# EXPLORING NURSES' PERCEPTIONS REGARDING IMPLEMENTATION OF THE MEDICAL TEACHING INSTITUTIONS (MTI) ACT AT SAIDU GROUP OF TEACHING HOSPITALS, SWAT

Muhammad Zahid[*1], Abdur Rehman[2], Dr. Muhammad Anwar[3], Umar Zeb[4], Dr. Shah Hussain[5]

[*1]BSN, Nursing officer, Saidu Teaching Hospital, Saidu Sharif, Swat.
[2]MSN, Principal / Assistant professor, Malakand college of Nursing swat.
[3]PhD, MSN, Principal/ Assistant Professor, Medtec College of Nursing, KPK.
[4]MSN, Principal/ Assistant Professor, Eagle College of Health Sciences/College of Nursing, Swat.
[5]PhD, MSN, Principal/ Assistant Professor, Zalan College of Nursing, Swat.

[*1]zahidsahilzahid56@gmail.com

## Abstract

**Background:** The implementation of the Medical Teaching Institutions (MTI) Act in public sector hospitals of Khyber Pakhtunkhwa, Pakistan, marks a major shift in healthcare governance. While the Act aims to improve efficiency, autonomy, and service quality, its anticipated impact on frontline healthcare workers especially nurses remain underexplored. Understanding nurses' perceptions is vital for inclusive and effective policy implementation.

**Aim:** This study aimed to explore the perceptions, concerns, and expectations of nurses regarding the anticipated implementation of the MTI Act at Saidu Group of Teaching Hospitals (SGTH), Swat.

**Methods:** A qualitative research design with a phenomenological approach was employed to explore nurses' lived experiences. Twelve registered nurses from different departments at SGTH were selected using purposive sampling. Data were collected through semi-structured, face-to-face interviews guided by open-ended questions. Interviews were audio-recorded, transcribed verbatim, and analyzed using thematic analysis. Credibility was ensured through member checking, peer debriefing, and an audit trail.

**Results:** Six major themes emerged: limited awareness and understanding, perceived benefits (such as improved accountability), perceived challenges (especially job insecurity), workplace hierarchy concerns, low readiness for change, and nurses' expectations for inclusion and transparency. Participants expressed uncertainty, fear of marginalization, and lack of formal orientation, yet also showed willingness to contribute positively if involved in the process.

**Conclusion:** The successful implementation of the MTI Act requires addressing nurses' concerns through clear communication, job security assurances, inclusive decision-making, and structured readiness-building programs. Nurses' active involvement is essential for sustainable healthcare reform.

## INTRODUCTION

Medical Teaching Institutions (MTI) Act is a governance reform that hopes to enhance healthcare provision through autonomy and accountability in public sector hospitals (Qamar, et al., 2024). Other keywords in this research are perception (personal knowledge and interpretation), implementation (the process of implementing a policy), and Medical Teaching Institutions (MTIs) (public hospitals regaining autonomy under the MTI Act) (Kamal, et al.,2021). This Act implemented a decentralized decision-making system, which gave freedom to hospitals to operate without the usual bureaucratic processes (Sudhipongpracha, 2024). The impact of the operational changes with this policy shift directly affects nurses, who are important healthcare providers. Understanding their perceptions is essential for evaluating reform effectiveness (Bağcı & Çil Koçyiğit, 2023).

Experience concerning issues related to MTI implementation is also well documented throughout Khyber Pakhtunkhwa province, where the Act is currently in effect. Some nurses in facilities such as Saidu Group of Teaching Hospitals (SGTH), Swat, complain about heavy workloads, altered reporting relationships, and lack of definite career progression (Khan, Khan, & Jan, 2023). There are some nurses who enjoy the improved finances and resources, and some worry about losing security and fear being locked out of critical decisions (Amoah, 2024). Based on media reports and administrative reports, limited empirical research has been conducted to document the experiences of nurses. The absence of these data leaves a gap in how reforms impact front-line staff. Thus, it is crucial to investigate the incidence of these experiences to create inclusive health governance policies (Bhatia, 2024).

