

A COMPARATIVE STUDY OF HEALTHCARE MANAGEMENT PRACTICES BETWEEN THE UK AND PAKISTAN

Faiza Asghar^{*1}, Muhammad Raza Yaseen²

^{*1}Master of Science in Health and Public Service Management, University of South Wales, United Kingdom

²Master of Business Administration (Healthcare), University of Hertfordshire, United Kingdom

^{*1}faizaasghark@gmail.com, ²dr.razayaseen1995@gmail.com

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Corresponding Author: *

Faiza Asghar

Abstract

Background: The success, efficiency, and equity of health service delivery in the world depends on the practices of healthcare management. This comparative paper will focus on healthcare management in the United Kingdom and Pakistan, the country with very different economic resources, government systems, and health systems legacies.

Purpose: The study is intended to compare healthcare management practices on five main areas namely governance and leadership, financial management, human resource management, quality assurance and professionalism and health information systems.

Methods: The qualitative comparative case study approach was used, and the analysis of documents, reviews of policies and secondary data based on the peer-reviewed literature, governmental reports, and international healthcare databases were utilized.

Findings: The findings show that there are considerable differences in the two systems. Standardized, resource-consuming management, strong regulatory oversight, but workforce shortages and financial pressures are some of the weaknesses affecting the UK National Health Service which has a standardized management practice. The disjointed healthcare system in Pakistan demonstrates the adaptive management strategies in resource-constrained environments, high degree of public-privacy disconnects, new community health worker programmes and new digital health projects. The two systems have shared problems such as migration of workforce, lack of quality assurance and the necessity to have integrated disease surveillance.

Conclusion: Although the UK provides a course on the standardized quality assurance, the measurement of professionalism and the integrated care systems, Pakistan provides the innovative solutions to the core health services packaging, and the management of the partnership between the population and the business. The research proposes context-based hybrid management frameworks of strengthening health systems.

Introduction

Background of the Study

Health care management involves the management, administration as well as the organization of health care so that there is effective, efficient and equitable delivery of health care. The healthcare manager practices have a direct impact on the patient outcomes, staff satisfaction, financial sustainability and the performance of the entire system. Nevertheless, healthcare management is highly influenced by the national settings, which may be the political systems, financial resources, cultural beliefs, and the historical heritage.

The two contrasting healthcare management scenarios are the United Kingdom and Pakistan. UK has the National Health Service (NHS) that was established in the year 1948 with the principles of universal cover and free at the point of consumption. NHS has more than 1.5 million employees and has established advanced management practice within seventy years. Conversely, Pakistan has a mixed health system, and this is provided by the public sector, a substantial population of the private sector, and substantial out-of-pocket expenditures. With the 18 th Amendment (2010), healthcare became a provincial issue resulting in different management practices in the four provinces.

New trends have increased the concern on comparative healthcare management. UK and Pakistan have improved bilateral health collaboration, such as collaboration on disease monitoring, population policy and health systems empowerment (APP, 2024; Associated Press of Pakistan, 2025). Nevertheless, there are still key management issues that are evident in both systems.

Problem Statement

Although much has been written on the health systems separately, there is little comparative research specifically on healthcare management practices between countries of high and low income and the middle income. The specific gap in knowledge concerns: (1) the way in which healthcare managers working in resource-constrained environments can transfer practices;

(2) which management practices prove to be cross-contextual; and (3) what management practices developed countries can learn about healthcare management practices in developed countries.

Research Aim

This paper will provide a detailed comparative study between the healthcare management practices in the United Kingdom and Pakistan and determine the point of difference, similarities, and lessons, which can be transferred.

Research Objectives

- To make a comparison of the governance and leadership system in healthcare management of the UK and Pakistan.
- To discuss the financial management strategies such as budgeting, resource allocation and health financing strategies.
- To study human resource management practices such as recruitment, training, retaining and workforce migration.
- To measure quality assurance, professionalism measurement, and mechanisms of patient safety.
- To measure health information systems and disease surveillance management.

Research Questions

- What are the major differences in the healthcare governance and leadership in the UK and Pakistan?
- What is the difference between the financial management and health financing strategies in the two countries?
- Which human resource management issues and innovations are present in each system?
- Which is better quality assurance or professionalism measurement?
- How well are health information systems incorporated in the management practices?

Literature Review

Theoretical Framework

In this research, the authors consider the WHO Health Systems Framework that classifies six building blocks, namely service delivery, health workforce, health information systems, medical products and technologies, financing, and leadership/governance. These interrelated parts

are used to give a holistic framework of comparison of management practices.

Healthcare Management in the United Kingdom

The NHS is based on the principles of clinical governance, which combines the improvement of quality, risk management, and professional development (Scully and Donaldson, 2021). The management of the NHS since the Health and Social Care Act 2012 has taken the structure of the Integrated Care Systems whereby the GPs, hospitals, and local authorities are united.

Leadership and Governance: The NHS lays stress on distributed leadership models. Wu and Cormican (2021) identified shared leadership as a major factor that affects team performance, and their meta-analysis showed that shared leadership has positive outcomes on team performance in healthcare facilities. The NHS Leadership Academy offers uniform training courses, and the managerial jobs are becoming more demanding in terms of professional qualifications.

