

Are We Empowered? A Qualitative Approach to Unfold The Experiences of Female Nurses in Pakistan

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Abstract: The disparity of men and women in certain societies, such as Pakistan, is a growing concern. The disparity, unchanging mind-set, and definitions rooted in traditions do not free individuals from the socially bound gender identities. In such circumstances, educational institutions can become a way of transforming social structures. Considering female nurses in Pakistan as a case study, this paper explores the notion of 'empowerment' and the factors responsible for empowerment or disempowerment of female nurses. The study also evaluates the role of a leading nursing institution in Pakistan namely the Aga Khan University- School of Nursing and Midwifery (AKU-SONAM) in empowering female nurses. The data is collected through five focus group discussion among forty-five alumni of AKU-SONAM. The findings of the study presents an 'inside-out' understanding of the term 'empowerment' by female nurses of Pakistan and; enlists the challenges faced by women in Pakistan in becoming and working as nurses. The study also put forward recommendations for nursing professional bodies such as Pakistan Nursing Council and Pakistan Nursing Federation and other nursing institutions in Pakistan. The paper would serve as a guide to enhance further development in nursing and women empowerment.

Keywords: Women, Empowerment, Nurses, Pakistan

Introduction

Nurses pledge to offer care without any discrimination. Unfortunately, their care is not always perceived in an unbiased manner. Despite of nobility of their profession, nurses face disempowerment at various levels due to certain highly engraved and inevitable socio-cultural and political factors. In the context of Pakistan, there are two major challenges for nurses: a) Pakistan is a male-dominated society whereas most of the nurses are observed to be females; and b) Health care delivery system of Pakistan tends to be hierarchical where physicians and medical staff are seen superior to nurses.

Consequently, female nurses in Pakistan carry double burden of subordination; as women and as nurses.

1.1 Women in Pakistan

The status of women in Pakistan is disheartening. The, cultural, social and economic system of Pakistan is highly dominated by strong patriarchal trends enrooted in deep feudal and tribal value systems. Due to the patriarchal nature of the society, there is apparent gender inequality where the share of women in professional and related jobs is relatively low and mostly confined to the traditional teaching and medical professions (Pakistan Report, 2004). Moreover, working women have to carry a dual responsibility of work, contributing toward professional as well as domestic chores. Because of this double liability, Pakistani working women are struggling to balance out their professional obligations. Along with this, the social, historical, cultural, and economic dimensions are silently undermining and damaging the status and rights of women at every level and in all sectors, and hinder them to participate in the decision-making process autonomously,

1.2 The Profession of Nursing in Pakistan

Inspite of being considered as a noble profession globally, nursing not attract many females as a career in Pakistan generally. Looking at the trend in Pakistan, mostly girls from the lower strata of society join this profession which highlights that the Pakistani society perceives nursing as a mediocre or an inferior profession. Another challenge, as asserted by Yusufzai (2006), is that the majority of doctors, patients and their relatives regard nurses as sex symbols. Due to this, among many other female professions, nursing ranks much lower in status than medicine. Hence, nurses are amongst the most oppressed

group of people and, consequently, not in a position to raise their voice against injustices. Though the issues pertaining to nurses status are centuries old (sheer 1996), but it is unfortunate to see Pakistan still struggling hard in giving due respect and social status to nurses.

Iliyas and Ansari (2000) highlighted the vicious cycle of disempowerment amongst nurses. In their opinions, it is the shortage of empowered nursing leaders in health system of Pakistan due to which the image of nurses is not improving. Subsequently, new generations do not perceive the profession as honorable as it is. Yusufzai (2006) held the nursing curriculum responsible for disempowerment of nurses since the curriculum is outdated and does not justify the contributions of nurses in health care delivery. French, Watters, & Matthews (1994) indicates that nurses' low living, poor training, and compromised working conditions are answerable to lack of respect for nurses and their occupation's low social status. In view of all these issues, Pakistani nurses are struggling against set norms and many are making conscious efforts to improve their professional status. At organizational level, the Aga Khan University- School of Nursing and Midwifery (AKU-SONAM) is one example.

