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Role transition experiences of female novice head nurses: An analysis using hermeneutic phenomenology

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ABSTRACT

Background & Aim: In Taiwan—where the collective tends to be prioritized over the individual—gentleness, sacrifice, and obedience are prized qualities in the overwhelmingly female nursing workforce. Nevertheless, role changes and overlapping hierarchical boundaries often lead to stress. This study examined the role transition experiences of female novice head nurses in Taiwan.

Methods & Materials: This study adopted an approach of hermeneutic phenomenology. Purposive sampling and snowball sampling were used to identify participants on Facebook who met the inclusion criteria. Considering the study purpose, the sampling criteria were as follows: female, seniority of an incumbent head nurse of 6–30 months, ability to communicate in Mandarin, willingness to participate in the study, and willingness to participate in recorded interviews. Nurses working at the same hospital as the researcher were excluded. The participants were interviewed to gain information regarding their experiences during the role transition process.

Results: Ten female novice head nurses were recruited. The adjustment process of novice head nurses revealed the hierarchical culture of Taiwanese nursing. During this process, the participants encountered conflicts in role transition, adjusted their approaches, established their roles, and achieved professional success. The introduction of Western management styles to Taiwan inevitably creates cultural conflict that complicates the transition of novice head nurses into their new roles.

Conclusion: Nursing organizations must consider cultural factors when helping novice head nurses transition to their new roles. Support systems and role models should be provided to help novice head nurses navigate the transition to their new roles.

Introduction

Head nurses are key to a healthy medical environment for both patients and nurses. Well-established nursing supervision ensures nursing care is effective and patients are safe. However, Taiwan faces a severe nursing shortage, with 95% of hospitals affected. The Taiwan Union of Nurses Association reported that, as of July 2024, only 62% of individuals with nursing licenses (excluding those over 65 years old) were in the nursing profession (1). The low nursing practice rate in Taiwan highlights the challenges faced by the healthcare profession and intensifies the work stress and expectations of head nurses. Nevertheless, effective nursing leadership can create a positive workplace atmosphere and organizational culture, improve job satisfaction among nursing staff, and positively influence nursing staff retention (2-4). However, the workplace hierarchy of Taiwan's nurses places head nurses in a managerial position that requires them both to demonstrate their competence to subordinate nurses as professional nursing care providers and to implement the directives of the managers and directors of the hospital to which they are assigned.

A role change refers to a change in shared concepts, social identity, role boundaries, and role performance (5-7) upon assuming new work responsibilities. Organizations, like communal sociocultural environments, are formed by hierarchically structured and distributed systems (8). The culture of Taiwanese nurses reflects the

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hierarchical and power structures inherent in collectivist societies (9). Taiwanese nurse staff relationships reflect the hierarchy and power dynamics typical of a collectivist society, where younger members have less say than their more senior counterparts. Upon being promoted to head nurse, the nurse transitions from being a senior nurse to becoming a junior head nurse. However, junior managers hold little authority in management circles. Thus, during the transition from senior nurse to novice head nurse, interpersonal interactions may lead these newly promoted individuals to experience conflicts and power struggles.

As Turner (1990) suggested, roles are culturally bounded (7). Due to centuries of colonial history, local cultural traditions, and the influence of modernization, Taiwanese nursing practices exhibit distinct characteristics from Western nursing models. Because the nursing profession in Taiwan was and is dominated by women, nurses have been encouraged to be warm, supportive, and subordinate within the male-dominated medical system, particularly during the Japanese colonial era (1895-1945). In Taiwan, nursing and female roles are deeply intertwined and shaped by traditional Japanese culture. The first medical school and modern professional nursing training in Taiwan date to the Japanese colonial period. Although women were trained as professional midwives to staff independent clinics to improve women's health, particularly the health of women in childbirth, nursing care was generally considered a nonprofessional paramedic role subordinate to that of medical doctors. Despite the emergence of a modern Western-style nursing profession after World War II and its growth during the late 20th century, Taiwanese nurses maintain a culture that emphasizes dedication, subordination, and compliance—principles rooted in Taiwan's Japanese colonial history (10). Additionally, in a patriarchal society such as Taiwan, nursing is regarded as a woman's profession, given its focus on care. In Taiwan, 95.5% of nurses are women who remain bound by entrenched traditional norms (8).