Nurses centrally involved in the care of the patients are among the most impacted when institutional change is implemented. The MTI Act has changed the introduction of hospital administration of health departments to the board of governors, which influences the nurses' operational protocols and job status. This perception can affect their morale, job satisfaction, and performance (Sarfraz, 2024). Nevertheless, the majority of policy analyses concentrate on physicians or administrators and overlook the significance of nurses in effective reform implementation. With nurses not being involved in the evaluation, a significant stakeholder is not being listened to. The study would thus redress this imbalance by documenting the experiences of nurses themselves (Kim, et al., 2022)

Health system reforms that lock out the voice of the front-line workers have frequently resulted in unsuccessful desired results globally. The experience of other countries in literature demonstrates the success of reform, based on its involvement of all cadres of staff and consideration of their feedback (Shrestha et al., 2022). The sudden shift in MTI enforcement in Pakistan and specifically the context of KPK has caused discontent amongst the hospital staff, subsequently resulting in nurses taking to the streets in a bid to protest in several districts. Although they are the foundation of clinical services, their professional issues and work-related stresses are largely understudied in the academic literature. This study aims to contribute to filling that gap. With SGTH as our focus, we explore the truths beyond administrative assertions (Willis, et al., 2021).

As a tertiary-care and teaching hospital, SGTH Swat is a center of MTI Act implementation. Internal structures, including human resources, payroll systems, and evaluation processes, have been transformed by the transition (Syed et al., 2024). Administrative confusion has resulted since hospital management committees have replaced provincial health authorities as the reporting nurses. This shift can either be empowering professionally or can be quite challenging (Williams & Huynh, 2025). The question of whether nurses will feel included in this transition or alienated is at the core of the effectiveness of the policy. Their response will be used to determine whether MTI implementation is consistent with equitable healthcare reform principles (Abouammoh et al., 2025).

Assessing the perceptions of the nurses will reveal areas of strengths and areas requiring targeted efforts within the system. Their experiences offer new knowledge as regards the effects of reforms on the quality of patient care, interprofessional teamwork, and work satisfaction (Shunmuga et al., 2022). These can point out any policy gaps in implementation, training gaps, and communication barriers in the hospital system. Knowing their lived experiences

better provides a clearer vision of the social impact of the reform. These will provide valuable results to healthcare governance administrators, educators, and policymakers. The experience of nurses can serve as a wake-up call to policy designers who wish to transform hospital management systems (Shuster & Lubben, 2022).

Thus, this investigation aims to capture perceptions and the lived experience of nurses who worked under the MTI framework at SGTH. It recognizes the multifaceted nature of systemic changes and the significance of frontline input on their assessment. The research focuses on participatory policy development by involving nurses as stakeholders. The purpose is to produce actionable insights that can be used in a more advanced model of hospital governance. Finally, the research aims to contribute to an efficient, inclusive, and responsive healthcare system that meets the needs of all system stakeholders--but, most importantly--those providing direct patient care.

## Methodology

This study used a qualitative research design to determine the hospitable perception of nurses regarding the anticipated execution of the Medical Teaching Institutions (MTI) Act at the Saidu Group of Teaching Hospitals (SGTH), Swat. A phenomenological approach to understanding the lived experiences in comprehending their anticipation and lived experiences as nurses who answered to the new directive to the future implementation of the MTI Act was adopted to explain their lived experiences and anticipation. This was to capture the attitudes, concerns, and understanding of the participants prior to actual implementation of the policy.

The research was done at SGTH, a large teaching and tertiary care institution in the Malakand Division, where the formal directive on the operation of the MTI Act had arrived but had yet to be implemented. Participants were identified through purposive sampling based on experience, availability and willingness to participate. It was limited to experienced registered nurses (one year or more experience). The participants included 12 nurses working in different departments, recruited to offer varied opinions.

