opportunity for about ten years since she came back to the work.

I think it is not fair that men have more opportunities than women in the work！Is it because men do not have to be pregnant? A woman needs to work, be pregnant, do housework, and take care of family. We do more than men! I lost the promotion opportunity at work when I was pregnant although I was a good performer! I was so disappointed! Now I just want to make more money, and take good care of my family instead of pursuing the career promotion. I am looking forward to feel of sense of achievement in the family!

Mrs. Zheng also remembers how she struggled with work and family balance when she came back to the work after the maternity leave.

It was okay when I was pregnant, but after having had a baby, I seemed to suffer from depression for a period. The baby always cried. I was a new mother and I didn't know how to take care of the newborn baby. I felt tired and annoyed. I went back to my work when the baby was four months. But I needed to frequently go back home to feed my baby. I rushed between the hospital and the home several times a day. It was a

terribly tiring. Moreover, after my baby was born, my body has undergone great changes: My body has gained weight, my mentality is not good, and I always cry.

7.2 Under Long Working Hours

Long working hours per day, less holidays, frequency of overtime work, and an inflexible work schedule are the current situation in the medical work in China, which increase the work-family conflict for some Chinese female medical professionals.

7.2.1 Family Demands

Some physicians who have young children might consequently experience high demands of caring for children. Long working hours is a big challenge that decreases family time. Mrs. Shen (Doctor, ACP, Married) explains that she struggled with how to manage the time between working and family.

> I think that I am a loser. As a doctor, it is difficult for me to finish the tasks in time that the manager allocates to me. As a daughter, I left my parents in the hometown, and I didn't have time to visit them because I am always busy with work. I am even on duty on the Spring Festival night every year. As a mother, I left my son to my husband, and my husband takes my son to school every day and picks him up. I have little time to stay with him, as I have frequent nightshifts in the hospital, and I have meetings and am on duty in the weekend . . .

The most common result of long hours of work is that there are no normal

weekends. Mrs. Qian (Doctor, ACP, Married) says that her husband often complains about no weekend!

Being a Doctor should be a good occupational choice in some people's view because it is convenient for the family. However, it is not true. Frequent night shifts, no holidays and weekends, and frequently 24 hours on call may arouse many complains from the family members. My husband cannot understand my work until now. He often complained, "Can't you have a normal weekend? Can't we all have a good rest day? I never have a good sleep in the night and you didn't cook a meal during the weekends!"

Mrs. Chu (Doctor, AP, Dermatology, Married) says that his son did not know that people could have a rest in the weekend!

I think the Chinese women could develop their careers while taking care of the children in their own ways. If I could be a housewife, I might spend all of my time to take care of my son, but I think I could find the way to deal with the children's care problems. Both my husband and I are doctors, and we are extremely busy in the weekend. We cannot leave our son alone at home in the weekend because there is nobody to look after him. We often take our son to the hospital, and let him play or study in the office. My son has no normal weekends like other children. He needs to get up early and go to the hospital with us. I thought he would think that our work is very hard and boring. However, my son always said that he wanted to be a doctor like us. I joked with him, "If you were a doctor, there will be no weekend!" And then my son asked me, "What is weekend? " I suddenly realized that my husband and I often go to work on the weekends and never take my son out to play, so he didn't know that people could have a rest in the weekend!

Work over time is frequently reported by some interviewed female doctors. Mrs. Yang (Doctor, CP, Married) remembers that she often works during the lunch break so that her son has some problems with having lunch.

> I usually work over time in the hospital, but I think now it is fine for me because my son is living in the university and I don't need to worry about my family. I remember that my son often had no food to eat when he was in the primary school. The school did not provide lunch for students in lower grades; so many students went home for lunch. But my home was far away from the school, and I had no time to go home, and make lunch for him. My son was often hungry! My husband and I were all busy with work in the hospital. I did many gastroscopies at noon, and my husband also had surgery. To deal with this problem, I suggested to the teacher that my son be allowed to have lunch in the senior class, because the school provided lunch for the senior class. I thought I found a good way to solve the problem, and everything would be fine. But after a few days, the teacher told me that my son didn't come to lunch for several days, and he played in the playground when others were eating. I was surprising because he didn't tell me he was hungry in the school. I asked him why. He said, "I cannot eat so fast as others, so I am always the last one! The teacher always blames me. I don't want to have lunch at school anymore!" I then realized that he was the youngest one in the class, and it was hard for him to catch others' eating speed. So, I found another teacher who is my friend and let my son go to his home for lunch …

Mrs. Chen (Doctor, ACP, Married) says that her son was an "independent" boy and that he could make dinner when she came home late.

I have worked in the private hospital more than ten years. I was busy with work and often work overtime. My husband's work is also busy. So, we often came home late in the night. My son was only 9 years old, and I put some snacks at home so that he might not become hungry. Once, I was on the bus on my way home. It was heavy rain outside, and the traffic was terrible. I supposed that I would arrive home later than previously. I was very anxious because I was worried about my son when I was on the bus; I worried that it was too late for my son to have dinner. Maybe two hours later, I arrived home. When I pushed the door, I saw my flat was full of black smoke. I thought it was on fire and I quickly find where was my son! My son was eating in the kitchen, and his face was covered with vegetables. He showed me the food he cooked, and said to me, "Mom, I've done the nice meal. They are particularly delicious. Do you want to eat?" The tears were suddenly full of my eyes. I felt very sorry for my little son. I hugged him and sobbed, "You are great, but it's too dangerous! You should open the smoke hood and the windows when you cook food in the next time." He said, " Sorry mum. I don't know how to open it. But I will learn how to open it for the next time!" I shouldn't neglect my son, by allowing him to bear the responsibilities beyond his age. But I think it is not bad because it could be the important training to cultivate him as an independent person.

We can imagine the pictures that there was a little boy squat in the playground and with no food to eat; we can also imagine that there was a little boy cooking food for his mother. I can understand the situation these children experienced. My parents are both doctors working in the hospital. They were very busy and had little time to be with me when I was a little girl. However, I think I am luckier than some participants' children. My mother sent me to the nursery which was very close to my mother's

hospital. I could stay in my mother's office and wait for the nursery to open. I could also go to my mother's office to have lunch.

7.2.2 Leisure Time

Participants express the different opinions about what to do in the leisure time. Stay at home, do sports, meet friends, singings, dancing, etc. are mentioned by a small number of participants. Some participants believe that staying with family is the most interesting and important thing they want to do in the leisure time. Mrs. Wu (Doctor, RP, Married) says:

> I don't have any hobbies, so I like to stay at home when I don't go to work. Actually, my work is always busy so that I don't know when I could on holiday! My husband's work is too busy to have holiday time. We are working in the weekends, but we know that we should spend time with family. So we arrange two or three days every month to take our daughter and my mother-in-law to the park or to the supermarket.

Mrs. Zhou (Doctor, AP, Surgeon, Divorced) is a single mother who was busy for the work, but she tried to make more time to take her son on holiday.

> The hospital stipulated that we could leave at 5 pm in the working days (from Monday to Friday), but I never got off at 5 pm and basically worked overtime every day. I often arrived home after 7 pm. After cooking dinner, washing dishes, and watching my son to do the homework, a day would be finished and I would go to sleep. I have no time to have leisure time. However, I insist to go traveling with my son once or twice a year, strive to balance the work and the family. I am a

> doctor, but I am my son's mother. Although we divorced because my husband had an affair, I think it was important that I did not manage our relationship well. So I feel sorry for my son, and I'm trying to spend more time to accompany with my son.

Long working hours result to the few holidays that affect their life quality and work satisfaction. The participants complain that they have little holiday so that they feel that “make up for the owe to the family”. Mrs. Yang (Doctor, CP, Married) says:

> I am always busy with work, and I have no time to rest. Due to the long-term focus on work, I seem to have no other hobbies other than work. I spent little time to have the holiday with my family. I have little time to spend with my son. I feel very embarrassed. We (my son and I) did not watch movies or go to travel together; I didn't spend a weekend with him ...

Mrs. Han (Doctor, AP, Married)’s husband often complains that she has no holiday.

> I think family is important for me because family can provide me more happiness. However, I often work in the weekends so that it is difficult for me to enjoy the holiday with my family. In such a long working time, if the work content is too boring, suffers great pressure, and often quarrels with the patients, it will certainly affect my family life. My husband often asks me to give up the work. He wants me to be a housewife. He thinks my work decrease the living quality of the family. He wants to be on holiday with our daughters and me. But I said, "I don't have time! If you want to go, you should take care of the children by yourself." And he said, "It is impossible! If you don't go together, I

can't take care of the two children by myself!" Actually, I would like to go, but my work is too busy and I it is difficult to ask for leave. I have been working in Shanghai for many years, but I only traveled twice: one was going to Tibet, and the other one was going to Hainan.

7.3 Under Frequent Nightshifts

Frequent nightshifts are a big challenge for some participants, especially for those young female medical professionals at the beginning of their medical careers. Mrs. Han (Doctor, AP, Married) complains about how she struggled with the frequent night shift.

I worked in the emergency department for about 10 years. Although there are frequent night shifts in the emergency department, I could have more time to look after my daughters (one night shift, two days off). Because of the frequent night shifts, my health has been greatly affected. You could see that my hair was going grey faster than others, and my vision drops very quickly. I had a night shift every four days. The emergency department is very busy and there are many patients at night. I had no time to sleep when I was on duty, and I couldn't sleep on the second day. I was so tired after the night shifts and wanted to go sleep, but I had to look after my two little daughters, so I was very anxious! After the child went to the primary school, I changed to the clinic. I could go home about 5 pm, no night shifts at all. I also have two days holiday every week, so that I could have normal life, and have more time to stay with my daughters.

Deciding who can take care of the children when the female medical professionals are on the night shifts is an essential problem. Some

participants said they have babysitter, and some participants said their parents or parents-in-law could look after the children when they are working night shifts. However, for the participants who do not have enough money to find a babysitter or they lack parents' support they may need to use other way to solve this problem. Some participants left their children at home when they were on the night shifts. Mrs. Yang (Doctor, CP, Married) says:

> My husband is a surgeon, and he often performs surgeries and has frequent night shifts. When my husband and I were on duty at night at the same day. The child had to stay at home alone during the whole night. I bought a lot of fast noodles for him to be his dinner. I am so sorry that my son ate lots of fast noodles when he was young. I know that the fast noodle is not good for his health, but he was too young to cook other food.

Similarly, Mrs. Wei (Doctor, ACP, Pediatrics, Married) remembers that she often left her young daughter at home alone when she was on the night shift, as her husband was often traveling, and nobody could look after her daughter.

> When I came to Shanghai, my daughter was only 10 years old. I was worried about my daughter when I left her in the home because we lived in a rented flat, and I thought it was not safe. But I couldn't take her to the hospital when I was on the night shift. There were many patients during the whole night, so that I had no time to take care of her. Moreover, there were many people in the hospital, many germs, and it was not safe. My daughter might be afraid of staying at home alone, so she gave called me frequently. When I received my daughter's call, I was very nervous because I was wondering whether something

happened! I said to my daughter, "I have a lot of patients waiting here, could you speak as quickly as you can!" She said, "Mom, I'm going to turn off the lights and go to sleep, but I'm scared. Can you hold on the phone and wait for me to turn off the light and stay in bed?" I cannot describe my feeling after hearing her words. I wanted to spend more time to talk with my daughter, but there were many patients waiting in the line, so I cannot hold on the phone longer. We had two night shifts a week, so my daughter stayed at home alone in those days. My daughter experienced many lonely nights. Her view of future career choice is that she does not want to be a doctor, because her child will be lonely having a doctor mother!

Some participants took their children to the hospital when they were on the night shifts. Mrs. Chu (Doctor, AP, Dermatology, Married) says:

My husband was going to work training for one year, so I was living with my son. I often took him to the hospital when I was on duty at night. He seems to be accustomed to living in the hospital and he was not afraid of other doctors and nurses. He took the hospital as his second home! When I was on the night shift, I needed to check patients at 8 am the next morning, so I sent my son to the nursery at 7 am and then returned to the hospital.

Mrs. Li (Doctor, AP, Married) remembers the experience of taking her daughter to the hospital while she was on night shifts.

