

PSYCHOLOGICAL EMPOWERMENT OF CLINICIANS FOR MANAGERIAL ENGAGEMENT IN PAKISTAN'S PRIMARY HEALTH CARE SYSTEM: A QUALITATIVE STUDY (2024)

DR. MADIHA MASOOD¹, SADIA MUSTAFA², RABIA TARIQ³,
ALINA KHALIQ⁴

¹ UNIVERSITY OF CENTRAL PUNJAB, ASSISTANT PROFESSOR AT DEPARTMENT OF PSYCHOLOGY,
EMAIL: madiha.masood1@ucp.edu.pk

² GOVERNMENT SPECIAL EDUCATION DEPARTMENT, SENIOR SPECIAL EDUCATION TEACHER (BPS
17), EMAIL: sadiamustafa550@gmail.com

³ UNIVERSITY OF CENTRAL PUNJAB, PHD SCHOLAR, EMAIL: rtariqa@hotmail.com

⁴ LAHORE GARRISON INSTITUTE OF SPECIAL EDUCATION, TEACHER (PSYCHOLOGIST), EMAIL:
alina.khaliq13@gmail.com

Abstract

Purpose: This study examines how physicians and nurses working in Pakistan's public primary health care system experience psychological empowerment to engage in managerial activities alongside their routine clinical duties. The study responds to the growing expectation that clinicians in low- and middle-income countries perform administrative and coordination tasks without formal managerial appointments.

Design/methodology/approach: A qualitative interview-based design was employed. Data were collected in 2024 from five government primary health care facilities (Basic Health Units and Rural Health Centers) across two districts of Punjab, Pakistan. A total of 52 semi-structured interviews were conducted with physicians, nurses, and senior nursing supervisors. Data were analyzed using a thematic approach guided by the psychological empowerment framework.

Findings: The findings reveal context-specific themes of psychological empowerment. Nurses' engagement in managerial work was strongly dependent on structural permission, senior endorsement, and informal authority derived from experience. Physicians experienced autonomy and impact largely through professional status but demonstrated low perceived competence and motivation for managerial tasks. Unlike findings from high-income contexts, managerial work in Pakistan was often associated with compliance, reporting obligations, and accountability pressures rather than development-oriented activities. Managerial work was perceived as meaningful primarily when it reduced clinical overload or improved patient flow, but it remained secondary to clinical care for both professional groups.

Practical implications: Health system reforms in Pakistan should strengthen nurses' structural empowerment through formal delegation and training while reframing managerial tasks for physicians as supportive rather than competing with clinical work.

Originality: This study offers indigenous empirical evidence on clinicians' psychological empowerment for managerial work in Pakistan, extending empowerment theory to a resource-constrained, hierarchical health care context.

Keywords: Psychological empowerment; Physicians; Nurses; Managerial work; Primary health care; Pakistan

INTRODUCTION

Health care systems worldwide struggle to integrate managerial and professional work, a challenge that is particularly acute in low- and middle-income countries (LMICs) where resource constraints, workforce shortages, and governance complexities prevail (World Health Organization [WHO], 2010; Leggat et al., 2011). Pakistan's public health care system is characterized by high patient volumes, limited infrastructure, and strong professional hierarchies, especially between physicians and nurses (Nishtar, 2018; Rabbani et al., 2020). In this context, clinicians are increasingly required to engage in managerial activities such as reporting,

coordination, patient flow management, and compliance with regulatory frameworks, often without formal managerial roles or training.

Prior research suggests that poor integration between clinical and managerial work undermines organizational effectiveness and quality of care (Glouberman & Mintzberg, 2001a; Andersson & Liff, 2018). Traditionally, health care reforms have attempted to address this issue through structural solutions, including appointing clinicians to m

anagerial positions or creating hybrid roles (Baker & Denis, 2011; McGivern et al., 2015). However, evidence indicates that such approaches frequently fail to achieve meaningful integration, as clinicians tend to prioritize professional identity and clinical responsibilities over managerial tasks (Llewellyn, 2001; Andersson, 2015).

In Pakistan, these challenges are intensified by centralized decision-making, rigid administrative procedures, and limited professional autonomy for nurses (Shaikh et al., 2018; Aiken et al., 2021). Consequently, there is a need to explore alternative approaches that do not rely solely on formal structural changes. One such approach is psychological empowerment, which focuses on clinicians' perceptions of autonomy, competence, impact, and meaning in relation to managerial work (Conger & Kanungo, 1988; Spreitzer, 1995).

While psychological empowerment has been widely studied in relation to clinical performance and job satisfaction (Laschinger et al., 2002; Knol & Van Linge, 2009), little is known about how clinicians in Pakistan experience empowerment for managerial work embedded within daily clinical practice. This study addresses this gap by examining how physicians and nurses in Pakistan's primary health care settings experience psychological empowerment to engage in managerial activities.

LITERATURE REVIEW

Managerial and Professional Logics in Health Care

Health care organizations operate under multiple institutional logics, most notably professional and managerial logics, which often coexist in tension (Martin et al., 2017; Currie & Spyridonidis, 2016). Professional logic emphasizes clinical autonomy, expertise, and patient-centered care, whereas managerial logic prioritizes efficiency, accountability, and resource control (Andersson & Liff, 2018). Poor integration of these logics has been linked to conflict, resistance to change, and reduced organizational performance (Degeling et al., 2003; McGivern et al., 2015).

In LMIC contexts, managerial logic is frequently experienced by clinicians as externally imposed through reporting systems, donor-driven indicators, and bureaucratic controls (WHO, 2010; Rabbani et al., 2020). This dynamic shapes clinicians' engagement with managerial work and influences their motivation to participate beyond minimum compliance.