The development of nursing in Taiwan has been influenced not only by patriarchal culture during the period of Japanese colonial rule but also by Sinitic cultural mores that prioritize the group over the individual. Taiwanese nurses' organizational culture is characterized by a hierarchical structure similar to that of a traditional Chinese family, in which older or more skilled individuals have authority over younger and less skilled individuals. During professional interactions, organizational hierarchies based on position, seniority, proficiency, or experience entail differences in negotiating power (11). In Taiwanese culture, although everyone is a part of the same nursing system, fine distinctions are made between relationships within small groups. Compared with the challenges caused by changes in workplace roles, changes in group dynamics, including being excluded from old relationships and being inducted into new ones, require effort to adapt.

A nurse also has private roles as a daughter, wife, or mother and is expected to embody the cultural ideals of a "good woman." Consequently, the nursing profession is physically and mentally demanding and imposes additional responsibilities, leading to frequent struggles in achieving a work-family balance. Under these circumstances, female nurses often pursue regular day shifts that allow them to fulfill their family obligations rather than focus on self-actualization. To date, no study has examined the culturally conditioned role transitions within the nursing profession from the perspective of female Taiwanese nurses. Therefore, the authors conducted a qualitative study to uncover the complexities of role transitions experienced by novice head nurses in Taiwan.

Methods

This study adopted an approach of hermeneutic phenomenology to elucidate the role transition experiences of female novice head nurses. Purposive sampling was used to recruit participants on Facebook who met the following inclusion criteria: being a woman, having been an incumbent head nurse for between 6 and 24 months, being able to communicate in Mandarin, and being willing to participate in recorded interviews. Participants from the hospital where the researcher worked were excluded from the study.

The Standards for Reporting Qualitative Research Checklist (12) was used to appraise the quality and improve the transparency of all aspects of qualitative research by providing clear standards for reporting. At the first meeting with the participants, the investigators introduced themselves and explained the study purpose, data collection process, and participants' rights (including the right to decline or withdraw) in detail, assuring participants that their privacy would be respected. The investigator also answered any questions regarding the study. Two copies of the interview consent form were provided: one copy was given to the participant, and the investigator retained the other. The contact information of the investigator and the institutional review board that approved the study was provided in the consent forms.

The primary researcher is a nursing doctoral student with 15 years of experience in nursing, and the co-author is a nursing professor with 25 years of experience in research. The authors developed interview guidelines for conducting semi-structured interviews. With the informed consent and signed consent form of the participants. The researchers used the interview outline as a guide to prompt interviewees' reflections. The wording of the interview guide was as follows: (1) Please discuss how you accepted the role of head nurse. (2) Please discuss your previous role as a nursing staff member and your current role as a head nurse. (3) Please describe your experience as a head nurse, supported by detailed descriptions of events. (4) Please describe your transition from nursing staff to head nurse.

Participants chose a location and time for the interview that they felt were comfortable and convenient for them. Based on the saturation and clarity of the study results and with participants' consent, the researcher conducted between one and three in-depth interviews with each participant from March 2021 to March 2022, each lasting approximately 2 to 4 hours. The recorded content was transcribed verbatim and coded for analysis. All nonverbal actions, such as silence, laughter, and crying, were meticulously recorded. The interview log and research notes were processed the same day, with a focus on unusual or unrecorded body movements observed during the interview. In addition to documenting the time and place of the interview, the interview process, the participant's characteristics, their interactions with the participant, and any unusual observations, the researcher also documented reflections, suggestions for improvement, and areas requiring special attention. The research log was used to record thoughts, feelings, and reflections throughout the research process, enhancing the completeness of data collection and ensuring that the analysis and interpretation closely reflected the participants' experiences.