I was a soldier, and I am a physician. I think my body is stronger than other women doctors, so I have few problems with night shifts, and I do not feel so tired after night shifts. However, frequent night shifts were a big problem for me to look after my daughter when she was young. My

husband was going abroad to study. I did not have enough money to have a babysitter, and both of my parents and my husband's parents were living far away from my home. Therefore, I took her to the hospital when I was on the night shift. I remember that it was a winter night. There was a heater in my office but there was no heater in the hallway. It was very late in the evening, and I was awakened by the patient. My daughter was already asleep, but she might have heard some noise and she was awakened as well. I was rushing out to see what was the problem of the patient so I didn't notice that my daughter was already awake… When I came back, I saw my daughter stood in the hallway crying. She said she could not find me, and she was so scared!

7.4 Under Promotion Pressures

Many female doctors mention that promotion is critical for their career advancement. They start their medical careers from the resident physician, then are promoted to being an attending physician, then associate chief physician, and finally become a chief physician. They said that it is possible to be promoted to attending physician; however, it is difficult to achieve the title of associate chief physician and the chief physician because there are high requirements that need more effort to focus on the work and research projects. Succeeding will take lots of time so that they may neglect family needs. The definition work-family conflicts implies a bidirectional relationship in such a way that work can interfere with family life (WIF) and family life can interfere with work demands (Fellows, Jeffrey, and Alan 2016; Rahman 2017; M. A. Sheikh et al. 2018). The participants confirm that there are significant work-family conflicts and that career promotion has great influence on family life and family life has also influenced their career promotion.

The participants believe that work promotion is more important than family demands, and they choose to put career promotion first. Mrs. Wang (Doctor, ACP, TCM, Married) is the youngest chief physician in the hospital. She spent all the time at work so that she got the promotion very quickly.

> I have been married for many years, but I never had children. I started my Ph.D. after I got married. I was busy with my research, so I didn't make a plan to become pregnant. When I got my Ph. D. I wanted promotion quickly, so I spent lots of time doing the work and did research projects. I knew it was a long journey for promotion to becoming a chief physician, and I needed to make a lot of effort. If I became pregnant and I would need to spend lots of time with the family and take care of the children. I wanted to concentrate on my promotion, so I did not want to be disturbed by other things. I want to put my work and promotion first. To be honest, I thought I was too young to have a baby in that time. I thought career was more important to me and that family demands could be pushed back. When I was promoted to the associate chief physician, I suddenly found that having children was not as simple as I thought before. I am more than 40 years old, and I want to be a mother. I know it might be a little old for me to have a baby, but I will try my best. In this stage, having a baby is the first thing I need to consider.

Similarly, Mrs. Sun (Doctor, ACP, Married) expresses that she spent lots of time studying for career promotion, so that family demands were pushed back.

> Doctors must keep learning, even after work. I am working in the

hospital, and I am studying in the university during these years. I need to work, and I also need to focus on my study to pass the examination, so I have no time to take care of my daughter and family. I think study is very important to me. Not only because of career promotion, but also for making my dream came true! I graduated from medical college, so I wanted to get the bachelor and master degrees.

Fierce competition in the tertiary hospital is the essential reason that some participants think that promotion is the more important thing than family demands. The participants indicate that if they want to win in the competition, or keep their job stable, they need to make effort to secure quick career promotion. Mrs. Shen (Doctor, ACP, Married) indicates that she felt big pressure for promotion.

You can't imagine how fierce the competition is in the tertiary hospitals. I hope to win in the competition, so I must work hard, and put all my attention to the work. Education background is the first important thing. I started doing a Ph.D. when my son was two years old. I had no time to look after him because I spent lots of time studying. After my son went to school, my husband was looking after him, because I was living in the university. I got the associate chief physician when I was 40 years old, but I thought I lost much valuable time not staying with my son.

Some women physicians believe that family demands are more important than career promotion, so that their career advancement has been influenced by family reasons like taking care of children. Mrs. Zhao (Doctor, CP, Married) remembers that her promotion had been delayed by several years because of taking care of her daughter.

Similarly, Mrs. Wei (Doctor, ACP, Pediatrics, Married) gave up the opportunity of studying on a Master's program because of taking care of her young daughter.

> I care more about my daughter, more than my work because I am working hard for my daughter. I cannot imagine focusing on work but neglecting my daughter. I can't do it like that! If I didn't have the child, my career would definitely have developed better than it does now. I wanted to study for a Master after I got married. I think I am a person who is pursuing further career advancement. I hope to work hard to get a good career development. But everything has changed since my daughter was born. I gave up the whole education plan, and this might slowe down the career advancement. I think my daughter can't live without me and I can't leave her alone.

She remembered how she missed her daughter when she was doing vocational training in a different city for one year.

> When my daughter was one year old, I went to a tertiary hospital in another city for vocational training for one year. During this period, my daughter lived with her grandparents, and they took care of her. I missed my daughter very much when I was studying away from home. It was crazy and my telephone bill per month for making calls to home was more than one thousand RMB (100 pounds/month). I could only feel a little better after I heard my daughter's voice. I remember I had four-days holiday that I could go back home to see my daughter. The holiday was too short and my daughter cried when I was preparing to get on the taxi. She hugged my legs and did not let me go. I cried in the car for a long time!

7.5 Family and Social Support

Work and family conflict may occur when people are involved in multiple roles in the family and at work (M. A. Sheikh et al. 2018). These roles tend to drain them and cause stress or role conflict (Woodhams et al. 2015b). Therefore, support of family and society are crucial for people to deal with these role conflicts between work and family. Chinese women medical professionals perceive a great extent of work pressures such as over workload, long working hours, an inflexible work schedule etc. Moreover, they take more responsibilities and housework in the family. Some participants with young children spend more time with their family than workingmen do by trying to combine medical career and child caring. The participants confirm that the support from family and society are crucial to decrease the work-family conflict, and then achieve the balance in the work and family domains.

It is common in most Chinese families that parents will give support to doing the household and looking after the children. The structure of family composition in China can mostly share the professional women's responsibilities in the family and reduce the conflicts between work and families. Mrs. Wei (Doctor, ACP, Pediatrics, Married) says:

> When I was working in a tertiary hospital in my hometown, my job was particularly busy. But I could handle the work and the family because my parents and my husband's parents gave support with housework, and looking after the child. We were not living together, but we lived quite close. It took only a five minute walk from my home to my parents' home. My parents or my husband's parents often brought food for us

and sent it to our home when they were shopping. They often came to our home to look after the child when my husband and I were busy at work. I never worryied about the child or the family when I was in my hometown.

Similarly, Mrs. Wu (Doctor, RP, Married) indicates that her husband and mother-in-law provide much understanding and support for the housework and childcare.

I gain lots of support from my family. My mother-in-law is living with us. She is retired, so she can help with doing housework and taking care of the child. My son is four years old, and he was in the nursery during the daytime. My mother-in-law looks after my son when my husband and I are at work. My husband is working in a company that so his work is more flexible than mine. When I was at work, he and his mother looked after my son together. He is very supportive of my work. He never complains about my busy work. My husband has spent lots of time looking after our son since he was born. He knew more things than me! He could prepare the milk, change the diapers, bath the baby, and cut the hair. He often plays with our son, reads books and tells stories. He said that he is good at looking after the child, and he is happy to do these things. I am very appreciative of what my husband does for the family. I am glad that I did not find a husband who is a doctor as well! If we were all working in the hospital, nobody could look after the child and the family!

In contrast, Mrs. Li (Doctor, AP, Married) says that her husband had studied aboard for ten years since their daughter was born.

My husband is a real traditional Chinese man. He doesn't like my work.

He wants me to give up the work and to be a housewife. In fact, I think I did lots of the family work. I agreed for him to study aboard, and I looked after our daughter for more than ten years! Therefore, my husband could develop his career wholeheartedly, without any worries about the family and the child. My husband has finished the study, and came back to China a few years ago, but he is rarely at home because his work often requires him to go on business trips. He has done too little for the family. He is not qualified to evaluate my work and make decisions for me!

Mrs. Chu (Doctor, AP, Dermatology, Married) remembers that her mother-in-law does not want to help with the childcare.

My mother-in-law doesn’t offer much support for my family. She said, "You gave birth to a boy, I would occasionally help you to take care of the baby; otherwise, if you gave birth to a girl, I wouldn't come to help you!" I was so angry and disappointed! So, I don't need her help! I had a nanny to look after my son when he was young. But the nanny left my home in the evening, and she was not responsible for making the dinner. The nanny has two children, so she cannot stay at my home for the whole day. So, I was exhausted when I returned home because I had to make food and look after the baby. She arrived to my home in the morning, before I left home, and she left when I went back home in the afternoon, as she needed to return to her home to cook the meal for her children. Before I went to work in the afternoon, she then came back to my home, and she left when I arrived home at night. I had no night shift in the first year after maternity leave, but my husband had frequent night shifts (they are all doctors). So, I took care of the newborn baby by myself when my husband was on the night shift. I could hardly deal with the housework and baby caring, so I would

always eat dinner after 10.00 p.m., and the baby was crying along with my side ...

This chapter highlights the significant work and family interaction issues of the interviewees. The challenges from the medical work such as high workloads, long working hours, frequent night shifts, and promotion problems are the essential reasons that causes family problems. Therefore, the participants report such family issues like difficult relationships with husbands, taking care of children and maternity leave are highly related with challenging medical work. In the next chapter, the discussion is based on the three main issues (Career choices constrains, organizational pressures, and work-family issues) of the thesis that have been developed. It will discuss the relevance of the Kaleidoscope Career Model (KCM), and how to use the KCM to develop the current Human Resources Program to attack and maintain the Chinese female medical professionals.

8. Discussions

8.1 The Relevance with the Kaleidoscope Career Model (KCM)

The KCM offers an essential framework to theorize the findings of this study. It offers a significant way to explore and discuss the professional career development of Chinese women doctors and achieving work-family balance. It is also an essential career model that focuses on gender differences and career changes, which are the central issues in this study. These are why I considered using the KCM as the theoretical framework for this study. However, there were problems in using a 'Western' model in a different context research, because there are significant differences in how the Chinese participants understand and interpret authenticity, balance, and challenge, the three core factors that make up KCM model. Also, some participants' career patterns are different from the original findings in the KCM. These differences have led me to revisit the critical issues within the KCM, such as the meanings within the ABCs (i.e. authenticity, balance, and challenge), and the participants' career patterns. Therefore, in this chapter, I will explore how and why we need to revise and re-interpret the Kaleidoscope Career Model when being applied to Chinese career research. Also, I will discuss what the differences are about the participants' career development and the work-family related activities.

8.1.1 Revisiting the ABCs (i.e. authenticity, balance, and challenge) in the Chinese Context

The meanings of authenticity, balance, and challenge (ABCs) reflected individuals' values and goals about their careers (Mainiero and Sullivan 2005; Sullivan and L. Mainiero 2006). Some participants' values and goals were influenced by gender stereotypes. Chinese women doctors are highly educated and professionally trained before they work in the healthcare industry. They are independent, thoughtful, and modern women. However, some Chinese medical professional women, like other women in the 'Western' countries, perhaps more so than most men, are relational in the sense of deciding about their work and non-work issues (Sullivan and L. Mainiero 2006; Sullivan and Mainiero 2007). On the other hand, they are influenced by cultural and social factors in China, such as the Confucian legacy, complex relationships, and role ethics, so that they present the different meanings when understanding the ABCs. This is one of the important findings in this study. In this section, I will first discuss the meanings of ABC (i.e. authenticity, balance, and challenge) in the Chinese context in terms of the participants' stories, and then discuss the important factors (i.e. cultural and social factors) that influence the participants when constructing their meanings of ABCs in developing their careers and dealing with the work-family issues.

8.1.1.1 Authenticity

Authenticity was displayed through behaviours resonant with personal or work strengths or involvement in activities for personal pleasure or that genuinely reflected the inner nature of that individual (Mainiero and Gibson 2018). Although there are different ways to present authenticity, it may closely relate to individuals' personal, family, and work domains (e.g. Grady and McCarthy 2008; Sullivan and Mainiero 2007; Tajlili 2014). The

participants' authenticity referred to their career advancement in order to secure promotion and success. It is also related to their leisure time after being busy at work. Some reported that they may hide their real needs to some extent that stop their career development temporarily or permanently, to pay attention to their family's needs. These compromises that hide their own needs about their careers and their selves, were originally displayed below the items of the balance in the KCM and should be considered as influential factors that constrain women's choices to be true to themselves. These include tasks like being involved in doing housework and family care work which may not be the sort of things that professional women want to do (see Mainiero and Gibson 2018; Sullivan et al. 2008).