1.3 AKU-SONAM: A Trend Setter

Established in 1980, the Aga Khan University School of Nursing and Midwifery (AKU-SONAM) pioneered a challenge to this dual burden. AKU-SONAM has succeeded in influencing the Pakistan Nursing Federation (PNF) and Pakistan Nursing Council (PNC) to legitimize nursing as a noble profession for women in Pakistan. The efforts are akin to any social struggle and have created pathways for a steady improvement of nurses as women, and women as nurses. The Chancellor of the University, His Highness the Prince Karim Aga Khan declared the vision of AKUSON as:

"To develop a guiding light, a light to added to those many others which seek to illuminate the path to a better life for Pakistan, for the people of the Ummah and of the Third World" (His Highness The Aga Khan, 1983 as cited in Student Handbook, 2010).

With such a broad vision, the university endeavors to encourage a positive attitude towards this much neglected profession (Hemani 1996). Besides strengthening the educational system particularly nursing education in the country, the university acts as a role model for other educational institutions. The university is expanding in other countries including Afghanistan, Syria and countries in East Africa. With continual efforts, the university has now been transformed into a Centre of Excellence for nursing education in the country with competent faculty members in the field for various programs. The programs include: Diploma in nursing (phased off in 2010); Baccalaureate in the science of nursing (BSc.N); post-diploma baccalaureate in nursing (Post-RN BSc.N); baccalaureate in Midwifery (BSc.M) and Masters in the

Science of Nursing (MSc.N). In addition, there are various other post-graduate nursing and trainings programs on diverse themes which enable students, faculty member and staff to specialize their fields of interest.

Though, the school gives equal opportunities to men and women to pursuit career in nursing; a founding objective of the school was to empower female nurses in Pakistan. Subsequently, one may observe that female students and nursing staff dominate the profession. This particular study aim to evaluate the role of AKU-SONAM in empowering nurses in Pakistan from an Inside out approach. By the term 'inside out', the study intends to explore nurse's own understanding of the term 'empowerment' both in their personal and professional lives.

This study was conducted in 2010 as a sub-component of a larger research consortium named as *Women Empowerment in Muslim Context: Gender, Poverty and Democratization from Inside out* (WEMC). This research project was funded by the Department For International Development (DFID) and led by *City University's* and South East Asia Research Center (SEARC) department for International Development, Hong Kong along with eight partners where two were from Pakistan.

A qualitative study where AKUSONAM was taken as a case study was design in order to explore the role of nursing schools in empowering nurses as individual beings and as professionals. The participants were female nursing alumni of AKUSONAM working in either public or private health institutions in Karachi irrespective of their designation. In total, forty-five alumni (n=45) were selected as participants through purposive sampling. The participants were then divided into five different groups of eight to ten participants each on the basis of their job positions, titles, and experience. These five groups were: 1) Bed side Registered Nurses 2) Head Nurses, (HN), 3) Nursing Managers, (NM), 4) Clinical Nurse Educators (CNE) and; 5) Post RN-BScN students having prior clinical nursing experience.

The opinions and experiences of the participants were gathered through five focus group discussions (FGDs). The discussion was carried out in the national language of Pakistan that is Urdu along with English so that each participant can and participate in the discussion. The duration of each FGD varied from two to three hours depending on the group participation. FGDs were audio-recorded, translated and transcribed later. Field notes were also taken during discussion to note the nonverbal responses of the participants and other significant occurrences. All the data was collected with informed verbal consent and a group consent form was signed before each FGD. Using pseudonyms ensured participants' anonymity. Data was kept confidential under lock and key and was shared among the research team members only. The discussion was initiated through semi-structured and open ended questions; thus involving the participants in the discussion at most.

The study was approved by the Ethical Review Committee (ERC) of the AKU prior data collection. All the data was collected after obtaining informed written consent from the study participants. Confidentiality and anonymity of the participants are fully assured at every stage of the study. Participation in the study was voluntary and participants had the right to withdraw at any stage of the study.