An interpretive phenomenological approach was employed. For data analysis, Giorgi's (1997) (13) five-step phenomenological method was employed (Figure 1). The first step is to collect data. The second step is reading data to gain a sense of wholeness: gaining an understanding of the experiencer's experience. Following the description, the analyst carefully reads it several times to gain an understanding of the entire description. The analyst does not only read the plain text but enters an empirical scene through imagination. The third step is to deconstruct and rewrite the meaning units. As meaning units are deconstructed, the text becomes easier to interpret, key details are refined, the interviewee's experience is clarified, and implicit meanings in the text are elucidated. The fourth step is to determine the constituent themes. The deconstructed meaning units are reintegrated into a complete, structured description of the experience. The analyst integrates the main themes that recur in different meaning units or the structural aspects linking several meaning units to determine themes. The fifth step is to synthesize and interpret the data. Constituent themes are synthesized into a coherent description of the experience.

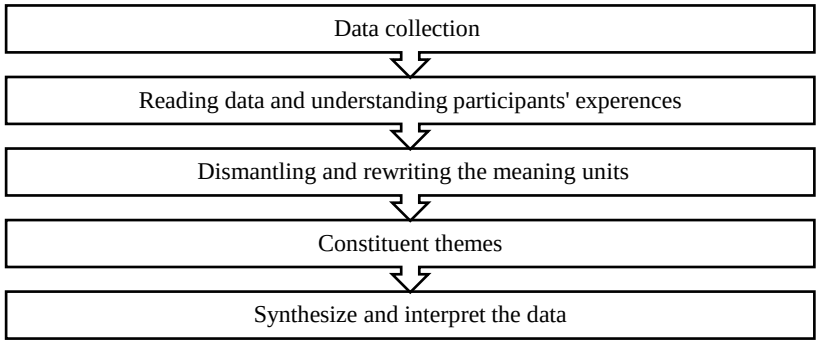

Figure 1. Giorgi's five steps of phenomenology

Ethical considerations

This study was approved by the institutional review board of Antai Tian Sheng Memorial Hospital (ethical approval number 21-034-B).

Results

This study recruited 10 participants; they had an average age of 36 ± 4.25 (mean ± SD) years and a married-to-single/divorced ratio of 7:3. Most (60%) had a university education, and the remainder had received administrative training. The participants were head nurses for an average of 14±3.91(mean± SD) months (Table 1).

Table 1. Demographic information of the study participants

Letter	Alias	Age	Manager seniority	Education	Marital status	Administrative training
A	Amy	30	6 months	Junior college	Divorced	No
B	Bella	34	17 months	Master	Single	Yes
C	Chloe	35	12 months	University	Married	Yes
D	Diana	32	12 months	University	Married	No
E	Eve	40	22 months	University	Married	Yes
F	Fiona	31	12 months	University	Married	Yes
G	Gillian	40	20 months	Master	Married	Yes
H	Hannah	42	12 months	Master	Single	No
I	Ivy	39	13 months	University	Married	Yes
J	Joy	38	11 months	University	Married	Yes

The interviews explored the participants' decisions to accept the head nurse position, their experiences, and the meanings they attached to their transition to the role. The interviews revealed the relationships between the strategies adopted and the sense of accomplishment experienced by the 10 head nurses in their acceptance of their new role and when facing conflicts caused by their role transition. In analysis of the data, five constituent themes were identified: feeling unprepared, facing dilemmas, struggling for survival, forming alliances, and trying their best.

Feeling unprepared

When novice head nurses experienced conflicts and frustration in their new role, they felt unprepared and frequently engaged in self-examination and reflection.