## Data Collection Procedure:

The interviews took place in a confidential setting of a hospital and were face-to-face and semi-structured. Interviews were 40-60 mins in duration and followed an interview-guide format based on open questions about understanding, expectations, any potential concerns, and perceived benefits or difficulties regarding the implementation in question. All interviews were audio-recorded, and the audio material transcribed verbatim and analyzed after we received permission to do so.

## Data Analysis Procedure:

Thematic analysis was used to interpret the qualitative data. Transcripts were reread multiple times, and primary codes were elaborated through taking note of common thoughts and phrases. These codes were then organized and reduced to build schemes, which reflected the overall opinion of the nurses. Credibility was guaranteed through member checking, peer debriefing, and audit trail. Hospital administration obtained ethical approval and all respondents provided an informed written consent prior to data collection.

## Results and Analysis

### Demographic Characteristics of Participants

They were mostly females (9/12) and ranged in age from 35 to 44 years. Almost half had greater than 4 years of experience, and departments were distributed fairly, with the largest representation in Surgical (4) and Gynae/Obs (3). In general, the sample showed a significant representation of various clinical backgrounds and levels of experience.

Table 1: Demographic Characteristics of Participants

| Variable | Category | Frequency (n) |
|---|---|---|
| Gender | Female | 9 |
| | Male | 3 |
| Age Group | 25–34 years | 4 |

|  |  |  |
|---|---|---|
|  | 35–44 years | 5 |
|  | 45+ years | 3 |
| Years of Experience | 1–3 years | 3 |
|  | 4–10 years | 5 |
|  | More than 10 years | 4 |
| Department | Surgical | 4 |
|  | Medical | 3 |
|  | ICU/Emergency | 2 |
|  | Gynae/Obs | 3 |

## Major Themes

The results demonstrated that majority of the nurses lacked adequate knowledge about MTI Act through formal orientation but more so through casual communication. Some predicted positive changes, such as greater discipline and accountability, others, however, showed a high level of concern and dissatisfaction as they expect to lose their jobs and even expected postponed promotions. Stakeholders were terrified that the Act could interfere with the workplace hierarchy, putting doctors in charge and making nurses less influential. Insufficient training and formal communication added to a sense of unreadiness. Regardless of these issues, nurses were interested in participation in planning and suggested an open and participatory implementation process [Table 2].

## Table 2: Major Themes, Sample Quotes, and Descriptions

| Theme | Participant Quote | Description |
|---|---|---|
| Awareness and understanding | "I only heard about it in a meeting; no formal orientation was given." | Participants reported limited formal knowledge of the MTI Act, mostly learned through informal sources. |
| Perceived Benefits | "If implemented well, it may improve discipline and bring accountability." | Nurses anticipated better organizational structure and service quality if MTI is implemented effectively. |
| Perceived Challenges | "We are afraid this will affect our job security and delay our promotions." | A major concern was job insecurity, loss of benefits, and possible exploitation under new structures. |
| Impact on Workplace Hierarchy | "Doctors might get more control, which will weaken nurses' voice in decisions." | Fear that power dynamics may shift unfavorably toward other professional groups. |
| Readiness for Change | "We haven't had any official training or workshops yet, just rumors." | Nurses indicated unpreparedness due to a lack of institutional communication or capacity building. |
| Expectations and Suggestions | "At least include senior nurses in planning and policy feedback." | Nurses wanted involvement in decision-making and a transparent, inclusive policy rollout. |