3.0 Data Analysis:

The data was analyzed using NVIVO software (6.0) package. Data collection and data analysis were done simultaneously. Data analysis commenced with the first interview and proceeded with data collection. The data was initially translated into its original language Urdu and then translated into English. While translation, some of the words were kept in its original language to preserve the originality of the content meaning and language expression. Content analysis of the data was carried out. Content analysis assists to interpret both manifest and the latent data. Initially, the data was coded after reading each statement in the data. Various codes and categories were formulated by giving them meanings and shared among the research team.

To improve the credibility of analysis, the whole team reevaluated the formed codes and categories and reached consensus. Using this approach, the data was condensed to obtain the abstract meaning (manifest content) and what the underlying meaning of the text (latent content). The categories and sub categories were then put under several themes and sub themes with the consensus of the research team. Finally, a central core category and theme emerged upon which all authors consented.

Findings

4.1 Understanding of the Term 'Empowerment':

The understanding of the participants on the term 'empowerment' was analyzed in following manners:

4.1.1 Meaning of Empowerment

Most of the participants explained empowerment as the authority to take a decision and the freedom of exercising one's own power. A participant specified that decision making involves integrating other's views and ideas irrespective of personal preferences. The decision could be both, personal and professional. The point was argued by another participant who believed that the authority to make a decision comes on a condition that the decision maker cannot always be able to contend every individual. Therefore, the decision maker should not regret or feel bad if other people are not supporting the decision.

"Every woman has a right to take decision for herself. A woman should not stop availing her rights just because other people are not happy. We

all should understand that we cannot keep everyone happy at all times" (Mrs. Shah, 2010)

In regards to power, a participant mentioned that power should not be limited to personal or professional life only. Power needs to be exhibited socially, morally and politically. In her views, power acquisition requires broadcasting of views through media in community. To the participants at management level, power and authority is followed by position at work place. A participant shared,

"I used to teach nursing students in the same manner as I do now; but since I am on a higher rank (assistant professor), students and other colleagues listen to my suggestions" (Ms. Seema, 2010)

Following, a participant contradicted that despite of her authority and responsibility of maintaining norms and discipline in ward, doctors do not follow her instructions. The doctors over rule her decisions and act against her will.

"Authority does not bring empowerment...I am a head nurse and I have authority. My staff listens to my instructions...but a doctor may come to my office without permission and do whatever they wish. I feel disempowered that way" (Mrs. Shabana, 2010).

To certain participants, empowerment is about advocating for one's own rights. It is the courage of putting forward one's own opinions and suggestions. Participants acknowledged that this initiative demands considerable efforts since women face several social and cultural restraints.

A participant mentioned that empowerment is about using all potentials and capabilities within the available resources and opportunities. To another participant, empowerment and disempowerment are phases of one's life but courage to take risks and confront challenges is required in each step.

"We are neither empowered nor disempowered. It is about taking risks and confronting challenges firmly" (Ms. Uzma, 2010).

To some participants, empowerment is solely about receiving respect and importance from others while another participant explained empowerment as one's belief and strength in own self.

4.1.2 Symbols of Empowerment

Participants associated empowerment with various symbols such as: a) a hand over another showing unity; b) a hand fist as symbol of authority; c) thumbs up meaning victory; d) crown symbolizing power; e) a leader depicting

authority and power; f) a mother as an icon of care and comfort; g) a woman with a book symbolizing the role of education in attainment of power; h) a nurse with a book on head and a candle in hand representing knowledge and hope for an improved life and; i) a judicial court with hammer. On the last symbol, some participants argued that the symbol shows imposition of decisions, which does not stand with the term empowerment.

4.2 Words for Empowerment

Later, the participants were requested to propose a word synonymous to the term empowerment. They proposed following words: dominancy; strength; power; positive thinking; leadership and capacity building.