Participant A, who was appointed temporarily, observed: *"I can deal with everything myself in the operating room, but I am not good at speaking. Whenever I speak, nobody understands me…I feel that I don't know how to express myself. However, as a head nurse, I often must attend meetings. I feel great stress."*

Participant J observed: "*Since becoming a head nurse, I have often been in conflict with other units. Nevertheless, I don't know how to communicate or negotiate with the head nurse of another unit!"*

Novice head nurses who had undergone administrative training felt inadequate when assuming their new role. They particularly felt pressure from the demands of interpersonal communication, heavy workloads, and new responsibilities.

Participant C remarked: *"I have felt tremendous pressure after taking on this position. I don't understand many things the head nurses discuss, and they don't always teach me. I have to ask them myself. Every day, I read my e-mails, and work just pours in. No wonder the head nurses always stay in their offices. I have so much work to do daily, and I fear somebody under me will mess up."*

Participant E, who faced challenges when leading subordinates, observed, *"After taking on the position, I led a nurse 10 years senior to me. I had the problem of being unable to direct her. Although I was technically her workplace superior, I couldn't reprimand her (when needed). She always felt like she was senior to me, and I had no choice but to only talk nicely to her."*

The role transition for novice head nurses caused conflict and made them reflect on their shortcomings. The participants prepared to become head nurses (those with administrative training who were psychologically prepared for the job) could more readily cope with frustrations with a positive attitude. However, the novice head nurses realized that their new role differed from past roles and that they must make psychological adjustments.

Facing dilemmas

During their transition to the role of head nurse, novice head nurses encountered challenges in role identification and role conflict arising from the rank, expectations, and authority associated with their new position. Additionally, they experienced considerable changes in their work environment and relationships. They frequently became aware of conflicts arising from their role change through their interactions with former colleagues (clinical nurses) and current colleagues (head nurses). They felt pressured to present themselves as head nurses after the transition and believed they could no longer openly discuss their work or stress with clinical nursing staff.

Participant D said, *"After I became a head nurse and was promoted, the reaction and attitudes of subordinates felt…conflicting. I think that it can only be felt in this position."*

Participant B reflected: *"My work is defined by my new role. One obvious change is that nurses who were my colleagues must call me head nurse when they see me now. I think this is a change for them. For me, it is a change in identity and relationships. Since becoming a* head nurse*, I don't…belong with them. I can no longer fool around with them, and they feel like I'm a different person than before."*

The novice head nurses realized that their relationships with former colleagues had changed. Nevertheless, when they attempted to blend in with the head nurse group, they felt frustrated at their inability to do so.

Participant B said, *"I feel that it is difficult in that process. It's just… you don't know what group you should belong to. When I first took the position, I didn't know some things. However, when I tried to ask others, I didn't know who to go to. I would only keep getting rejected or making mistakes. Then, I would get rebuked and then ask someone else. So, I just felt the process was difficult. I just…didn't know what group I should belong to. Just…sometimes there are some groups in the head nurse group. (Deciding) which group I should choose, or which group would accept me (is a problem for me). I feel that it is…a pretty realistic situation."*

In the role transition process, the novice head nurses addressed others' opinions regarding the head nurse role. They also shouldered the baggage of their former roles and the responsibilities of their new roles, often without much formal recognition of their new status. They felt frustrated that their past relationships had changed and adjusted their expectations.

Struggling for survival

Facing pressure from above and below, the novice head nurses attempted to establish their place in the hierarchy. They recognized their low rank within the head nurse group and worked to gain acceptance by compromising, being friendly, and complying with those senior to them to protect themselves.

Participant B observed, *"Sometimes I'm right, but I go along with what a senior head nurse thinks. I only do so if the interest of the unit is not adversely affected."*

Participant G remarked: *"As a head nurse, how do you strike a balance?… You follow the Golden Mean. You do your best to be second to avoid standing out among the head nurses. This is how to survive. You should be seen as part of the group, not as putting pressure on others."*

Participant G also said. *"I like being second because you get to live safely. This is how you live safely under power. Sometimes you just feel unsafe standing out, and you try to be quiet. Try to survive in the normal state and don't be the first one to be killed."*

Regarding the mentality and strategy for facing problems, the novice head nurse s chose to maintain a low profile. They moved forward by moving backward and avoided conflicts to obtain resources.