The situation is different for some participants in this study. They have more family-oriented rather than individual-focused or career-oriented authenticity, because their choices are more related to the family, and their selves and their real needs are strongly added to the family and embedded in the family activities. For these women professionals, self-interests and work aspirations may not the most important thing that foregrounds and dominates their decision. In contrast, one purpose of having a career is to provide well for their family, as they wish to be independent through earning money from a stable career so as to feed the family and to earn social status. That is why some participants do not want to sacrifice their family time to career promotion. Who they are and what their real needs are, become their primary concerns, and they want to express this through family activities. These women have a quest to discover their authentic voice and aspire to live a happy life. They confirm that their family's happiness is more important than work, self-interest, or entertainment.

We may ask why does this relational - family-oriented authenticity arise? Is it due to a lack of access to countervailing individualist discourses that legitimize alternative individual forms of authenticity? Some studies on women living in 'Western' countries (Cabrera 2007; Sullivan and Mainiero 2007) support the point that some women have desires to move beyond because of pursuit of power and personal success, and to contribute to a wider good, which is captured by KCM's definition of authenticity (being true to oneself). In contrast, making sense of authenticity according to the Chinese respondents, it comes from a very different notion of subordinating oneself and one's self-development to the collective interest, rather than from an idea of an individual finding herself (Woodhams et al. 2015). For Chinese women, their authenticity of self is conventionally defined by how to be a good mother, a good daughter, and a good daughter-in-law. This comes through that their self-needs are strongly embedded in family activities.

Another issue here is the role of cultural expectations in a collective context. Do women serve the collective needs of their husband and wider family at the price of fulfilling or attending to their individual needs? Some women respondents in this study internalized feelings of guilt (i.e. maternal guilt) and kept distance from the stereotype of the "iron women". "Iron women" may face criticism for rejecting their precribed social role, for subverting the gender order (Lupton and Woodhams 2006) or for neglecting their family needs. These women devote much of their time and energy to developing medical careers and thus may neglect their roles in the family. However, gender expectations within Confucian culture requires women to pay more attention to their family roles, which serve the collective needs of the husband and wider family over women's own needs. The conflicts between collective needs (or Confucian gender expectations) and self-needs cause feelings of guilt and distance from the

“iron women” mentality. The family-oriented authenticity is the compromise way to deal with the conflict between self-needs in career development and serving their family roles to obey the Confucian gender expectations in a collectivist Chinese society.

Mrs. Han’s story is a typical case showing she has the family-oriented authenticity more than career-oriented authenticity, as she believed the purpose of her work is to balance the position and relationship in the family, rather than to pursue one’s career aspiration and promotion. In her mind, if she loses her job, she might lose the family. Her husband loved her very much, and he did not force her to do any job as he could earn enough money for the family. However, she still does a full-time medical job and works very hard. In her own words, “My job could offer me economic independence, and only independence could keep me the feeling of the security in my family.” Mrs. Han has the family-relational authenticity that maintains her marriage through the stable career, as the medical career could offer the economic independence in the family, and she believes that only economic independence could keep the marriage stable. It sounds a little difficult to understand that some of the participants make the linkage between the work and the stable marriage bonds, but this kind of thinking was found in some other interviews. Mrs. Chen’s story serves as an example that her family-oriented authenticity can be performed within her career-related decision-making. She refused career promotion opportunities, which would mean a greater workload and longer working time, just in order to create more time to take care of her son and support her husband’s career. Family-relational authenticity works as the essential inherent power that drives Mrs. Chen to decide on giving up the opportunity of promotion and career advancement. This appears similar to the description by Sullivan and Manniero (2007) who argued that most professional women have to give up their career aspirations and

promotion opportunities or even stop their work to reach a work-family balance. They assumed an independent version of authenticity showing how professional women as individuals, tackled the family-work conflict. We found that family and work often existed in a contradictory relationship in the stories of Chinese women doctors. In Mrs. Lan's case, her aspiration for sparing more time for the family was the authentic issue she wished to engage in, we can see her subjective domain was transformed to be something relational as well; in other words, she shaped a relational family-oriented authenticity in deciding the work and family issues.

Also, some participants confirm that being with family is the most interesting thing they want to do in their leisure time, and this offers further evidence of their family-oriented more than individual-focused authenticity. They enjoyed the family time to go shopping, go to the park, or even stay at home to read with their children. We found some participants, did not care much about the self-interests, as their work was busy and they had little time to enjoy leisure pursuits. Being with family was the most important and exciting thing that they wanted to do in the limited leisure time they had. Mrs. Zhou was a single mother, and she spared all of her leisure time to stay with her little son. Mrs. Wu enjoy the family time such as going to the park and supermarket with her husband and their son. Mrs. Zhao's hobby was watching television as this enabled her to stay at home with her family. We did find some women's authenticity arose from self-interest and enjoying leisure time as being as relevant as being involved with family activities. In the KCM, some professional women's authenticity is relevant with their interests and hobbies during leisure time, so they might easily fall into the dilemma of wishing to enjoy leisure time without it disturbing the family needs after a whole-day's busy work and not being in the situation that they are constrained by the family needs. If they were involved in the family activities and care work, they might delay

or give up leisure time; and if they pursue their own interests and leisure activities, they may feel guilty for the children and the husband. However, the participants who combine their interests with the family activities, and enjoy the leisure time with the family, have the family-oriented authenticity more than self-interested authenticity about the leisure needs.

What factors influence the construction of Chinese medical professional women's family-oriented authenticity? Culture seems an essential factor that influences the nature of family-oriented authenticity in Chinese women doctors' career experience. There exists gender bias (or gender role expectations) in the Chinese context due to the deep-rootedness of Confucian culture. Confucianism is a male-centred ideology that assumes the female subordination to the male power and stereotypes the division of social and family roles. In some participants' narratives, they called themselves as wife, mother, and daughter, but not an individual person. This offers an approach to explain their relational authenticity, where they accepted different gender roles in the domain of family and anchored their selves in the relationships with other people especially with their family members. Super (1980) defined a career as the combination of different roles played by a person during the life course. In this article, the authenticity of Chinese women is performed through obeying the gender role ethics assumed by Chinese Confucian culture. For instance, Mrs. Chen and Mrs. Han expressed that they considered nothing about their own self-interests when made the critical decision about their careers, because they did not even realize the difference between themselves as an individual being and their enacted roles in the family. According to our informants, they were aware of their different roles in the family and the career. Most of them obliged themselves to bear the family responsibilities of housework and take care of either children or the elders. They also had to assume the family responsibility by engaging in a professional career

and earning a salary for their family. They struggled to achieve a balance among different roles, the family roles as a wife, a mother and a daughter and the career role as a medical worker, even though these two types of roles are often intertwined and cannot be isolated. In the process of identifying and practicing these roles, women doctors had to deal with the challenges of diverse role norms. They attempted to discover their true and authentic self in assuming and performing the norms of different roles. It is true that some acknowledged career and family were equally important, but more of them believed that family was more important than career advancement if they had to make an either-or choice. Returning to the story of Mrs. Zheng, who chose to give birth to a baby but lost the potential opportunity for career promotion. She looked disappointed when recalling this experience, but admitted no regret and said she would make the same choice if she encountered the same situation, because to be a mother, as she argued, was always more meaningful and valuable for a women than her own career development.

The authenticity of some participants could not be simply seen as "an individual's need to behave and demonstrate their attitudes in accordance with their genuine inner selves" (Sullivan and Maniniero, 2007: 8). They performed the family-oriented authenticity that informed by the role ethics in the Confucian culture in the decision-making among their work, family, and self-needs.

8.1.1.2 Balance

Sullivan and Mainiero (2007) affirmed that women tend to consider the relationships and networks around them. When talking about balance, the

responses of the participants moved beyond how they balanced the relationship between traditional gender expectations and their own self-development needs. For such women the family was the essential stakeholder that influenced the decision-making of these medical professionals about their careers.

In China some women live together with parents-in-law after they marry. This means there are at least two dimensions in one household - one is the 'small family' (wife, husband, and children), and the other is the 'big family' (wife, husband, children, and parents-in-law). Fei (1947, 1992) argues that relationships among Chinese individuals follow "chaxugeju" a differential mode of association (*chaxugeju*), which, like a 'net web'[22] contains the vertical (e.g. parental authority) and horizontal (e g. marriage bonds) correlations (Fei, Han, and Wang 2012; Yan 2006). The 'net web' is a metaphor to describe the situation that many of these women medical professionals experienced in balancing their work, family, and life. It shows there is complex relationship around them, and they are likely to feel constraint within a big 'net web'. The concept of 'net web' is closely related to the '*chaxugeju*', which is basically network theory applied to Chinese social life. It helps us to better understand the characteristics of Chinese society and culture where these women professionals enact their careers.

"*Chaxugeju*" plays a significant role in influencing the participants' decision making about careers and their outcomes when balancing their career development with family needs. This structure contrasts to the West's organizational mode of association insofar as the former is a

[22] I coined the term 'net web' to capture the sense of the importance of networks, the web of inter-connected relationships, and the extent to which this 'net web' is both enabling and constraining.

multi-dimensional structure, containing both the vertical and firm order of social hierarchy and the horizontal, elastic, ego-centered relational distances (Yan 2006). It is also the individual-centred, each person's social life "built from networks created from relational ties linking the self with discrete categories of other individuals" (p. 24). Some participants confirmed that taking care of the parents-in-law was an important issue in the work-family balance, so that they were under pressure from the vertical correlations. Here I would argue, that the vertical relationship around the participants is the most significant factor that constructs the different balance meanings. I found that with some participants, like Mrs. Shen, Mrs. Wei, and Mrs. Li, their needs for work-family balance came to the fore because of taking care of parents-in-law. Mrs. Shen had changed her job location several times because of taking care of her mother-in-law whose leg was broken. Mrs. Wei delayed a job-changing plan to take care of parents-in-law in their hometown. Mrs. Li could not change her job, as her parents-in-law needed her to take care of them. When I heard about their situation, I was interested to ask why her husband did not take care of his parents? The participants' answers were similar asserting that they believed that they had the responsibility to take care of the elderly in order to support their husband's work advancement without interruption. Mrs. Li's husband studied abroad for many years; Mrs. Wei's husband worked far away from their hometown in those years, and Mrs. Shen believed her husband's job was very busy and could not change. In the original findings of the KCM research, the professional women needed to balance the issues of work and family (Sullivan and Mainniero, 2007), as traditionally, men dominated the career domain and the women played the important roles within the family. These things are quite similar in the recent situation for the majority of the participants. However, some of my participants were more likely to be influenced by the "chaxu" relationships in making the decisions about the career, family, and selves, as they needed to consider

more stakeholders around their ‘net web’. Gender role ethics play the same important role in this stage because the participants recognized and accepted their roles of wife and daughter-in-law in the big family. But in the work-family balance, their roles are more complex because of the vertical relationships in the family. As a daughter, she took care of her parents in law such as taking them to medical appointments; as a wife, she shared housework to support her husband’s work advancement; as a mother, she took care of and educated the children; additionally, as a daughter-in-law, she needed to take care of the husband’s parents.

Although the complex relationships and roles responsibilities sometimes are the barriers that cause work-family conflicts, the vertical relationship, sometimes, can benefit some participants to achieve the work-family balance. Their parents-in-law could share the housework and help to look after the children when the participants were busy with work. All of my participants have full-time jobs in the hospital. Their work schedule is hectic and strict from 9 a.m. to 5 p.m. Some participants reported they often worked overtime, had frequent night shifts, and had few holidays and little leisure time. Family support from the parents-in-law is the most important way to help them to achieve the work-family balance. I found in most interviews that the housework was not the main problem that the professional women worried about, as their husbands could share the responsibilities. Instead, childcare was the critical issue. Although sending the children to the nursery or having a babysitter could solve this problem, some women whose children were younger, believed that having the parents-in-law who would watch the kids until they finished work was the best choice as they trusted their parents-in-law more than the nursery or the babysitter. Mrs. Wu is living with her mother-in-law so that she does not need to worry about care for her daughter when working at the hospital. Mrs. Han told me that it was difficult to ask for leave if something

had happened in the family, but her father-in-law could help to deal with the family issues and take care of the child when she was busy with work.