4.3 Characteristics of Empowerment

On asking what constitutes empowerment, the participants enlisted knowledge, confidence, power,

authority and skills in particular communication skills. For example, a nurse mentioned,

"I am the only daughter-in-law my family who is educated and who works. My parents-in-law and my husband, both feel proud. They also gives my example to their daughters and other family members...whenever they have to interact with other people, they keep me on front...because my communication is better than the way they do" (Ms. Shahnama 2010).

Sources of Empowerment

The sources of empowerment and disempowerment identified by the participants can be illustrated through figure 1.

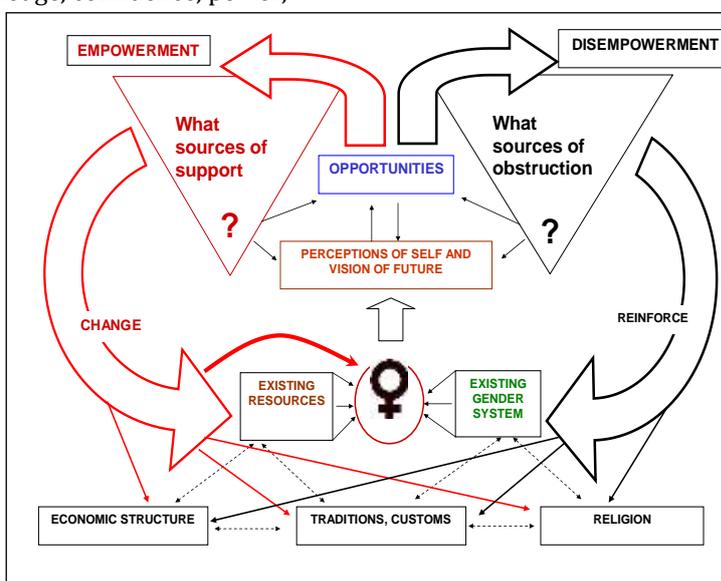


Figure 1. Diagram illustrating the vicious cycle of empowerment and disempowerment in a female nurse living in Pakistan.

As illustrated, the empowerment and/or disempowerment of nurses are defined by several factors and, through various dimensions. Mainly, a woman’s life in Pakistan is determined by the existing gender system. Equally, her life is dependent of resources available to her. Both, existing notion of gender and resources are nurtured by economic system, traditions and customs and religion of that society. These three elementary sources of power are highly influential that a person cannot skip their influence at anywhere in the vicious cycle of power. The notion of gender and resources are also responsible for constructing women’s own perception of selfhood and her visions and admirations in life. Led by those visions and admirations, one explores opportunities to empower oneself. If

resources are highly constricted or the social system is highly gender biased, then a woman may get disempowered and keeps her vision always undermined. Parallel to this cycle, there are always some sources of obstructions and certain sources of support which work as

catalyst and enable a woman to feel lack of power or empowered respectively.

4.3.2 Knowledge, Skill and Experience

Knowledge and skill were found to be most integral sources of empowerment. Whether they are with the family or in the profession, knowledge and competency made them feel empowered. These sources enabled them to stand firm and fight for their rights. The knowledge also helped them identifying and making efficient utilization of available resources.

"When you have knowledge, you can fight for your rights confidently. Otherwise, you always remain submissive to those who are more knowledgeable to you" (Ms. Anita, 2010).

Very interestingly, a participant mentioned that, for acquisition of power, knowledge must be accompanied by the experience of working in field. Together, experience and knowledge empower a person.

4.3.3 Self Confidence

The participants also believed that their self-confidence led them to succeed. In their views, a person acquires power and success by believing in one's own self and building on potentials mainly.

4.3.4 Struggle

From a gender perspective, participants mentioned that struggle is must to empower own self. Constant struggles and steadiness are integral to attain power. Participants found struggle as elementary in empowering themselves and their children as well. A participant shared:

"I am empowering myself in order to support my daughter... my life is full of struggle but I am aware that if I won't be firm now then my daughter will face the same fate later so I have to struggle" (Ms. Rehana, 2010).