Participant C observed, *"Any head nurse with a brain knows that what he (the senior head nurse) did was wrong (False applications of overtime fee)! But the supervisor (in charge of the head nurses) ignored it. Anyway, I know what should be done.… Before that, he (the senior head nurse) opposed me. Now, he may speak up for me because I am useful to him."*

Participant H remarked: *"Playing dumb is a good defense mechanism. People will not pick on you and are willing to teach you instead."*

Supervisors often enabled the senior head nurses as they bent the rules, to the consternation of the novices. Facing such favoritism in the nursing group, the powerless novice head nurses could only acquiesce.

Participant F observed, *"I knew from the start that I should turn a blind eye to some things. I should focus on not how well I fulfill this role but how to survive."*

Participant C noted, *"The supervisors know this head nurse always avoids taking responsibility. However, no one can do anything because his unit is stable. His subordinates like him because he protects them from having to do extra work outside the unit. Small potatoes like us can't do that."*

In addition, the display of hidden rank power in the nursing group elicited the process of internal and external reactions and adjustment in novice head nurses. The principles of right and wrong as well as fairness were set aside. They gave in to the group to cope with the situation in a satisfactory way.

Participant B noted, *"I feel that 'harmony' (is vital). Now that I've become a head nurse…I must… change. Sometimes, what is right or wrong does not matter that much. (What is crucial) is how flexible you are in doing the job."*

Participant G observed, *"I must strike my own balance. Sometimes, what is critical is the big picture and the interest of the majority. To be in a group, one must obey!"*

When novice head nurses blended into the manager group, they maintained a low profile to protect themselves. Additionally, they cooperated with powerful members to gain group standing. Facing conflicts of right versus wrong and fairness versus unfairness, they were helpless. However, to maintain group harmony, they stepped back and faced the situation with an open mind. The clear subordination of junior to senior nurses was demonstrated in the obedience of lower-ranking members and the display of authority of upper-ranking members. Thus, the power structure of the head nurse group is similar to that of a family and inextricably linked with nursing workplace culture.

Forming alliances

In addition to working diligently, the novice head nurses sought external support and allies to consolidate their positions and enhance their standing. Unlike nurse practitioner training, much of the training for head nurses is informal and occurs through the performance of work responsibilities. Many novice head nurses felt helpless when encountering problems. The novice head nurses searched for models they approved of and imitated these models' management methods in establishing their own.

Participant B: *"Some head nurses' units are quite stable. I take my cues from their management and leadership."*

Facing the challenge of not feeling accepted during their role transition, the novice head nurses turned to their peers in their head nurse groups for support and protection. They

sought individuals similar to themselves to provide emotional support, sharing and learning from each other's survival strategies. Thus, in addition to becoming close to senior role models, the novice head nurses formed alliances within the novice head nurse group. They also gradually established support in their own units.

Participant F observed, *"I realize I should do more because of my low seniority. When given a task, I accept that I must do what other people won't. Only thus can I leave a good impression on the managers' group."*

Participant B observed, *"You must choose like-minded groups that you identify with and stay with them. Only then do you feel that someone will protect and speak up for you…"*

Participant I noted, *"Fortunately, my supervisor helps me manage subordinate problems. She supports me and offers me the benefit of her experience. Thus, I can resolve my problems."*

Participant G remarked: *"When I first became a head nurse, I didn't know what to say. I am thankful for Rong (my former head nurse). She reminded me what to pay attention to because she had been in charge longer. Finding a senior nurse to guide you in this stage can reduce the time spent in trial and error. Whether a head nurse or a nurse practitioner, you must have a role model who is your guide and can help you."*

The novice head nurses began by emulating their role models in managerial positions. They subsequently attached themselves to groups of similar individuals for emotional support to learn the ropes and pick up the unspoken rules of the head nurse group.