In contrast, other participants who get little support from the family (e.g. parents-in-law) may find it difficult to achieve the work-family balance. They reported experiencing more pressures, as they needed to spend more time to take care of the children. Therefore, these participants need to adopt flexible strategies to cope with their workload and their family needs to achieve a work-family balance. Mainiero and Sullivan (2006) identified several strategies for balancing work-family management priorities in some women's career stories. However, as mentioned before, it is impossible for the participants to use these strategies such as part-time employment, opting out of the workforce temporarily or opting out by taking turns with spouses (Mainniero and Sullivan, 2006) to manage the issues between the work and the family. Chinese professional women struggled with the work-family balance, as they need to be effective in all of their roles in the work and non-work domain (Woodhams et al. 2015a; Zeng et al. 2019). They want either a brilliant reputation in their career or play the good mother, good wife, and good daughter-in-law in their family. For the participants, they are the doctors who have undertaken professional training for many years are not willing to give up their careers. As a result, they tried to find strategies to achieve the work-family balance, for example, arranging workloads following family activities, or trying to meet demands and expectations from both work and family domains simultaneously. Mrs. Chu and her husband are living far away from their parents, and they are both doctors working in the hospital, so taking care of the child has been the critical issue since the baby was born. Although there was a babysitter, she often spent the lunchtime to go home and tried to finish the work as earlier as possible. Mrs. Zhao said that it was reasonable for the women doctors whose husbands were

working in the hospital as well or their husbands often busy with work to take the children to the hospital when they were on the night shifts. They knew that the hospital would not allow them to take care of the children while in work, but they had no other choices. Some of the hospital's managers understood their situation, and other colleague also gave support. Mrs. Zhou was lucky that the manager and her colleagues could offer some flexible time for her to go back home if needed, as she was a single mother.

As an essential parameter of the KCM to judge the individuals' decisions about the work and non-work issues, balance refers to a person's wish to enjoy positive work-family relations by adjusting factors within each of these (Mainiero and Gibson, 2018). Women working in the Chinese medical professional experience a more complex 'net web' than some Western professional women, as they are living in Chinese "Chaxu" relationships. Although the vertical and horizontal relationships are deeply impacting upon the lives of Chinese professional women's careers, the vertical relationships, especially with the parents-in-law, provides a unique contextual factor in this study that brings distinctive pressures and problems to their career development. However, every coin has two sides. Some parents-in-law offer participants family support when they are pursuing their careers. Otherwise, the women professionals without the help of the parents-in-law would need flexible strategies to achieve a work-family balance.

8.1.1.3 Challenge

There are several ways to view the work challenge because of the different context, industry, and work situation. Sullivan and Mainiero (2007)

regarded challenge as a driving force in individuals' career development. The enthusiasm for medicine, the desire to contribute to society, and the professionalism to save lives are the important and special driving forces to stimulate the participants to keep pace with medical knowledge and improve their professional skills. These help to increase their employability and promotion prospects. On the other hand, challenge might become the barriers or problems, which influence or constrain individuals' career advancement (Elley-brown et al. 2015).

Some participants reported experiencing work challenge from both the organizational problems and the institutional barriers. This thesis points out the medical work pressures, relationships and conflicts (especially violence against medical professionals during their working lives), pressures from hospital hierarchy, and migration barriers to illustrate the problems they experienced at the organizational level. Both men and women experienced such challenges and problems in the organizational level in the course of their careers. Here we are examining the ways that these women medical professionals cope with these problems, and how they make choices? Women professionals adopted ways to cope with the organizational challenges, that were distinct from their male counterparts.

In terms of organizational problems, some participants confirmed that they suffered from over work, working overtime, having frequent night shifts, and trouble with intense doctor-patient relationships. On the other hand, some participants reported that their working situation and living condition are challenging because of the hierarchy within Chinese hospitals, and the 'Hukou system' (i.e. household registration system) in China. The strict hierarchy between Chinese hospitals (i.e. tertiary hospitals, secondary hospitals, and primary hospitals) as one of the important organizational problems seems to create significant challenge for some participants'

career advancement. However, ‘Hukou’, which is a system of household registration in mainland China (Afridi et al. 2012), to identify whether a person has equal rights in the different areas in China, makes a big influence to some participants’ decisions about their job locations and career development.

Some participants stated that the problems they experienced has decreased their enthusiasm and fulfilment, and also negatively influenced their wellbeing. Some participants confirm their work schedules are very busy, and there is a lack of time to explain the ins and outs of a patient’s condition. This can arouse the patients’ dissatisfaction and causes conflicts. The majority of the research focuses on the doctor-patient conflicts from the perspective of the government and the patients, little has focused on the medical professionals’ working situation and their wellbeing from the perspective of the doctors’ career development. Some participants reported that the increasingly intense doctor-patient relationship in China makes them feel worried when working in the hospitals. They feel confused about their medical work, as they originally thought they could offer patients help and would expect the patients' trust and gratitude. However, the reality is they received little trust, and are even hurt by the rudeness of patients. They received little support from the government, organizations (e.g. hospitals) and from social media when they are in conflicts. Some participants felt disappointed because the public gives more sympathy to the patients but little support for the doctors and nurses. Such an unfriendly working environment creates big challenges for my participants’ career development, because it decreases their sense of career accomplishment.

Some participants reported that the structure and ownership of Chinese hospitals affect their career. They confirm that both women and men

medical professionals are influenced and constrained by these problems, but compared with their male counterparts, they believed that they experienced more physical and psychological problems due to career reputation damage and lost career advancement opportunities. There are two dimensions of hospital hierarchy in the Chinese medical system. One is public hospital vs. private hospital, and the other is primary hospital vs. secondary hospital vs. tertiary hospital. These hospital hierarchies result in the challenge of different working situations for the participants.

In 1946, the hierarchy among hospitals has abolished in the UK (Ding 2014). However, there still exists a strict hierarchy among Chinese hospitals, and this problem cannot be solved in the next few years. The Chinese government has struggled with establishing a successful healthcare system to manage the big number of medical institutions. Therefore, the Chinese government believes that the hospital hierarchy system is a helpful tool to deal with this problem. Also, the hospital hierarchy in China may help to build the trust between the patients and the doctors, because based on the hierarchy criteria; patients could make the choice for going to the appropriate hospital and see the 'better doctors' [23]. To help understand this, it may be helpful to compare the Chinese medical system with the NHS in the UK. Patients in the UK may have their GP, and when a patient needs to see the doctor, he/she may first go the GP if the condition is not emergency, and then the GP will decide whether the patient needs to go to the hospital to receive further treatment. The situation is different in China. Patients are used to going to the hospital directly, because there is no GP in the Chinese medical system. This means that a patient may discuss his/her situation with different doctors in the different hospitals. Although there is no convincing evidence to show

[23] Chinese patients trust public hospitals' doctors rather than private hospitals', and they also trust tertiary hospitals' doctors more than secondary hospitals' and primary doctors.

that the doctors in tertiary hospitals are better than other medical institutions, Chinese patients prefer to trust the doctors in tertiary hospitals. It seems to be that the hospital hierarchy in China plays an important role in building the trust between doctors and patients, and the hospital hierarchy may supply the selection criteria for patients to help them to find the appropriate hospital and doctor. However, the hospital hierarchy could also bring some disadvantages for both patients and the medical professionals. Patients are likely to go to the tertiary hospitals, which may cause the unreasonable medical resources allocation that a large number of patients to crowd in the tertiary hospitals, which increase the doctors' workload and also decrease the treatment quality of each patient. Some participants who transferred from tertiary hospitals complained that the hospital hierarchy is one of the important reasons that increase their workloads and lead to the intense doctor-patient relationship. Also, they also reported that when they were working in tertiary hospitals, patients trusted them very much, but after they transferred to the private hospital, they received less trust from the patients. They believed it was because of the hospital hierarchy.

China is a collectivist society and traditionally public ownership accounts for the majority of the market. The public hospital is under the control of the Chinese government, and they have the support by the government. This means that Chinese government supplies financial support and policy support to the public hospital to guarantee the benefit their staff, which built a high credibility and visibility for the medical professionals in the public hospital. Compared with this, most of the private hospitals are self-funded, which means they assume sole responsibility for their profits or losses. This situation requires the participants to earn money for paying their salary with only limited financial support from the government. The participants acknowledged that the private hospital's doctors may provide

excessive medical treatment in order to earn more money. As a result, their reputation has been damaged. As noted above, some participants choose to work in the hospital because of high social status and high reputation among their family and relatives. Moreover, Chinese women are living in the complex relationships in both family domain and social domain, so that they prioritize their reputations more than the money they have earned. The decrease of their career reputation makes them feel they are failures for not maintaining their status in both family and social levels. Thus, it may decrease their ambition and loyalty to their medical careers. On the other hand, some participants said it was difficult to successfully apply research project funding in the private hospital, as the government may assume that the public hospitals' doctors (e.g. tertiary hospitals) were more eligible, and it might be easier to finish the project by giving them money. The participants also told me that whether they could successfully apply for research funding was highly related to their promotion prospects, as the funding could support their research projects, and only working on such projects could they meet the requirements of promotion. The participants thought that career advancement was much harder for a woman than it was for a man. They experienced promotion barriers due to the ownership of hospitals in China that affect women medical professionals career advancement.

The "Hukou system" (household registration system) is an essential institutional factor, which affects some participants living conditions and career advancement. China is a vast country with a large population. The dual social system in China based on the household registration system, is a significant contextual factor constraining city migrants' career development. This has been implemented for a long time and determines the uniqueness of China's urbanization development (Fei et al. 2012). The number of city migrants has increased a lot with the development of the

economy and with technology in China and the boundary of the careers has been blurred.

The conceptual issue which influences career development of skilled migrants is a significant issue that needs to be taken into consideration (Cerdin and Selmer 2014). The existing literature confirms that skilled migrants face unfair treatment and struggle in the host labour market (Berry and Bell 2012) such as a lowering of status (Al Ariss and Syed 2011). A “Hukou” in the big city is an essential identity to guarantee city migrants’ work and life because it offers citizenship, builds one’s identity, ensures receipt of benefits, and also offer them the equal living conditions. Without a Shanghai “Hukou” migrants are confronted with many challenges in their pursuit of financial security, living quality, and children’s education equality. Registered urban residents receive priority over migrants. For example, when migrant workers did find jobs; they tend to be positioned with little potential for growth (Han, He, and Jin 2011), and urban workers were supported by employee benefits and laws that favour them over their employers in case of disputes. Rural “Hukou” holders are eligible for such substantial protections (Afridi et al. 2012). Moreover, children who migrate with their parents also face challenges. Without a local, non-agricultural “Hukou”, migrant children have limited access to public social infrastructure. The limited space and the desire to protect local interests, in turn, induced local governments to avoid enrolling migrant children in their public schools (Han et al. 2011).

The women medical professionals who transferred their work to Shanghai are skilled migrants, as they have a university degree and extensive experience in a given field (Iredale, 1999: 90). The KCM (Kaleidoscope Career Model) is an appropriate one to examine the discontinuous careers of skilled migrants both male and female (O’Connor and Crowley-Henry

2019), as it is a dynamic and contextual paradigm for unpacking careers. The model puts gender in the foreground and incorporates greater awareness of the 'career shifts, changes, transitions, and compromises employees are making in their careers' (Sullivan, 2005:108). The Mainiero and Sullivan (2005) research showed that individuals' career decisions are closely embedded into their personal lives because they are strongly influenced by each other. In other words, 'instead of living to work, people are now working to live' (Mainiero and Sullivan, 2006: 2). A further study by Sullivan and Mainiero (2007) found women follow a beta career pattern, pointing out the strong relationship between women's work-related and other relevant experiences. Therefore, it makes sense that some participants felt that their medical career development experienced damage and stagnation due to their life and their children's education was strongly constrained by the 'hukou' system. Some migrant participants expressed that education equality for the children was the most important reason that they considered whether to continue working in Shanghai or return to their hometown (where their "Hukou" is). For example, Mrs. Wu was struggling with a decision of whether to remain working in Shanghai or returning to her hometown. Mrs. Wu worried about her daughter's future because she could not study in a better primary school because of not having a 'Hukou' in Shanghai. It is worth noting that Chinese women perceive the collectivist doctrines and traditional cultural value that prioritize the promotion of husband and his family's welfare over her own career development. A women's primary role is to support male members in the family by bearing and rearing children. These collectivist doctrines and traditional cultural values not only require Chinese women to prioritize her family and children's welfare, and their career development are more likely to embedded into their family-related activities.