4.3.5 Faith in God

To certain participants, faith in God enabled them to take every step in life positively. Despite of hardships, their faith helped them stay optimistic and progress in life constantly. A participant described the role of faith in a distinct manner. To her,

"There is certain kind of help or power which is 'in disguise'. I believe, that's the divine help or the courage blessed by the God. It happens when the intentions of a person are pure and; trust me pure intentions help a person to get through all highs and tides of life" (Ms. Zulekha, 2010).

Another participant shared,

"Thanks God! I believe that it is my faith in the God that He does always well to me. Therefore, whatever I do, I know that it is guided by my God... no matter, how difficult is it but I will get reward at the end. This is the faith which enabled me to further my education" (Ms. Mariam, 2010).

Thus, the participants suggest that a person must keep strong faith in God and good intentions always. Then, the God helps that person in disguise and all hurdles passed away easily.

4.3.6 Marriage

Marriage appeared to be a controversial yet mostly identified component. To some participants, marriage was seen as a source of empowerment whereas other participants considered it to be a source of disempowerment. On one hand, the support of husband and other members of family-in-law are mentioned to be significant in fulfilling personal and professional duties. On the other hand, the change of relationship and all the

expectations brought by marriage in a woman's life were seen as few decelerating factors.

Again being a woman, participants mentioned to face hurdles after marriage especially if the family-in-law is patriarchal. Moreover, the socio-cultural of Pakistani society where daughters-in-law are supposed to take care of every member's need and preferences, is identified to be a big challenge for participants. Such family roles demand considerable time and efforts and interferes one's individual preferences.

4.4 Empowerment in Personal Life:

The participants mentioned following impacts and challenges in empowering themselves personally:

4.4.1 Challenges in Empowering Personal Life

The nature of female was considered to be the top most challenge. On one hand, participants counted subordinating and undemanding nature of female which do not let them being assertive. On the other hand, their experiences suggest that female do not support other female. They envy one another and bring obstacles in promotion and success of other females. Another challenge was the social and cultural ideologies which pose several impositions on women. An example is that girls are forced to marry even before they finish their studies. The other example is a prevailing thought that women should not step out of house regardless of severe financial constraints. Above all, the male dominated culture of the Pakistan society where women do not feel socially safe and secure in work environment and public places. A participant working in a governmental hospital mentioned:

"The male staff even clerical staff at hospital harasses us. They disturb us emotionally and psychologically to an extent that we cannot even sleep at night. They look down upon nurses and believe that nurses can do any illegal and disrespectful favor to them...however, this is not true" (Ms. Kulsoom, 2010).

Participants also highlighted family values as a significant challenge. Certain participants enjoyed freedom at their families and but they had a lot of restrictions by

parents-in-law. Contrarily, some participants were not given liberty by their immediate parents but their spouse or parents in law supported them.

This is also because of the conservative of mind-set of Pakistani society where parents are concerned about their daughter's reputation and do not want to bring ill-name by giving them liberty and freedom. Moreover, some families value opinions and decisions of male over female family members. In addition, some families are so authoritarian that even if husband wishes to support his wife in studies

or job responsibilities; parents-in-law surpasses his decisions.

4.4.2 Impacts of Empowerment in Personal Life

Participants experiences empowerment in maintaining healthy relationships and build trust with other family members. Indeed, their assertive and boldness helped them re-built spoiled relationships between family members. A participant mentioned that

"Empowerment has enabled me to put forward my preferences and choices in front of the members of my family-in-law" (Ms. Ghazala, 2010).

She exemplified by sharing an experience that:

"When mom was terminally-ill, doctors suggested us to put her off the ventilator. My whole family was against euthanasia except myself. My family members thought that I am insensitive, brutal and selfish but I stayed firm on my decision. I had learnt and observed patients in immense pain and suffering during ventilator support and I didn't want my mother to bear all" (Mrs. Akbar, 2010).