## Themes and Sub-Themes

Six essential themes with sub-themes were identified as a result of the thematic analysis. Under awareness and understanding, the majority of nurses were made aware of the MTI Act through informal means and had little idea about the architecture of the Act. The perceived advantages were better professionalism and chances of better salary structures based on merit. Notwithstanding, there were perceived threats including job security and loss of seniority-based promotions. Regarding in-work relationships, the participants were worried that the Act would lead to an imbalance of power in favor of doctors and negatively influence teamwork. The change

preparation was weak, there was no official orientation and a general air of uncertainty due to rumors. Lastly, in the expectations and recommendations section, nurses demanded to be actively involved in the planning processes and have a fully transparent and communicated implementation strategy [Table 3]

**Table 3: Major Themes and Sub-Themes with Descriptions**

| Major Theme | Sub-theme | Description |
|---|---|---|
| 1. Awareness and understanding | Informal Knowledge Channels | Most nurses learned about the MTI Act through colleagues or meetings, not official communication. |
| | Limited Conceptual Clarity | Participants lacked a detailed understanding of the Act's structure and implications. |
| 2. Perceived Benefits | Accountability and Professionalism | Some nurses believed MTI might improve staff discipline and overall healthcare quality. |
| | Improved Salary Structures (potential) | A few participants hoped the Act would lead to merit-based promotions and salary increments. |
| 3. Perceived Challenges | Job Security Concerns | Fears of contract-based employment, fewer benefits, and job uncertainty were frequently reported. |
| | Promotion and Seniority Impact | Concerns about losing time-based promotion systems under MTI governance. |
| 4. Workplace Dynamics | Power Imbalance | Concerns that MTI may favor doctors and administrators over nursing staff. |
| | Team Collaboration Risks | Worry that MTI might disrupt collegial interprofessional relations. |
| 5. Readiness for Change | Lack of Training or Orientation | No official workshops or training were reported by any participant. |
| | Uncertainty and Rumors | Participants reported widespread confusion and speculative discussions about MTI. |
| 6. Expectations & Recommendations | Inclusion in Policy Development | Nurses wanted representation in hospital-level planning and MTI rollout strategies. |
| | Transparent Implementation | Clear communication and written guidelines were requested by participants. |

## Discussion

The present research investigated the view of nurses towards the anticipated effect of the Medical Teaching Institutions (MTI) Act at Saidu Group of Teaching Hospitals (SGTH), Swat. The results of the survey demonstrated a mixed attitude with regard to cautious optimism coupled with great concern. The knowledge of the MTI Act was of little value to most nurses, and most of them only got such knowledge through informal discussions or a few department meetings. Lack of formal orientation or training on the Act was also evident, and this led to confusion and discrepancies in the interpretation of the Act. This is consistent with the results provided by Sager & Gofen (2022), who stressed that this lack of formal communication could disrupt the process of implementing institutional reforms in healthcare facilities.

In this research, the nurses indicated that the MTI Act, when applied on the principles of transparency and equity, may bring about better accountability, merit-based promotion, and enhanced administrations. According to these perceived benefits, they correspond to those observed during similar studies in academic hospitals, where the reforms contributed to the rise in performance measurements and resource utilization (Hajizadeh, et al., 2021). Nevertheless, unlike those environments, in SGTH, nurses observed that policy information was not clear and holistic planning was not apparent,

in fact it was a huge blow to their trust in the process. Such a contrast shows that the proper policy adoption is largely influenced by the context-sensitive engagement strategies and the local institutional culture.

Among most subjects of participants, this was a prevailing threat to work safety and merger and promotion opportunities. The shift in the possibility of contractual systems under MTI was seen by nurses as a threat to the long-term structure of employment stability and undermining the provenance favoring a seniority-based progression model that is held in high regard in health services in the public sector. Similar results were observed by Wihlborg & Avery (2021), who reported that nurses employed in restructured institutions expressed similar fears that they were going to be marginalized in newly established power hierarchies. These issues demonstrate the high level of significance of reassurances to stakeholders to outline employment conditions and safeguards frameworks when a transition is undergoing in a health system.