In this section, I discussed issues of authenticity, balance, and challenge:

the three parameters of Kaleidoscope Careers that shape a woman's decisions and take on greater intensity as a decision parameter at different points of the lifespan (Sullivan and Mainiero, 2006). According to the findings of this study, and the Chinese contextual factors, I tried to revisit the meanings of ABCs. I argue that there are some differences and changes from the original KCM when using the ABCs to analyse the participants' decisions and choices about work and non-work issues. Firstly, some participants have family-oriented authenticity more than individual-focused authenticity. Their authenticity could not merely be seen as an individual's need for authentic inner selves (Sullivan and Maniniero, 2007); it is the family-oriented authenticity that is influenced by the gender role expectations in traditional Confucian culture. Secondly, the complex relationships in the Chinese context (e.g. "Chaxu" relationship) may highly influence the participants' work-family balance. Some participants have an additional family burden of taking care of their parents-in-law. However, this might be a positive benefit because the parents-in-law could share the family burden and thereby support the participants' career advancement. For some participants who have no strong family support there was a need to balance the work and family using different strategies. Thirdly, many contextual organizational and institutional factors, for example, over work, working overtime, frequent night shifts, intense doctor-patient relationships, hospital hierarchy, and the 'Hukou system', may influence the participants' career aspirations, learning desires, work promotion, and sense of fulfilment, so that creates challenge for the participants' career development.

The revisiting of the ABCs of Kaleidoscope Career model is an attempt to use the important concepts from a Western career model, to study participants' career development. It aims to explore the differences and changes of the women medical professionals' desires and choices

about work and non-work issues in the Chinese context. This section has laid the foundation for what follows where I will discuss the dynamics of the ABCs, and how the relationship changes in understanding the participants' decisions in the work and non-work domains.

8.1.2 The Blurred Boundary between A (Authenticity) and B (Balance)

The Kaleidoscope Career Model (KCM) (Sullivan and Mainiero 2005, 2006) confirmed the dynamics and the interactions of the parameters of the ABCs at different stages of individuals' careers. However, with the changing nature of individuals' career, the boundary of the ABCs has been blurred in the career domain. Clarke (2015) suggested that challenge and balance are equally important for some young professionals, and so unlike the original interpretation of the KCM; their careers reflect dual priorities, not challenge followed by balance as their careers evolve. Elley-brown et al. (2015) also found that the ABCs were dynamic and are more likely to interact. They argued that there was no clear boundary between the three parameters in women's lives, findings that were at variance with previous KCM results. These findings expressed the possibility of the mixture boundary of the ABCs, which is different from the original KCM that individuals could shift one of the ABCs forward, and others may be put backwards at any particular time. In this study, the boundary of the ABCs is blurred in some cases, especially in the case where there is no clear boundary between authenticity and balance. The important reason is that some participants have family-oriented authenticity rather than an individual-focused type. As discussed above, these women's selves and real needs are closely associated with their family wellbeing and embedded in the family

activities, so that we cannot see a clear boundary between the authenticity and the balance in some cases. The participants' family-oriented authenticity is different from the explanation of the balance in the original KCM domain; I would argue that it is the result of the mixture of the two parameters of authenticity and balance provided in the original KCM.

Further evidence can be found in these participants' occupational choice and their on-going career choices. Individual's initial occupational choice is to search for either challenge or one's authenticity (Blenkinsopp, Scurry, and Hay 2015). Occupational choice happens at the initial stage of one's career, when she has a strong desire for pursuing a career challenge and personal authenticity in work (Sullivan and Mainiero 2006). However, as presented in the participants' career stories, there are several factors they may consider when making occupational choices. They were reported to be under the power of traditional ethical norms (such filial piety or *Xiao*), the parental authority, and the government allocation. These cultural, institutional and family factors govern some participants to construct their authenticity related to the culture, government, and family. The authenticity and balance domain in the Chinese context is very complex, especially for the older participants who lived through the 'cultural revolution' in China. Their jobs were allocated by the government, and they accepted the socialist value conception that they should make a contribution to the society. Therefore, the balance of societal needs and authentic career aspirations is very important in their original occupation choices. On the other hand, for some younger participants, their occupations are not only important choices for themselves but also shape significantly how they connection with their family. The wellbeing of the family members is an essential factor that several informants mentioned. They were concerned about their parents and children's health and hoped the job, as a doctor would bring benefits and convenience to them. Some

participants stated they had no clear notion of what it meant to become a doctor when they made the original choice of occupation but merely followed their parents' advice. They frankly admitted considering the idea of engaging in a different job other than a doctor, but gave it up in the end because they did not want to disappoint their parents. According to these reasons offered by the interviewed women doctors for their original occupational choice, we may realize that there is a mixture of authenticity and balance in their original occupational choice. We cannot clarify which parameter is the more essential in this stage, and the participants also do not know which parameters to put into the forward position. The authenticity and the balance came together and stay in a similar position in their decision-making.

In some cases, some participants combine authenticity and balance in their ongoing career choices. Mrs. Qian changed job location from a public to a private hospital. She wanted more time to look after her daughter, and she also wanted to have flexible time to enjoy leisure time, so she combined the self-needs and family needs to change the job location. Some women doctors believed that moving to Shanghai was good for their career development and family lives. Mrs. Zhao had yearned for modern life in the metropolitan city for many years, and she also wanted to send her daughter to high-quality education in Shanghai. They are both important reasons that stimulated the career transition. Some research (i.e. August 2011; Mainiero and Gibson 2018; Sullivan and Mainiero 2006) argued that women's professionalism tends to pursue authenticity as the priority at the beginning of careers. 'Women seem to have negotiated a new level of prominence for authenticity, that is, they were placing themselves and their own needs at the center of a decision and allowing others' needs to recede into the background' (August 2011, p. 228). In this study, authenticity went into the foreground as an essential focus for some

women doctors', however, the need for balance was also an important parameter in the decision-making. Mrs. Chen gave up her promotion opportunity, as she wanted to have more leisure time to develop her interests, and she was also willing to support her husband's busy work by undertaking more housework. She believed this was the real thing she wanted to do at this stage. Mrs. Zhao, Mrs. Yang, and Mrs. Feng are still working even though they are past the age of retirement. They believed that they were young enough to continue working, and enjoyed the feeling of working, but the more important thing is they need to earn enough money to pay their children's expensive tuition fees.

For some participants, balance is the constant and ever-present need that exists in the lifespan. It is difficult to identify which parameters are in the priority when they make choices about their work and non-work issues in any particular stage. The needs of authenticity and balance often come together, and the boundary of the two parameters is not clear. Also, the situation might be similar to the parameters of challenge and balance. To take the family needs as their real needs, to take the parents' opinions as their own choices, and not wanting to disappoint the family are instances of the mixed boundary of authenticity and balance. Also, to be the inner specialists could be seen as mixing the boundary of the two parameters that put challenge and balance together in their original occupational choices. Although the authenticity that meets individuals' real needs and to be true to oneself should be the priority (Sullivan and Mainiero 2007, 2018), these women medical professionals also take the balance as having and important position even seeing it as the factor that dominates their decision. Therefore, there is no clear boundary among the ABCs at a particular time, and the boundary tends to be mixed among these three parameters. This finding is different from the original KCM but is consistent with the enhancement that cultural difference has an influence

in the careers. Confucianism plays a significant role in Chinese culture, and still impacts upon Chinese individuals' thoughts and behaviours. The moderate is the foundation and essence of Confucianism, which is the best explanation of the mixture boundary of the ABCs.

8.1.3 Alpha/Beta Career Patterns

Although some subsequent research provided support for the KCM kaleidoscopic career pattern that most of the women followed the Beta pattern, and most of the men followed the Alpha pattern (Sullivan et al. 2009), there existed a small but limited number of men and women's career patterns that differed from the original findings: some women pursue a more traditional, linear, Alpha Career Pattern (Sullivan et al. 2009); some men pursued the family-driven Beta pattern (Grant-Vallone and Ensher 2011); also, some individuals followed a mixed career pattern (Clarke 2015).

Sullivan and Mainiero (2007, 2018) pointed out that the women who did not follow the Beta career pattern needed to be explored further. Some participants seemed to pursue the "Alpha Career pattern" and the "Compromise Career Pattern" instead of the "Beta Career pattern", getting access to the changing nature of women's careers and answering the call for a variety of research about individuals' careers. The meaning of the "Alpha Career pattern" is similar to the Sullivan and Mainiero (2006) findings, that these women take the challenge as the priority in their early career, and then the authenticity, and they may take balance into consideration in their later career. The "Compromise Career Pattern" is a new career pattern in this study that focuses on the career advancement and work-family balance together. The most important difference between

the Alpha Career and Beta Career Patterns is whether an individual prioritizes the authenticity or the balance during their middle careers (Sullivan and Mainiero 2006). For the Chinese medical professional women, they have limited choices about the work type and the work schedule (mentioned before). In other words, they cannot do part-time jobs or opt-out of the work if they want to be employed in the healthcare industry. Therefore, which career pattern they are following depends upon which is their priority consideration: work or family?

For those women doctors who pursued the Alpha Career Pattern, challenge is the primary factor at the beginning of their career, such as career interests, learning needs, and the promotion aspirations; authenticity is placed forward and drives their career advancement in the middle part of their professional life; and then they consider balance issues and the work-life integration in the late career or retirement phases. These women are usually called “iron women” in the Chinese context, who are mainly career driven, determined, persistent, and in relentless pursuit of challenging career goals and work advancement. They believe that they are the important breadwinners in their family as their income is much higher than the husband. Also, the sense of achievement from the medical work is the important reason that stimulates the women doctors to pursue the challenge, and they follow the authenticity stimulus from their early career to its end. Some of the participants believed that their occupation and the work are much different from others because they are working helping others and saving people’s lives, not only for doing what they do to make money. This kind of job makes them feel achievements and a sense of fulfillment especially when receiving people’s thanks and praise. Mrs. Yang expressed the strong love of medical work as she could save lives and help others, and she received career success gaining promotion quickly. The sense of

achievement made her focus on the work from the beginning. Mrs. Feng confirmed that she likes the current job, and she finished the Master's degree during her middle career. She knew it was difficult to go back to school at this stage because she already had family and children who needed her to to pay more time to look after them. However, she enjoyed the experience of learning and improving herself. So, she followed authenticity and returned to school in order to advance her career. Most of the women doctors who followed the Alpha career pattern may face problems with work-family balance. Thus, it is important that their husbands who have more flexible work schedule, expressed their support to the women doctors to focus on their learning needs or career advancement. Also, their parents (parents-in-law) who are healthy and retired could share most of the housework and take care of the children to support their advancement and ambition to develop the Alpha Career Pattern. This is the reverse of the traditional male-defined system that his "special woman" usually plays as a homemaker to nurture the children, supporting the husband's career ambitions, and took care of the household responsibilities (Sullivan et al. 2008). It is also the big change against Chinese traditional culture that the husband should be the breadwinner, and the wife should stay at home. It also marks a shift in thinking and practice from the traditional gender expectations where it was more likely that women would experience career interruptions due to family responsibilities while men's careers continued relatively unimpeded (Favero and Heath 2012).

However, I argue that there exists the difference between the women who pursued an Alpha career pattern and the men with an Alpha career pattern. Sullivan and Mainiero (2008) reported some of the "Alpha Career Pattern" professional women believed there was a missing piece of their life when considered about balance. This feeling came out of some of the

participants in this study. Mrs. Wang, who is forty years old and has no child till now, told me that she did not realize something was missing until she was older and was well established in her career (e.g. gain a high reputation among patients and be promoted to an associate chief physician). Mrs. Sun, who is forty-seven years old and just finished her Master's Degree because she wanted the promotion, said that the extreme concentration on career made her became a weekend mother (Lee et al. 2017) because there is little time to accompany her daughter since she has worked in Shanghai. Mrs. Yang expressed the feeling of guilt to her son. She paid so much attention to the work, and focused on pursuing her career advancement, so that left the son with her husband and she spent little time with the family. Mrs. Chen thought she was not a good mother because she always leaves her son lonely, but her son understood her and never complained about her busy work.