Contrastingly, a participant mentioned that she has been penalized and teased by her family members in the attainment of education which supposedly empowers her. Later, on the day of her graduation, her mother-in-law felt proud when she saw her daughter-in-law receiving nursing degree from such a reputable institution. This occasion just not only brought happiness to family members but also changed the perceptions and attitude of her mother-in-law. Most of the participants found financial contribution as a mean and an impact of empowerment in family. The participants also consider themselves as role models in their respective communities through which other girls get inspiration to become a nurse.

4.4.3 Empowerment in Professional Life

Similarly, the opinions about empowerment in professional life were explored which constitutes subsequent responses:

4.5 Challenges in Empowering Professional Lives

The participants list down several challenges in acquiring power and dignity as nurse in their professional life.

- A. Lack of authority and respect within the organization which include biased attitude of management towards staff and lack of appropriate response on complaints and concerns reported by staff. A participant shared,

"We are treated at hospital as if we are thieves" (Mrs. Rukhsana, 2010).

Some of the participants have experienced discrepancy between organizational values and educational standards of AKUSON and other nursing schools often portray AKU nurses as arrogant, undisciplined and proud nurses. Resultantly, since we do not accept all their decisions and we argue against malpractices.

- B. Unnecessary imposition of international standards in nursing care. Participants found that international standards undermine the values and judgments of an individual involved in patient care. Two participants shared,

"We follow international standards but in this hospital [AKUH] only...We do not allow our nurses to do intubation or any procedure without proper training whereas, in governmental settings and other private hospitals, nurses are allowed to do everything through which they gain more confidence to work independently" (Mrs. Kasam, 2010).

"International standards dominate us to such an extent that we are often confusing between following local or international norms" (Ms. Maryam, 2010).

- C. Imposition of non-nursing tasks such as clerical work and documentation increases their work load and makes nurses feel disempowered. Nurses find it difficult to take out time to spend with patients and advocate for their rights. A nurse brought a point that

"It is mainly about documentation...we keep doing documentation every time. We do not even get time to spend without patients talking to them about their feelings and experience. We can't really help our patient even if intend to do" (Ms. Hamidah, 2010).

- D. Most commonly, the image of nursing profession in Pakistan. From one side, the profession of nursing demands public dealing and, in Pakistan, women are not allowed to deal with strangers particularly men by themselves. Therefore they are considered immoral.
- E. At the other side, the profession of nursing follows medicine in the so-called hierarchal structuring in the health care system of Pakistan. This way, doctors are paid and given more respect in comparison to nurses.
- F. Nurse's own perception of nursing as a low-ranked profession. Nurses often consider doctors as authoritarian to them and do not cherish their

profession nursing as a noble profession. Some of the responsible factors, as mentioned by participants, were lack of knowledge and training programs for nurses. Thus, unprogressive professional expertise reduce their ability to think critical, integrate knowledge in practice and take extra initiatives in bring innovation in their practices.

- G. Political influence in hospital policies and management specifically in governmental settings. At some hospital settings, management is elected on the basis of their affiliations with political party. Henceforth, they pose immense political pressure and individual preferences in patient care as well and; do not let their staff work sincerely. The same point is mentioned to be a major concern for social security of nurses. In addition, participants shared incidences of harassment by other co-workers, clerical staff and sometimes visitors or attendants of patients. At such instances, participants do not even receive required support from management.
- H. Lack of active participation of PNC in responding to the requests and complaints of nurses; and standardized the nursing curriculum all over Pakistan. This way, the diversity among Pakistani population and the notion of cultural-sensitivity in health care has been neglected among nurses.
- I. Gender biasness in the recruitment process where males are preferred over female nurses as they do not claim maternity leaves, they are more flexible with shift-timings and they can do over time and double duties without much reservation from family.
- J. Moreover, colleagues and co-workers do not support a staff member even when there is a collective complaint made by staff to management. It was also reported that in health institutes other than AKUH, there are doctors who are appointed as nursing managers. Similarly, participants mentioned that other departments also do not respect participants. For instance, the pharmacist does not provide drug if a participants requests but do provide on the request of a doctor.