Distributive justice in the workplace also became another theme that is vital as most nurses expect an imbalance where the system may disadvantage physicians and administrators should the MTI model be adopted. The participants were worried that such a change would compromise interprofessional collaboration and decrease the role of nurses in making decisions. Such data resonate with the sentiments of Veneziano, et al. (2025) in that the lack of autonomy and visibility in policy settings became common to nursing professionals in leadership-based policy settings that are led by physicians. The potential of marginalization due to the hierarchy issue is an issue of concern that needs to be resolved in an attempt to create a unified and supportive working environment.

The research also found the readiness of the change among the nursing personnel to be low, mainly because there was no formal preparation, e.g. training sessions or capacity-building workshops, or discussion forums which were open; they neither resulted in change nor in an increased readiness to change. This aligns with the body of literature about change management in a healthcare setting, stating that the level of staff buy-in is significantly affected by their perceived preparedness and support (Gottlieb, et al., 2021) Institutional preparedness as perceived by the participants might cause resistance or disengagement in case the implementation is done without the proper provision of gaps.

In spite of the difficulties, nurses were quite keen to take part in the implementation process and suggested constructively how the MTI Act could be implemented fairly (Rosengren & Friberg, 2024). They expected to be represented in the decisions, have open guidelines, and frequent feedback systems. This aggressive position corroborates with the findings of Brown (2021), who stated that instead of standing as passive participants of the policy change procedure, nurses should be considered willing participants when they are presented with chances to participate actively in reform process.

Conclusively, the analysis shows the opportunities that may arise as well as the perceived threats to imposition of the MTI Act on the aspect of nursing. Although great hopes are put on potential positive changes in governing the hospital and provision of services, the issues of job insecurity, interprofessional relationships, and unreadiness of the institution require great attention. The results indicate that the effective execution of the MTI Act will necessitate more than a structural change; it will entail democratic, transparent and clearly-communicated practices that champion and embrace the opinions of frontline nursing workers. Participatory methods must be given precedence in future reforms in governance of healthcare in order to achieve harmony in transitions and staff morale.

## Conclusion

The nursing professionals at Saidu Group of Teaching Hospitals (SGTH), Swat appeared in this study to determine their understanding on the supposed adoption of Medical Teaching Institutions (MTI) Act. It was observed that on the one hand, nurses supposed some positive outcomes like an increased level of accountability and productivity, but on the other hand, they felt much uncertainty associated with job security and promotion rules, lack of implementational plans and prospects of an unbalanced hierarchy. Informal communication was low, and organization was not provided with orientation processes to help them understand other processes, and they were not also involved in the changing of decisions. The case points out policy

inclusiveness and good communication as the key areas in undertaking institutional reforms. Documenting the lives of the nurses was helpful in obtaining information that showed the expectations and challenges that were being met by the nurses at the frontline and they had to be strategically involved in order to realize the change of the policy.

## Recommendations

1. Implement Structured Orientation Programs: Any orienting activity should be structured in terms of offering a formal training and awareness campaign against the nursing personnel so that their understanding of MTI Act and its purposes, as well as operational effects, is clear.

2. Ensure Job Security and Open Promotion Policies: Make available employment and promotion procedures in writing that will safeguard the interests of the current employees in the new structure.

3. Policy Planning: There should be a system of involving Nurses in decision-making bodies and implementation committees, in regard to the MTI Act.

4. Advance Interprofessional Collaboration: Ensure that the workplace has a workable balance in terms of workplace hierarchy by fostering collaborative leadership styles and even team-based governance.

5. Staff Readiness and Feedback: Monitor staff readiness and concerns on implementation using feedback surveys and update implementation strategies.

6. Introduce Change In Stages: Introduce the MTI Act progressively so that staff get time to acclimate to these changes and also the institutions get time to adapt to the upcoming challenges.

7. Encourage transparent communication: ensure that there is clear and frequent communication between the staff and administration to ensure there is trust and less resistance.

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