On the other hand, some of the Chinese women doctors neither follow the "Alpha Career Pattern" nor the "Beta Career Pattern"; they are trying to have a compromise career pattern that puts the authenticity and the balance in equally important positions. I have discussed the mixture boundary of the parameters of authenticity, balance, and the challenge. I argued that the Chinese professional women tend to put the balance in the dominant position through their whole lifespan. Therefore, their career pattern might be viewed in the compromise way combining the needs of authenticity with work-family balance to develop their careers. They recognized that it was difficult to "have it all", so they adopted the compromise approach to achieve a work-family balance. To choose the appropriate department that offers them a flexible work schedule is one of the common ways to achieve the compromise career pattern. Mrs. Han has worked in the emergency department for more than ten years, as she wanted the career promotion and also wanted the balance between work

and family. Although working in the emergency department is busy and frequently has night shifts, when she gets off the night shift, she can have more time in the daytime to take care of her two daughters. She is only forty years old, but she has much grey hair, possibly as a result the regular of working regular night shifts. She told me this is the best way that enables her to pursue the career and achieve the work-family balance at the same time. Changing the job location is another important way to pursue a compromise career pattern. It offers them the opportunity to overcome institutional boundaries and the location barriers to reach the result of the work-family balance. Those women doctors who were in conflict between work and family, cannot change the department and experience difficulty finding a good way to solve the problems. Therefore, they have to make the transition to the other hospital to achieve the work-family balance. Mrs. Qian, was caught in a dilemma that her original job location was far away from the family so she had to be a “weekend mother”. She could not solve the problems because the hospital’s manager did not agree to change the working department for her, so she resigned that job and took her daughter to Shanghai, and was working in another hospital. Mrs. Zhao told me that the reason for changing her job location to Shanghai was for her career development and also for her daughter’s education. She had a desire to live in a modern city and wanted to give the daughter better education. These needs encouraged her dream to become true. Mrs. Yang remembered the experience of coming to Shanghai; she was born in Shanghai but worked in another city because of the “cultural revolution" policy that educated youth to the countryside, so she always had the desire to come back to Shanghai. When her father died ten years ago, she took her family to Shanghai taking her mother away from the hometown so as not to upset her.

The majority of Chinese medical women professionals do not prefer

the “Alpha Career Pattern” to put the family needs behind career goals, as the family is important in their decision making, and they do not want to subordinate the family needs to their career advancement. However, they cannot follow the “Beta Career Pattern” that temporarily or permanently stops working to meet the family needs. In some Western countries, the boundaryless work types (Guan et al. 2019; Sullivan and Baruch 2009) such as the part-time, voluntary, or being self-employment could offer some professional women the opportunity to enact the Beta Career Pattern that prioritizes the family needs during their middle career. However, the Western professionals have advantages not shared by everyone in the labour markets of other countries other countries. Chinese women specialists are working in the hospital which involve full-time jobs with long hours and frequently undertake shifts either in the night or at weekends. Although the family is essential in their decision, and they also want to have more time to stay with the family, they are unwilling to give up the investment she has made in her education and career advancement, and they also want to keep the independence for the family through their secure and stable work. Thus, they are looking for the contextual career pattern which is different from the original Kaleidoscope Careers to match their family needs, self-values and the career ambitions to explore compromise way to have all these things into a coherent whole on their terms.

In conclusion, to discuss the relevance of the Kaleidoscope Career model, I identified two critical issues. One is the applicability to use the Kaleidoscope Career Model to study Chinese medical women professional career. The other is how to use the KCM to study Chinese women medical professional’s careers, for example, revisiting the ABCs, discussing the mixture boundary of the ABCs, and exploring their career patterns. It is reasonable for the Kaleidoscope Career Model to serve as

the theoretical framework for this study, as it is a comprehensive model that focuses on gender differences and career changes, which are the two essential variables in this study. However, there are the different contextual meanings of Chinese medical women professionals'; authenticity, balance, and the challenge (the ABCs). Also, the construction of Chinese medical professional women's ABCs has been influenced by Chinese culture and the other important contextual factors (e. g. "chaxu" relationships, role ethics, working environment etc.). As a result, the boundary is not clear between the authenticity, balance, and the challenge when the Chinese professional women make the decisions about the work and non-work domains. They often mix the ABCs to fit the needs of achieve the work-family balance, as the balance is the most critical factor throughout the whole lifespan. They are also looking for the contextual career pattern which is different from the original Kaleidoscope Careers to match their family needs, self-values and the career ambitions to explore compromise ways to have all these things into a coherent whole on their terms.

8.2 Applying the Kaleidoscope Career Model (KCM) to Attract and Maintain Female Medical Professionals in China

The current context for medical careers in China is acknowledged to be very challenging (heavy workloads, hostile workplaces etc.), and there are many factors constraining the interviewed Chinese female medical professionals' choices about their career development. Therefore, this section will discuss the role of Human Resource Development in facilitating mentoring for Chinese medical systems and Chinese hospitals. To illustrate how to attract and maintain female medical professionals in

China, this part will refer to some extant Human Resources Development Programmes (HRDM) along with the participants accounts, to point a potential way of how to improve working conditions and working environments for woman medical professionals in China.

The KCM provides not only a significant framework for understanding and analysing women's decisions about their work and non-work issues, it is also a useful framework serving as a guidepost to create meaningful policies for designing Human Resources Development (HRD) programmes that address employees' intrinsic needs for authenticity, balance, and challenge over the lifespan (Sullivan and Mainiero 2008). Sullivan and Mainiero (2008) suggested that an important avenue for future research is how the KCM could be used to expand the study of women's careers in non-western countries. It is critical to recognize how to design the HRD programmes to assist solving the unique career problems that women face in a traditional, male-dominated work environment, in order to attract and retain high-quality women medical professionals. Two of the participants who are hospital managers, complained that it is increasingly difficult to retain female talents. The private hospital has a lack of advantages attracting medical talent; therefore, compared with public hospitals, the phenomenon of employees' career transition or 'opt-out' (Grant-Vallone and Ensher 2011) happens more often. Frequent employee turnover brings many problems for hospital development. Therefore, this section will discuss how to use KCM to design HRD programmes to attract and retain talented women medical professionals in China.

Sullivan and Mainiero (2008) believed that the 'firestorm' of retaining female talent is to understand their work motivations. They identified several reasons that women professionals choose to leave the organisations most of which are highly related to the needs for gender

equality, challenging work, and the flexibility to balance work and family. For the participants in the current study, family issues are the essential forces that push them to make the career change decisions because women are more likely than men to have additional non-work responsibilities, and particularly some of them have family-oriented authenticity in the career decisions (mentioned before). In addition to family care (i.e. childcare and eldercare) demands, some other family issues such as marriage bonds and child education are also critical family-related reasons which cause career changes to happen. Secondly, some participants' career decisions are also influenced by boring jobs, low advancement chances, and unreasonable working hours. Thirdly, some contextual factors such as strict hospital hierarchy, poor doctor-patient relationships, and the 'Hukou' system are barriers that constrain participants' career development and cause participants to seek career transitions. When the pressures and conflicts are higher than the participants expected, it might affect their assessment of the career values, and make them rethink of their real needs. Thus, women may decide to leave the organizations.

The KCM could be a guidepost to create meaningful policies for women employees and address their needs for challenge, balance, and authenticity over the lifespan. Authenticity is one of the cornerstones of the KCM that individuals are searching for meaning in their work and their lives (Sullivan and Mainiero, 2005). Women want to work for organizations with missions that are aligned with their values. Thus, organizations should concentrate on social responsibility to promote total wellness in mind, body, and spirit, in order to help women professionals to develop a broader definition of career success (Sullivan and Mainiero 2008). It is difficult to measure career success, as in the current changing working environment. Career success could be the feeling of making progress, the

feeling of achieving a balance between work and non-work domains, or the feeling of receiving respect from others. There are two ways in understanding the career success of the participants: one is the feeling of being respected; the other is feeling less stress, enabling them to achieve a balance between work and family. The participants believed that getting a promotion or gaining reputation from work was a meaningful way to make them feel excited and challenged. However, the frequent doctor-patient conflicts and lack of support from the hospital make it difficult for them to feel career success. They wanted more support from hospital managers and more respect from patients. Some participants believed that taking more time to be with their children was critical to children's education and future success, and their children's success was more important than their career success. They confirmed that they wanted to have more rest time or flexible work hours to stay with the family.

One significant difference between women and men's career needs is the hours and responsibilities for caregiving and household tasks in the family. These additional hours spending time with family issues may affect women professionals' working performance, who then pay the penalty regarding reduced pay, fewer advancement opportunities, and lower retirement income (Duberley, Carmichael, and Szmigin 2014). Some participants confirmed that they had concerns about relevant career advancement issues such as learning opportunities or promotion when they were taking maternity leave. Some participants complained they had to give up the promotion opportunities in their original hospital to transfer with their husbands. The participants reported that they want their organization to develop support programmes so that they can better manage work and non-work issues without sacrificing opportunities for career advancement.

Despite family reasons being reported as the primary reasons that women decided to leave the workforce (Mainiero and Gibson 2018), career challenge needs, such as boredom at work and lack of advancement opportunities are also important reasons that have been mentioned many times in the interviews. These push my participants to make the decisions for career transition in their middle careers. Some participants reported that they want to have equitable access to challenging, meaningful job assignments and training opportunities. Also, they want to break through the glass ceiling and obtain stimulating, upper-level management positions (Baker and Ezzedeen 2015).

The role of HRD programmes is to process mentoring, networking and other opportunities to enable employees to accommodate their changing needs at different life cycle stages (Kirk 2016). Some organizations used 'family friendly' programmes to provide flexible hours to working women. For example, firms provide organizational orientation and socialization programmes to increase employees' understanding of the firms' culture and norms in their early career (Weng et al. 2010); firms may provide refresher skills programmes to help employees to prepare for retirement in their middle career (Duberley et al. 2014).

Although these organizations recognize the significance of making HRD programmes from the perspective of employees to benefit their well being, the existing programmes fail to meet working women's variable needs in changing work environment (Lathabhavan and Balasubramanian 2017; Zeng et al. 2019). With increasing career mobility, the career boundary has been blurred, and individuals are no longer bounded by a single organization, industry, or even country (Bravo et al. 2017; Chudzikowski 2012). Individuals' career values and the measures of

career success have been changed. Women professionals' opinions on career success tend to be more subjective (Beigi et al. 2017; Chudzikowski 2012). For some of my participants, they no longer pursue upward advancement (Baruch 2004) or extrinsic rewards (Heslin 2005) at the expense of flexibility. These participants are in their middle career, and they believe they are in a good position and have enough money, so there is no need to work to make more money. Instead, they care more about the equivalence of work, family and life, as they want to acquire happiness from their family or leisure time. Some participants asserted that they pursue a sustainable career development to combine the work, family, and life into a coherent whole, and make a suitable arrangement or balance among these work and non-work domains.

There are some policies in the participants' hospital where they are working which serve to motivate medical professionals' career ambition, improve their professional skills, and help them to manage work and non-work issues. The participants confirmed that their hospital was committed to making changes in order to develop a broader improvement between their authenticity, balance, and challenge. The hospital that wishes to support authenticity should consider the following elements as part of the career development programme: organize activities to encourage the employees to do volunteer work and offer the examination and consultantation for patients for free in order to build confidence, respect, and trust between the doctors and clients; celebrate the Chinese Physicians' Day[24] and organize Moral Model Competition[25] among the employees to motivate their working enthusiasm and develop their feelings of career success. Ideas to build greater balance into career

[24] In 2018, the State Council of China passed the application of the Health Planning Commission on the establishment of the Chinese Physician's Day, which will be established on August 19th each year as the "Chinese Physician's Day."