Trying their best

After accepting their new roles, forging alliances, and establishing themselves, the novice head nurses gradually grew confident during the transition process. Their struggles and growth influenced their attitudes toward conflicts and methods of resolving problems. They continued to learn and adjust their management methods on the basis of their experience, values, and beliefs.

Participant D observed, *"I feel that I'm not senior enough. Power is gradually accumulated and cannot be forced. Subordinates must accept you at a psychological level for you to have the power of leadership."*

Participant E remarked: *"What changed after I became a head nurse? I learned to communicate with subordinates and be flexible and diplomatic when implementing policies."*

Participant G observed, *"Being in a position of power is a test of my values. Being myself when facing the collective consciousness of the group is a challenge. Working with people with strong personalities in the group is difficult."*

Given the collective bent of Taiwanese society, The novice head nurses accepted their low seniority, gained acceptance, and survived by compromising with and getting on the good side of their superiors.

The head nurses' adjustment process also revealed their wisdom in resolving conflicts between supervisors and subordinates as brokers "sandwiched" between these groups.

Participant C observed, *"The head nurse is like a sandwich. I know that the orders from above will cause a backlash from them (clinical nurse personnel). Thus, I must think beforehand about how I can phrase my message so that my orders are well received. I am still learning. At least I have forged strong relationships with them."*

Participant D noted, *"Promoting some policies has resulted in serious backlash from subordinates. Merely enforcing compliance is ineffective. Thus, I must consider how to phrase my directives or what I can do to encourage compliance."*

Participant E remarked: *"If I know the promotion of some policies will cause backlash from subordinates, I tell them we can solve problems together as we implement these policies. I unite with them against a common enemy and ask them to cooperate with me."*

Through continual adjustment and reflection, the novice head nurses formed their own codes of conduct and leadership styles. They forged a personal leadership style independent of that of the group, grew as

managers by solving conflicts and problems, and enhanced their status.

Participant H observed, *"As a head nurse, I must do my best to promote policies as long as they are right. (The point of) changing is to become better, not to please others."*

Participant I reflected, *"I understand the personality of every subordinate as if they were my children. I teach them with patience, and they improve with time. Thus, I have a great sense of accomplishment as a head nurse."*

Discussion

The present study uncovered the five constituent themes that capture the experience of the transition process of novice head nurses. A culture of self-sacrifice within the nursing profession is tinged with the collectivist tendencies of Taiwanese society and profoundly influences job satisfaction, presenteeism, burnout, and retention, particularly among younger nurses. Additionally, the widespread perception that nursing is defined by self-sacrifice is a formidable deterrent to anyone considering nursing as a career. This challenge requires urgent attention; addressing and reshaping the nursing profession's culture is crucial for the well-being of current nursing professionals and for attracting and retaining a diverse and motivated workforce (14).

During role transitions, novice head nurses often experience uncertainty regarding their roles and a lack of belonging. This uncertainty often stems from conflicts between their personal expectations, which may be unrealistic, and those of others. Role conflict can be categorized into internal and external conflict: internal conflict involves an individual's conflicting views of the role, and external conflict involves others' perceptions of an individual's new position. In addition to addressing internal and external role conflict, the participants navigated power dynamics within the nursing hierarchy, which were often biased toward those in authority. A study on newly graduated registered nurses identified workplace culture and environment as sources of stress and dissatisfaction, particularly in unsupportive, oppressive, or abusive settings (e.g., horizontal violence) (15). During this process, novice head nurses negotiated situations that tested their standards of right and wrong and fairness, realizing their relative powerlessness and the indispensability of support from the head nurse group. Due to the restrictions from group norms and pressure, they are more likely to hide individualized feelings and dispositional thoughts to keep coherence with others or avoid negative social sanctions. (16). Novice head nurses adopted an approach of ingratiation to obtain group approval; they tended to look the other way when senior head nurses behaved badly and kept their heads down.