4.5.1 Impacts of Empowerment in Professional Lives

In experience of a participant, health institutes in Pakistan other than AKUH still reserve management positions for male only. This participant works at another health institute where she has to fight every time to bring a girl on a management position. However, she was pleased to share that the organizational culture is changing and even

the mind-set of individuals in that organization. Certain participants mentioned they often argue and fight for their rights. They knew the organizational hierarchy for reporting; so they forwarded their complaint accordingly. They have seen authorities taking appropriate actions on their complaints. It is identified from the responses of the participants that they seek support from colleagues and family members especially husband in staying firm on their decisions.

4.6 The Role of AKU-SONAM in Empowering Nurses

While appreciating the teachers at AKU-SONAM, some participants mentioned that they got empowerment from their teachers who were confident, supportive, knowledgeable and committed to their profession and sincere with responsibilities. Even they found faculty members rude and strict sometimes when they made a mistake but they knew that the intention of the faculty member was to make students firm and hard-working. Exposure to new learning systems, evidence-based practices, world health scenarios which are given at AKUH helped us to remain empowered not just inform of AKU faculty members and staff but elsewhere as well. Also, advancement in clinical teaching and learning at multiple sites, both public and private hospitals, gives room for faculty members and novice nurses to practice, enhance learning in areas other than AKU and networking within different hospitals of the country to bring positive and innovative changes. With great pride, a participant shared,

"In the entire health system of Pakistan, it's just AKU where the needs of patients are looked holistically by nurses" (Manager Gulshan, 2010).

A participant mentioned that at AKUH, the physician's team and support has also been helpful in elevating her self-esteem. A participant mentioned that she got empowered when they first attended the open house of AKU-SONAM. At that moment, they decided to get into the profession of nursing seeing the magnificent contribution of participants.

Another participant regretted that often participants join AKUH for the sake of earning handsome money or consider AKU as a gateway to fly abroad. Though a person earning money in foreign currency appeals other; but the person do not get equal exposure to learning and skills. Certain participants believed that participants are empowered in AKUH because they can advocate for the rights of their patients. They can argue against doctor in

advocacy of patients whereas it is not observable in governmental hospitals. Contrastingly, a participant shared that the salary earned at AKUH helped her to support her family members financially. This way her family members involved her in decisions and appreciate her contributions.

5.0 Discussion

The life of a female nurse in Pakistan constantly swings between empowerment and disempowerment. This makes it difficult to demarcate empowerment in personal life from professional life. A nurse may feel empowered at home but not in her profession and vice versa. On one hand better pay scale of nurses has brought economic development in their families. On the other hand, nurses as women are facing dual burden of responsibilities which distresses them and impact the quality of life. Nurses especially being mothers feel mentally and emotionally disturbed and many a times, the needs of the family especially children are compromised.

At AKU-SONAM, nurses are encouraged to be assertive and vocal for their rights. Unfortunately, these characteristics are not appreciated rather discouraged by socio-cultural norms. Thus individuals are prepared but the society is not being prepared. This leads to conflict within individuals and in the society. Study findings revealed that nurses from government institutions after receiving higher studies from AKU face various difficulties when they go back and serve their own institutions. The level of acceptance of their roles in their own institutions decreased and these nurses find it difficult to perform or bring any major change in the system in their own institution. These issues can be resolved through effective networking which is currently the aim of AKU-SONAM and programs like mentorship and preceptor ship can provide better solutions to such issues. Such needs require more attention by national councils for nurses.

In governmental settings as well, the career structure and grades for nurses has progressed. Multiple roles have been introduced from basic to advance level care. Presently, nurses are working as clinical nurse specialist, case managers, information technology nurse, occupational nurse, rehabilitation nurse, community health nurse, school health nurse, and nurse researchers. Nonetheless, in comparison to AKU, nurses are not seen as equal contributor in health promotion. At AKU, nurses are considered as significant part of a health care team. This sense of supremacy among nurses also arrived by observing other nurses in leading roles such as the Dean of school of nursing, the Director of Nursing Services. However, in settings other than AKU, leadership is still reserved for, doctors and physicians.