[25] This is an online public selection activity conducted through the WeChat platform. In order to motivate hospital employees, and improve the service quality and patient satisfaction.

development programmes include: allowing forty-two days maternity leave[26] for women professionals to take care of their newly born babies; hold parties during the holidays and rebuild the hospital restaurant for employees to relax, better enjoy leisure time, and improve their life qualities; offer Shanghai 'Hukou' for some talented professionals[27] to help to solve their children's education problems; arrange work opportunities for talent medical women professional's husbands to avoid separation due to their having different job locations, and allocate the housing subsidies for city migrant professionals to rent or buy a new flat in Shanghai. To support challenge as a parameter to retain highly qualified talent and reduce the brain drain, the hospital could design career development programmes including: implementing a job rotation system in the early career aiming to increase and develop new medical professionals' skills, work in challenging assignments across different departments, and be better involved in the new working environment; provide learning opportunities for good performance so that medical professionals are enabled them to learn professional knowledge and gain working experience in the tertiary hospitals; hold meetings for managers and medical professionals to communicate their working experiences and difficulties. These policies and HRD programmes should concentrate on employees' authenticity, balance, and challenge, and make a significant contribution towards developing a broader definition of career success, improve employees' working environment and life quality, offer learning and promotion opportunities, and stimulate employees' professional enthusiasm. Through well-established HRD programmes, the hospital could retain talented employees, as these programmes are helpful with enhancing employees' working satisfaction.

[26] The maternity leave in China is 42 days.
[27] Especially for the associate chief physicians and chief physicians.

Although the hospital recognizes the significance of developing strategies to create a working environment that fulfils their employees' needs, there exist some problems in the current HRD programmes. The hospital needs to recognize the gender difference of their employees. As discussed, women professionals may have different needs of authenticity, balance, and challenge compared with their men colleagues. Sullivan and Mainiero (2018) suggested that organizations should develop HRD programmes based on a model that enables them to meet women the variable needs of women professionals, as there exist differences in the non-work issues for men and women that affect their careers. Firstly, some participants present different definitions of career success, which reflect modern gender identities compared with traditional gender expectations. They had the desire for recognition and respect at work, as they also want to realize their career value and have a sense of career accomplishment through achieving success in their career. Also, they want to manage the work and family issues better to reduce the pressure and acquire the happiness from the equivalent of both work and non-work domains. Secondly, women's concept of "career" cannot be divorced from an understanding of "context". Their 'context' does not only include a husband and children but also includes other non-work and relational issues, such as other important family members (i.e. parents and siblings), friends, hobbies, spirituality, and women's physical and psychological well beings. In the Chinese context, there is a "net web" that captures the sense of the importance of participants' networks. This is the web of interconnected relationships. The extent to which this 'net web' is both enabling and constraining will affect their career development. It means that when the participants make decisions about their career, they might put themselves into a 'net web', and consider about different stakeholders' thoughts and benefits. Thirdly, the glass ceiling, the glass wall, and the

sticky floor still prevent a large percentage of women from being promoted in the organizations and being paid equitably (Lyons et al. 2012; Yao 2010). Despite women's gains in educational achievements, they may experience unfair treatment in the promotion practices. Some women professionals lose promotion opportunities due to maternity leave. Some participants reported that the hospital managers hesitate to advance them to the top position, as the managers may worry that they will put more time into the family that will affect their performance at work. Other participants complained that it is difficult to get the promotion if they cannot advance to the top position before forty years old, as the retirement age for women in China is fifty.

Thus, the hospital that wishes to create the HRD programmes to support their authenticity, balance, and challenge needs must fully consider the women's professionally complex situations. Firstly, the hospital may organize more activities like volunteer work. It could increase the hospital's social responsibility and also benefit for women employees to a broader meaning of career success. Secondly, the maternity leave policy in China needs to be changed, as it is too short for a new mother to take care of her newborn baby, and also get used to being a new mother. Women professionals have more than forty-two days maternity leave in some Western countries. For example, in America, working women have a statutory right to twelve weeks; in New Zealand, women have sixteen weeks maternity leave. The hospital may consider extending the maternity leave, and it is better to give paternity leave for working men in order to let them accompany their wives and enjoy the happiness of being a new father. Thirdly, the hospital might develop support programmes to enable women professionals to manage work and non-work demands, such as retain the position for women and help them to come back to work after maternity leave. This is essential for women

professionals' career development. Also, childcare and elderly-care centres are necessary after mothers return to work. Fourthly, the hospital needs to make an effort to protect women professionals' safety, and support their benefits when there are conflicts between doctors and patients. The hospital could buy insurance for their employees to reduce the employees' loss in medical compensation. Another suggestion is the hospital needs to create 'employee friendly' strategies that help the medical professionals to deal with the doctor-patient conflict. Some participants complained that they need organizational and social support when they become involved in doctor-patient conflict, as the Chinese media often report that the patients are in the disadvantaged position due to patients lack of professional medical knowledge. Last but not least, the hospital may consider creating some part-time job opportunities for medical women professionals whose children are younger to enable them to allocate their medical work and care work at home. Chinese medical professionals still follow the career path for working full-time in the hospitals, and it may need a long time to change this practice, and also need the support of the Chinese government and reform in the medical system reform. Besides, this strategy requires establishing a patients' appointment system to enable the doctors to plan how many cases they need to attend to and how much time they will need to stay in the hospital.

The KCM offers a theory-driven framework that recognizes the unique challenges and constraints that women experience in a traditional, male-dominated work environment (Mainiero and Gibson 2018). It also recommends how changes in HRD systems can be made to enhance the authenticity, balance, and challenge of Chinese medical professional women. Moreover, the hospital may gain benefits by using the "employee friendly" HRD programmes, such as develop the social responsibility,

increase the hospitals' income, improve the trust systems between medical professionals and patients, increase employee satisfaction, and retain high talent medical professionals.

9. Conclusions

The thesis used the Kaleidoscope Career Model (KCM) as a framework to explore the factors that influence or constrain the interviewees choices about their careers, and how they cope with these challenges and pressures to make their work, family, and life into a coherent whole. It started by introducing the background and the outline of the research. As the participants are female doctors and nurses who are working in China, there was a part introducing the background of a medical career in China to make international readers know the context of the thesis. Based on the insight given about the profession and the situation of female doctors in China, I set out to answer the following three research questions:

(1) How did the interviewed Chinese female doctors make decisions about their occupational choices and on-going career choices?

(2) What organizational barriers or problems constrain their medical career advancement?

(3) How do family issues and work responsibilities interaction during their medical career development?

In order to answer these research questions, I reviewed the literature in chapter 2. I then analyzed the data about career choices, organizational pressures, and family-related issues in the following three findings chapters (5, 6, and 7). I also discussed the relevance of the Kaleidoscope Career Model (KCM) and how to use the KCM to improve the medical employment in China in chapter 7.

The literature review and theoretical framework are concluded in chapter 2. I reviewed the international literature on the changing nature of careers, women's career development (such as the issues and the challenges), and medical career development. I also reviewed the content, the three parameters (i.e. authenticity, balance, and challenge), and the career patterns (i.e. Alpha/Beta patterns) of the Kaleidoscope Career Model (KCM) to explain the reasons for using it as the theoretical framework of this thesis. I argue that there were some research gaps in the literature that needed to be addressed. One such gap is when examining the challenge that women professionals experienced in their career development researchers should consider cultural and occupational factors. The other is that the KCM seems to be an appropriate career model that explains the issues of the interviewees career development. Chapter 3 focuses on the methodological points of departure for the empirical study that was conducted.

9.1 Summary of the Findings

Chapter 5-7 present the results of the analysis I conducted. These chapters were organised by the three research questions that the thesis addresses. The first question - How did the interviewees decide on their occupations and their on-going career choices? - was analysed in chapter 5. This chapter sheds light on the factors that influenced interviewed female doctors' authenticity, balance, and challenge needs in their occupational choices and on-going career choices. Some participants chose to enter a medical occupation because of their career interests or career model's (i.e., other medical professionals or their parents) influence. It is consistent with the discussion of vocational choices in the career literature. While, some participants' occupational

choices are constrained by the Confucian culture and China, such as gender bias, parental authority, filial piety ("Xiaoshun"). Also, some contextual factors like the government policy and the historical background (i.e., the cultural revolution) play an essential role in influencing some participants' occupational choices.

The analysis presented in chapter 5 showed that the influence of Confucian culture on the interviewees has always been significant during their life span. The gender expectations of Confucian culture for the interviewees are reflected in Confucian role ethics. It is expressed in the woman's role as a daughter in some participants' early careers; it is reflected in the woman's role as a wife and mother. Some Chinese parents inject the traditional gender expectation of women into their children's occupational choices. Compared with other industries, doctors seem to be more in line with the expectations of Confucian role ethics for women. Due to obedience to their parents (filial piety), or the compromise with parental authority, some participants agree with these role ethics, so they chose to enter a medical occupation. Some participants believe that they could make the on-going career choices with independence and initiative that focused on their self-needs. However, family issues like marriage bonds and parent-child relationships still affected their career decisions and development. They were constrained by Confucian role ethics for women as wife and mother. Therefore, I would argue that the Confucian culture is the significant constraint factor that influenced both the interviewees' occupational choices and their on-going career choices.

The second research question that this thesis set out to address - What organizational barriers or problems constrain their medical career advancement? - was addressed in chapter 6. Organizational pressures

not only come from the heavy medical workload, complicated relationships with colleagues, and violence against medical professionals, but also come from the strict hospital hierarchy and the migration barriers. It is worth noting that these organizational factors that constrain their career advancement are highly related to the medical systems and government policies in China. The interviewed female doctors reported that medical workload issues such as multiple work roles, long working hours, frequent night shifts, and high responsibility as key factors. These problems bring extreme pressures that affect their physical and psychological health. Some choose to change their job to the private hospital where there was less work pressure, instead of trying to be a resilient individual who thrived in a high-stress working environment

Some interviewed doctors struggled to cope with the complex relationships among colleagues. Standing in the middle or changing job is always used by these female doctors to escape from the unfair competition they face. However, violence against medical professionals is another big challenge in developing a medical career in Chinese hospitals. It happens in both the public and private hospitals. It is worth noting that the situation in some private hospitals is worse than public hospitals. Signing documents to escape from the responsibility is an effective way to account for these conflicts, or they need more patience to try their best to avoid injury in the frequent conflicts.

The hospital hierarchical system and migration barriers are the essential institutional problems that constrain medical professionals' career advancement. The hospital hierarchy system divides the Chinese hospitals into different levels, which sets up entry obstacles for some medical professionals. Moreover, the fewer learning and promotion opportunities in private hospitals create challenges for them to attract and

retain medical professionals. As a result, the trust crisis of patients caused by the hospital hierarchical system has affected medical professionals' career reputations in private hospitals. The "Hukou" (household registration) system is a significant obstacle that creates career barriers for some migrant female medical professionals. It is a system with Chinese characteristics that dramatically affect women's planning and decision-making for their career development. It is worth noting that the medical professionals are highly qualified migrants with strong educational backgrounds and promising occupational aspirations in the big city. However, it is difficult for them to overcome the migrant barriers when their work and life are constrained by the "Hukou" system. For some female doctors, they give career development a special meaning to life's needs and to family needs. For example, the aspiration for the modern life a big city, the hope to offer the best education for their children, and the desire to change to a higher social class. However, due to the "Hukou" system, they have to consider returning to the small cities (hometown). The analysis is that it is not their choices about the careers, but rather that the "Hukou" system acts as an organizational barrier that constrains their choices about their work, family, and life.

The third question that this thesis addressed - how do family issues and work responsibilities interact during their medical career development? - was at the core of the analysis presented in Chapter 7. This chapter focused on the fact that some of the interviewed female doctors are experiencing the pressures to deal with the problems from the family and life domains with the development of challengeable medical work. The challenges of medical work such as high workloads, long working hours, frequent night shifts, and promotion problems contribute towards work-family imbalances. Therefore, the participants report problems like their relationship with husbands, taking care of children. Maternity leave is

highly related to the challengeable medical work.

The issues of the relationship with husband and taking care of children are frequently mentioned by the interviewees in balancing the relationship between work and family. The participants report different levels of the conflicts with the husband due to their high workloads. They spoke of two types of resources to deal with work-family conflicts. Whether the husband could offer understanding or family support plays a critical role in regulating family relationships. Also, how to deal with the negative emotions caused by high workload is another crucial factor affecting family relationships. It is interesting that there is no significant work-family conflict in the family when both the participants and their husbands are doctors. Both husband and wife are doctors who can give maximum mutual understanding and support in work and family life. However, the frequent work-family conflicts lead to a terrible relationship with their husbands that may break the marriage bonds. Although it appears in the story of the participants in a small possibility, the frequent work-family conflict has indeed had a significant impact on the work and family of some of these interviewees.