Scholars have suggested that, in the workplace culture of Taiwanese nurses, personal survival is possible only when a group accepts an individual, and to be accepted, one must become part of a group (17). Compromises involved in becoming part of a group may include abetting or covering up bad behavior or engaging in tit-for-tat reciprocity. Thus, novice head nurses who ingratiated themselves into the manager group accepted its implicit hierarchy, recognizing that any incorrect behavior of their "inner group" was tolerated by senior head nurses (supervisors). This finding is consistent with that of Everett et al. (2015) (18), who suggested that when individuals feel a sense of belonging to a group, they identify with it, leading to intragroup favoritism. Consequently, novice head nurses often set aside their principles to maintain group harmony. Collectivist values in Taiwanese society, based on an emphasis on harmony in Confucianism, Taoism, and Buddhism, explain why novice head nurses were willing to compromise on their principles for the sake of group harmony.

Western management styles have not radically altered fundamental Han Chinese norms in the workplace. In particular, norms of harmony and hierarchy-based etiquette have not given way to Western notions that pragmatic efficiency comes first. To accommodate these cultural demands, a deliberate ambiguity in work expectations is retained to give individuals leeway to adjust to their work responsibilities. However, this ambiguity presents considerable challenges for nursing professionals in adjusting to role transitions.

For some novice head nurses, transitioning to supervisory roles initially aligned with their aspirations for promotion and work-life balance. Nevertheless, these head nurses experienced the challenge of prioritizing organizational objectives over personal objectives, reflecting the principle that the organization serves the majority, whose needs take precedence over those of individuals. Novice head nurses experienced discomfort as their roles shifted from completing task-specific and largely autonomous responsibilities to fulfilling organizational mandates. This transition was further complicated by the absence of clearly defined responsibilities and the persistent ambiguity in their job descriptions, which closely resembled those of their previous roles.

The present study's findings reveal that novice head nurses experienced a lack of autonomy in their new positions, similar to that experienced in their roles as registered nurses. Despite a strong commitment to navigate the transition without compromising their ethical values, they struggled with an incomplete understanding of their responsibilities that was exacerbated by vague job descriptions. Consequently, they often adopted a submissive attitude, waiting for directives or following others. However, policymakers have not addressed this critical cultural challenge. Educational institutions should include cultural courses in nursing education. Enhancing cultural awareness is key to reducing barriers between novice and established head nurses and can improve the nursing profession (19).

This study recruited participants on Facebook. Such social media recruitment may result in biased samples and exclude those without social media accounts. Additionally, the findings of this study may not be generalizable to role transitions among novice head nurses in other East Asian contexts, such as those in Japan or Korea, due to differences in culture and healthcare systems.

Conclusion

This study demonstrates that traditional Chinese cultural values deeply influence Taiwanese nursing culture. This influence is evident not only in the behavior of nursing leaders but also in novice nurses' efforts to assimilate into the broader nursing community. Therefore, cultural factors must be considered when addressing nursing challenges such as high turnover. This gap often arises when more senior individuals expect their junior counterparts to defer to their seniority and prioritize the group over themselves. The dynamics of such hierarchical relationships are crucial in shaping interpersonal interactions. Specifically, the process through which a junior member assimilates into a group is similar to that of becoming a family of a family, where sacrifices are expected to be made in return for recognition. The primary author initiated this study based on reflections on Taiwan's clinical landscape to raise awareness of the interactions between Western and Eastern cultural paradigms and encourage transformative changes in response to this dynamic. Overall, the effects of culture stretch from the subconscious to the behavioral. Increasing cultural awareness is thus the first step toward change.

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Conflict of interest

The authors declare that they have no conflicts of interest.

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