The socio-cultural norms and political set up are integral in determining women's empowerment. The upbringing of women, her position in the family, family values, support systems available, and the socio-political environment all determine women's empowerment both in their personal and professional lives. One's belief system also remains integral in strengthening personal satisfaction and strengths. Studies have proved that religious and spiritual form of cognitive frameworks alleviate distress, decrease depressive symptoms, enhance self-esteem and bring satisfaction in life (Good and Willoughby, 2008; Pargament et.al 2001).

Faith, as described by Kim (2001), is the belief in the power to overcome evil and sin. It was observed that most of the participants agreed upon the role of faith in achievement and success. According to Pargament (1997), faith functions as a 'positive religious' coping mechanism. By virtue of faith, a person perhaps relax and concentrates more upon possibilities and solutions of a problem instead of wondering 'what is the problem?' or 'why something happened to him?' When people have a faith, as on God or a deity, this becomes easier for the person to relate personal experiences and drive meaning of events out of divine guidance. For them, every occurrence is according to the will and wish of the God to whom that person is submissive. This is a reason that people who believe in God are resilient and promote to healing and well-being quicker than those people who do not keep any faith (Dyke et.al, 2009). Thus, faith that God will give them power to overcome obstacles keep reinforcing female nurses optimistically leading towards more success and strength.

Other sources of empowerment include education, on-going training programs and institutional support. Unfortunately, these sources of empowerment are not efficient sources of empowerment for female nurses in Pakistan. Firstly, women accounts for 12 percent of 26 percent literacy rate in Pakistan (UNESCO, 2012). Since education has a positive relationship with empowerment (Rahman et.al. 2011), undesirably, there is a large number of Pakistani women facing disempowerment in varying

manner though. Secondly, Buzdar et.al. (2011) recommends that legal rights of women and ordinances should form an educational component in higher education but it is found missing in federal and provincial curriculum of Pakistan. Thus, those fortunate women who manage to receive education remain unaware of their rights and laws. In specific to nursing, it falls under the responsibility of educational institutions and curriculum planner to educate nurses about their rights as women so they do not become victim of harassment at home or work places. Thirdly, since prestige of women in Pakistani traditional societies is considered to be a direct determinant of family honor (Noreen and Khalid, 2012), nurses are not allowed by male family members to continue their job. Such male dominancy at home along with experiences of harassment at work further deteriorates courage and motivation of a woman. For such reasons, it is highly significant that nursing institutes and hospitals ensure provision of legal rights to nurses to work in a safe environment whether in presence or absence of male colleagues.

In such circumstances, the role of nursing institute is significant. The support received by nursing institutes function in at least two major ways. Firstly, the institute empowers nurses to function well in professional environment. Resultantly, there are more courageous, firm and confident nurses in health care settings which supposedly improves health scenario in Pakistan.

Secondly, the satisfaction and confidence in work enable nurses to strengthen social ties and family relations.

The contribution of AKUSONAM in empowering female nurses is evident. Their faculty members and staff are role models to their students. The curriculum and teaching methodologies are ways of empowering the nurses. The nurses at AKU find themselves more autonomous and empowered which in turn results in increased job and patient satisfaction. However, all nurses verbalized that various degree of medical dominancy exist overall in the profession both at AKU and other institutions.

Conclusion

Pakistani nurses are facing double challenge in leading their personal and professional life as independent and empowered individuals. The socio-cultural and political setup in Pakistani society does not always favor nurses to function up to the best of their capabilities. In such scenarios, the role of nursing school is significant. Through nursing schools and regulatory bodies, the image of nurses and the status of women can be uplifted.

The AKU-SONAM is a leading example in this dimension. The institute has played a pivotal role in enhancing the legitimacy of nurses as Muslim women at least in the context of Pakistani society. The graduates and trained nurses of AKU-SONAM are making impact not just in their profession but in personal life as well. However, there is serious attention required by federal and national regulatory bodies of nurses to work in order to uplift the status of nurses in Pakistan nationally.

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