Structural and Psychological Empowerment

Empowerment theory distinguishes between structural empowerment, which concerns access to power, resources, information, and support, and psychological empowerment, which reflects individuals' subjective experience of control and influence at work (Kanter, 1993; Spreitzer, 1995). Structural empowerment is considered a necessary but insufficient condition for psychological empowerment (Maynard et al., 2012).

In health care research, psychological empowerment has been associated with improved quality of care, work engagement, and organizational commitment among nurses and physicians (Bonias et al., 2010; Leggat et al., 2010; Malak & Abu Safieh, 2022). However, most studies focus on empowerment for clinical work, with limited attention to managerial tasks performed by non-managerial clinicians.

Psychological Empowerment for Managerial Work

Psychological empowerment is commonly conceptualized through four dimensions: self-determination, competence, impact, and meaning (Thomas & Velthouse, 1990; Spreitzer, 1995). These dimensions capture motivational states that influence how individuals engage with their work roles.

Existing studies provide indirect evidence that empowerment is relevant for managerial engagement. For example, research on high-performance work systems highlights the importance of employees taking responsibility for coordination and improvement activities (Leggat et al., 2011; McAlearney et al., 2011). However, qualitative insights into how clinicians experience empowerment for managerial work particularly in non-Western contexts remain scarce. The present study applies the psychological empowerment framework to understand clinicians' engagement with managerial work in Pakistan's primary health care system.

METHOD

Research Design

A qualitative research design was adopted to explore clinicians' lived experiences of managerial work and empowerment within their organizational and cultural context (Silverman, 2013).

Setting and Participants

The study was conducted in five public-sector primary health care facilities (three Basic Health Units and two Rural Health Centers) in Punjab, Pakistan. Participants included 18 physicians, 28 nurses, and 6 senior nursing supervisors, all with a minimum of one year of service.

Data Collection

Data were collected between February and August 2024 through semi-structured interviews lasting 40–90 minutes. Interviews explored participants' involvement in managerial tasks, perceptions of authority and responsibility, and the relationship between managerial and clinical work.

Data Analysis

The data were analyzed using **thematic analysis**, following the six-phase approach proposed by Braun and Clarke (2006). This method was selected because it allows for systematic identification, analysis, and interpretation of patterns of meaning within qualitative data while remaining flexible enough to accommodate contextual and theoretical sensitivity.

In Phase 1, all interview transcripts were read repeatedly to achieve data familiarization. Phase 2 involved generating initial codes inductively, focusing on participants' descriptions of managerial tasks, authority, decision-making, and perceived value of such work. In Phase 3, codes were collated into potential themes that reflected recurring patterns across participants and professional groups. Phase 4 involved reviewing and refining themes to ensure internal coherence and clear distinction between themes. In Phase 5, themes were defined and named, with attention to how they reflected dimensions of psychological empowerment within Pakistan's health system context. Phase 6 involved producing the final analytic narrative, integrating illustrative quotations and theoretical interpretation.

To enhance rigor, coding decisions were discussed iteratively, and an audit trail was maintained throughout the analytic process.

RESULTS

Thematic analysis resulted in the identification of **four major themes** capturing clinicians' experiences of psychological empowerment for managerial work within Pakistan's primary health care system. While the themes align conceptually with empowerment theory, they emerged inductively from participants' accounts and reflect indigenous organizational realities.

Theme 1: Managerial Work as Conditional Autonomy

Participants described autonomy in managerial work as conditional rather than inherent. Nurses' engagement in managerial tasks depended heavily on explicit permission from physicians or senior administrators. Autonomy was granted informally and could be withdrawn, creating uncertainty and limiting initiative. Physicians, in contrast, experienced greater discretion rooted in professional status rather than formal managerial authority.

Theme 2: Experiential Competence Without Formal Preparation

A recurring theme was the development of managerial competence through experience rather than structured training. Nurses reported confidence in handling documentation, coordination, and reporting tasks learned on the job. Physicians frequently expressed discomfort with administrative systems and perceived managerial work as misaligned with their professional training, leading to avoidance or minimal engagement.

Theme 3: Perceived Impact Through Compliance and Continuity

Managerial work was perceived to have impact primarily when it ensured continuity of services, compliance with reporting requirements, and smoother patient flow. Nurses viewed accurate reporting and coordination as mechanisms to secure supplies and staffing. Physicians perceived their influence as indirect and largely tied to clinical authority rather than managerial contribution.

Theme 4: Meaningfulness Anchored in Patient Care Priorities

Managerial work was considered meaningful only when it directly supported patient care, such as reducing congestion or improving workflow. Tasks perceived as purely bureaucratic were viewed as burdensome. For both professional groups, clinical work remained the primary source of professional identity and meaning, with managerial work occupying a secondary and instrumental role.

DISCUSSION

The findings highlight that psychological empowerment for managerial work in Pakistan is shaped by hierarchical professional structures, bureaucratic accountability demands, and resource scarcity. Nurses' empowerment is strongly dependent on structural authorization, whereas physicians' empowerment is embedded in institutionalized professional dominance. Unlike findings from high-income contexts, managerial work in Pakistan is less associated with development and improvement and more with compliance and survival within the system.

CONCLUSION

This study demonstrates that psychological empowerment can facilitate clinicians' engagement in managerial work in Pakistan's primary health care system, but only when managerial tasks are aligned with clinical priorities and supported by appropriate structural mechanisms. Strengthening nurses' formal authority and reframing managerial work for physicians may enhance integration between managerial and professional logics.

Limitations and Future Research

The study is limited to primary health care facilities in one province. Future research should examine hospital settings and incorporate comparative analyses across provinces.

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