Furthermore, childcare is critical in balancing the work and family relationships of most interviewees. High workload, long working hours, frequent nightshifts, and promotion pressures are the main reasons that decrease their time to spend with the children. Some “lucky” participants receive much family support and can more easily handle their work and family issues. However, for the participants who have no such family support they will need to use multiple strategies to achieve the balance between work and family domains.

9.2 Contributions

This thesis makes a contribution toward looking at women's career in the perspective of the difficulties and challenges they experienced in developing their medical careers in China. This thesis started with the problems of their medical career choices, and followed the challenges of their medical career development at both organizational level and the work-related domain to give a comprehensive view of how the interviewees make sense of, and make choices about their careers. Within the context of the significant influence by deeply-rooted Confucian culture and the collectivist society in China, looking at how these interviewees make sense of, and make choices for dealing with these problems and challenges is a valuable contribution of this thesis. The current context for medical careers in China is acknowledged to be very challenging. It constrains the female medical professionals' choices when deciding about developing their careers. The thesis focuses upon the views of those professionals who were interviewed an approach and perspective that is almost unique within the body of published research. I confirm the working pressures of the interviewees including heavy workloads, long working hours, frequent night shifts, and high levels of responsibility. I point out the frequently occurring conflicts between medical professionals and patients, and the violence against doctors in China is critical problems that affect their work performance. Furthermore, I analyse the organizational barriers such as the strict hospital hierarchy and migration barriers as well as and family issues that constrain these interviewees' choices about their careers. I argue that there is a need for these women to take decisions to help their lives towards becoming a coherent whole. I described how some challenges and pressures from the work and family domains may also constrain their career choices.

The second contribution of this thesis derives from the data analysis, which supports the comprehensive and contextual data for analysing how the women enact their work in Chinese medical systems. Most participants gave their interesting life stories when relating their career development along with their personal life and family life. Their stories provide a comprehensive way for this thesis to capture their work, family and life into a coherent whole, which offers a significant theoretical basis for of Kaleidoscope Career Model (Sullivan and Mainiero, 2006). Also, their narratives offer a critical view for this thesis to explore how to use KCM to shape the practice implications for Human Resource Development in organizations (hospitals). Therefore, this thesis makes a real contribution in the second part of the discussion chapter to improve the working environment and make work-family friendly policies to attract and maintain women working as medical professionals.

Following on this, the third contribution of this thesis is arising from career theory, that is the issue of how to apply a 'Western' theory to a Chinese study. It relates to the applicability of 'Western' approaches to theorizing careers, responding to a call to consider their applicability in non-Western cultures (Sullivan and Baruch, 2009). There are some shortcomings of the development in some subjects in China compared with other Western countries. The practical and accessible way to solve this problem is to use Western theory to study the phenomenon in China. Wang (2017) argued that some Western theories could not fully explain the contextual situations and problems in China, as there is a different cultural reality. I would argue that critically applying a Western theory to a Chinese study is the key approach to solving this problem. This encourages innovative ways to think about the theory; focus on the changes that might be needed and revise the theory, and consider the relevance and differences

between the theory and the data performance in the research. I recognized that for Chinese women, balance and authenticity came much closer to each other. For Chinese women, their authenticity is being a good professional, mother and daughter, as well as a good daughter-in-law. It came through strongly that the boundary between the three parameters (authenticity, balance, and challenge) seemed to be blurred. I think it is really important because when I read the interview transcripts, the women did not try to complain, they tried to achieve both.

This thesis is not a simple verification of the KCM, nor does it directly use the KCM to explain the research findings. Instead, I use the KCM critically to understand the interviewees' career development taking note of the differences of influential factors within Chinese Confucian culture, Chinese government policy, and the Chinese medical systems.

The KCM is a comprehensive model that focuses on gender differences during the changing nature of careers. It represents an important advance on earlier career theories, offering a useful framework for this study to explore the interviewee's authenticity, balance, and challenge in their career choices; it gives a place to individuals' relations with others in understanding their career decisions and trajectories (Woodhams et al. 2015). However, the parameters and alpha/beta career patterns do not fully capture the character of the experience of many Chinese women in this study in the way that they have been shown to do for Western women. For example, the situation in China is that there is a deep-rooted Confucian culture that exists containing strong gender biases and gender expectations for women.

There is a potential methodological contribution of this thesis, which future researchers seeking to explore the Kaleidoscope Career Model (KCM) in

different contexts would benefit from learning more about. Firstly, this thesis involved several important Chinese local concepts into the original KCM, to point out a possible way of how to use a theory to analyse the phenomenon in different contexts. For example, “Chaxu” relationships (vertical and horizontal correlations) have been used to illustrate the complex situation that Chinese professional women face in balancing their career and family; also, “Hukou” has been used to demonstrate how such a local concept within Chinese society has influenced these women’s choices about their careers. The use of these local concepts into the original KCM framework is potentially a significant methodological contribution to this thesis because it is fundamental to making sense of Chinese women’s careers, and making clear how the KCM works in a Chinese context. Secondly, The KCM is shown to apply in the Chinese context and is useful for emphasizing Chinese women’s working experience. That is for future research to compare. People could use KCM to compare women’s career experience in China with, for example, the UK.

There are some differences and changes from the original KCM when using the ABCs to analyse the participants’ decisions and choices about work and non-work issues. Firstly, I argue that the interviewees a have family-oriented authenticity more than they have individual-focused, or career-oriented authenticity. Under influence of deeply-rooted Confucian cultural and gender expectations, their choices are more related to the family, and their real needs are strongly embedded in family activities. They perform a family-oriented authenticity that is informed by the ethical roles outlined in Confucian culture. This shapes their decision-making in relation to their work-family and self-needs. Some participants believe that the purpose of work is to keep the family relationship rather than pursue career aspiration or promotion. Also, some participants confirm that being

with the family is the only thing they want to do in their leisure time. Secondly, I argue that the interviewed Chinese female medical professionals need to balance the complex relationships in the “chaxu” framework of Chinese society.

The decisions about their career, family, and themselves are more likely to be constrained by the “chaxu” relationships. Sullivan and Mainiero (2007) confirmed that the family are the essential stakeholders that influence professional women’s decision-making. The interviewees are living within the “chaxu” society, which is the ’net web’ containing vertical and horizontal correlations. They are under the power of the persuasive parental authority and gender biased marriage bonds. Also, they are living in a big family structure that exists in at least two dimensions (small family and big family). Although they might receive family support because of living with the parents or the parents-in-law, they need to balance the more complex relationships between work and family. Thirdly, I argue that it needs to view career challenges in different ways due to the country, industry, and the employment situation. The interviewees have enthusiasm for medicine, the desire to contribute to society, and the professionalism to save lives that stimulate them to pursue work challenge. On the other hand, the organizational problems including the high workload, the strict hospital hierarchy, the migration barriers are the significant challenges that constrain their career development.

It is worth noting that in arguing that the relevance with the Kaleidoscope Career Model, this thesis also argues that there is no clear boundary between the authenticity and the balance in some interviewees’ career decision process. The authenticity and balance domains in the Chinese context are very complicated. The blurred boundary exists particularly in some participants’ occupational choices and their on-going career

choices because of the family-oriented authenticity, so that the balance is the constant and ever-present need that exists in their lifespan. Some cultural factors and family factors like traditional ethical norms, parental authority, and the government allocation, govern some participants to construct their authenticity related to the culture, government, and family. It is also worth noting that instead of a Beta Career pattern, some of the interviewees follow the Alpha Career pattern, and some present a new Compromise Career pattern that focuses on their career advancement and work-family balance simultaneously. Some participants who are often referred to as “iron women” in the Chinese context, pursue an Alpha Career pattern. They take the challenge as the priority at the beginning of their careers, and then the authenticity, and the balance may take into consideration later. However, I argue that it is different between a woman's Alpha career pattern and a man’s, as there is a missing piece of women’s life such as maternity guilty when they consider about the family balance. On the other hand, some of the Chinese women doctors neither follow the Alpha Career Pattern nor the Beta Career Pattern. They are trying to have a compromise career pattern that put the authenticity and the balance in the same prominent position.

9.3 Implications for Practice

According to the KCM, men and women seek challenge, balance, and authenticity throughout their careers. This thesis shed light on the factors of culture, organizational problems, and family issues that constrain these Chinese female medical professionals’ choices about their career development. Career changes have been mentioned by some of the interviewees. The parameters of authenticity, balance, and challenge can serve as signposts to offer guidance to ensure smooth career transitions.

Vocational counselors might identify which parameter rises at a given point in an individual's career path to offer that person considered advice.

This thesis aims to use the Kaleidoscope Career Model (KCM) to give suggestions to both the Chinese medical system and to Chinese hospitals on how to create or develop their Human Resources Development Programmes (HRDP) to both attract and maintain female medical professionals in China. The interviewees' career development is acknowledged to be very challenging in the current medical working environment. Also, they are working in a private hospital where their choices about their career development are constrained by the strict hospital hierarchy and the government support policy for the hospitals. There is little and limited study focuses on how to create the HRDP in the Chinese private hospitals to support their career development. Therefore, I argue that the KCM could be a guide to create meaningful policies to address their needs for challenge, balance, and authenticity in the challenging working environment. I suggest that the Human Resources Development Programmes in private hospitals would consider the situation of Chinese culture and the Chinese medical system to help these women to manage their work, family and life into a coherent whole.

9.4 Limitations and Future Research Directions

The first limitation of this study involves the sample and method of design. One is the applicability and the generalizability in using qualitative method to do an empirical study. The other is the possibility of drawing generalizable conclusions from a limited number of interviews. I have 23 Chinese female medical professionals (16 doctors and seven nurses) who accepted the interview. The sampling criterion is as diverse as it is.

Although they are working in the same private hospital, they have different medical working experiences, working departments, job titles, age, marriage status, numbers of children, etc. Each interview would be an in-depth interview lasting at least one hour, and some interviews lasted about three hours. The interview experienced two periods, and I interviewed some participants twice. It offered the opportunity to record much useful information for analysis. However, more interviews need to be done for future research to examine or explore the different ideas about the current findings.

A second major limitation of the study involves gender issues. This study focuses on the female medical professionals' career development, as the Chinese professional women reported experiencing more challenges and pressures in balancing the relationships between work and family than men in developing their careers. It worth noting that Sullivan and Mainiero (2006) focused on the gender differences in the Kaleidoscope Career Model. To illustrate the specialty of women's authenticity, balance, and challenge needs in enacting their careers, they used the Kaleidoscope Career Model to examine both women and men. They also pointed out the Alpha Career pattern for men and the Beta Career Pattern for women. This study was not to collect data for Chinese male medical professionals. Time was limited and there was a lack of financial support is the main reasons for this. All data were collected during the Ph. D. study period with no more than two months to collect data in China (one month + one month). I did 23 interviews in this period, and no extra time and finance support to do the other interviews for Chinese male medical professionals. I suppose that using the KCM to frame the comparative study about female and male medical professionals' career development is an essential direction for future study.

Thirdly, this study was not intended to consider the factor of generation. This thesis use gender as the primary variable that focuses on many aspects of the interviewed Chinese female medical professionals' choices about their career development. Sullivan and Baruch (2009) mentioned that there is a potential difference for each generation in the implications for organizational human resource planning as well as for individuals enacting their careers. The Kaleidoscope Career model emphasizes the importance of generation difference (Sullivan et al. 2009) because individuals of different ages present different values and needs in developing their careers. Therefore, using generation as the variable to explore the factors that constrain the Chinese medical professionals is a significant direction for future research.

Last but not least, some other limitations and the suggestions about future research directions exist in this study. The first one is the choice of the theoretical framework. This study uses the Kaleidoscope Career Model as the theoretical framework to analysis the interviewed Chinese female medical professionals' choices about their careers. I have analysed the rationality of applying this theoretical model and discussed the relevance of the Kaleidoscope Career Model. However, I suppose that there might be other career theories or models that could frame the relevant study in this area, and this is a direction for future research. The second one is that there exists the possibility to use the Kaleidoscope Career Model as the framework to explore the women professionals' career development in the other occupational sectors such as female teachers and female lawyers in China. I believe it would be a fascinating and attractive study in a future research direction. Thirdly, I recommend that Chinese scholars or researchers from other countries could think about the issue of how to critically use the Western model or theory to do the empirical study in their own countries. It would be a significant issue for a future research

direction.

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