Financial Management: The financial management at NHS is conducted by annual budgets provided by central government. Khan et al. (2023) reviewed the issue of health financing in the COVID-19 pandemic and mentioned that even properly equipped systems were under extreme financial stress. Activity-based funding, quality incentive frameworks have been implemented by the NHS.

Human Resource Management: The NHS experiences great workforce issues. The UK nurse regulator was also criticized because of toxic culture, which is an indication of failure in management as a regulator (BBC, 2024). Moreover, Wilkinson (2026) has reported on the issue of corruption in the UK overseas training scheme, where Pakistani MPs debated over the matter with the High Commission demanding immediate action. These reports demonstrate the systemic issues of management in the workforce regulation and the international recruitment.

Quality and Professionalism: Alnasser, Williams and Gosling (2025) did a thorough review of the measures of professionalism in healthcare professions and concluded that valid and reliable measures of profession are vital in quality

management. Their study has direct implications to the systems of UK and Pakistan that aim at enhancing the professional standards.

Quality Improvement Initiatives: McAllister et al. (2026) showed that trust-wide quality improvement programmes were effective in the reduction of out-of-area placements, length of stay, and costs in inpatient mental health services in the UK. Their study gives solid facts that systematic quality management strategies can deliver quantifiable patient outcomes and financial results.

Healthcare Management in Pakistan

The healthcare system in Pakistan is run in a devolved political environment. After the 18th Constitutional Amendment, the role of health management has shifted to a provincial one.

Health Financing and Essential Services: Baltussen et al. (2023) compared how evidence-based deliberative processes can be used to design the Essential Package of Health Services in Pakistan. Their study revealed the ability of structured decision-making processes to help in prioritizing in resource constrained settings. This is a new management philosophy of designing health benefit packages.

Financial Management Issues: Khan, Nazir, and Afzal (2024) reported that a holistic health financing strategy is urgently required in Pakistan as the authors analyzed the problematic areas of health financing such as low government spending, high out of pocket payments, and inefficient resource distribution. They deconstruct to give a reform agenda on financial management.

COVID-19 Financial Management: Khan et al. (2023) presented evidence on the topic of health financing and governmental financial management in response to the COVID-19 pandemic in Pakistan as a low-income nation. In their findings, they established serious challenges such as delay in budget release, lack of proper use of development funds and that there was a necessity of having flexible financial management processes in case of health emergencies.

UK-Pakistan Health Partnerships: Anthony (2024) covered the reporting of the provision of the Pakistan Evidence for Health contract by Integrity,

which indicates collaboration on the global level in terms of health system fortification. This joint venture is a management capacity building project that introduces the UK expertise in the Pakistani health systems.

Bilateral Cooperation: APP (2024) reported the collaboration between Pakistan and the UK on the new health and population policy, and Associated Press of Pakistan (2025) reported on the increase in collaboration between Pakistan and the UK Health Security Agency on disease surveillance. These are bilateral initiatives which are important management collaboration opportunities.

Nurse Workforce and Mental Health: Kaleem and Essa (2025) analyzed the situation in Pakistan during the red-list of countries provided by WHO and the threat of mental health issues among nurses. Their study showed that Pakistani nurses were under a lot of psychological distress and it is important to note that there were critical failures in the management of human resource, which demand prompt action.

Disease Surveillance Management: The Global Health Network (2025) reported the attempt of closing the gap between the public and the private sector in Karachi through the Integrated Disease and Surveillance (IDSR) hospital network. This project is a new way of management of a surveillance system reinforcement in a complex city with mixed service delivery in the city between the government and the companies.

Research Gap

Although there are some individual descriptions of health systems, there is little literature that compares operational management practices among the building blocks of WHO across nations with high incomes and low-middle incomes in a systematic manner. This paper fills this gap by using a standardized system of analysis to two divergent systems.

Research Methodology

Research Design

The research design used in this study is the qualitative comparative case study. The UK and Pakistan are used as the two examples as they are chosen based on their greatest differences on the

main dimensions (economic development, the maturity of the system, the form of governance) and have a common Commonwealth legal tradition.

Data Collection Methods

Three major methods were used to collect data:

- **Document Analysis:** Policy documents, strategic plans and annual reports of NHS England, Pakistan, Ministry of National Health Services, provincial health departments and international organizations were analyzed.
- **Systematic Literature Review:** The references provided were used to find peer-reviewed articles published between 2020-2026 as they were related to such topics as professionalism measurement, health financing, quality improvement, disease surveillance, and workforce management.
- **Secondary Data Analysis:** Statistical indicators were obtained in WHO Global Health Observatory, World Bank Open Data, and national resources.

Analytical Framework

The data were to be grouped based on the six building blocks of the WHO Health Systems Framework. Coding of management practices within each building block was done on the dimensions of structure, process, and outcomes. Framework analysis was used to do thematic analysis.

Ethical Considerations

Since the present research will be carried out with publicly available documents and anonymized secondary data, formal ethical approval was not necessary. The research conforms to the research integrity standards such as reporting transparency and bias not being used when comparing countries.

Results and Findings

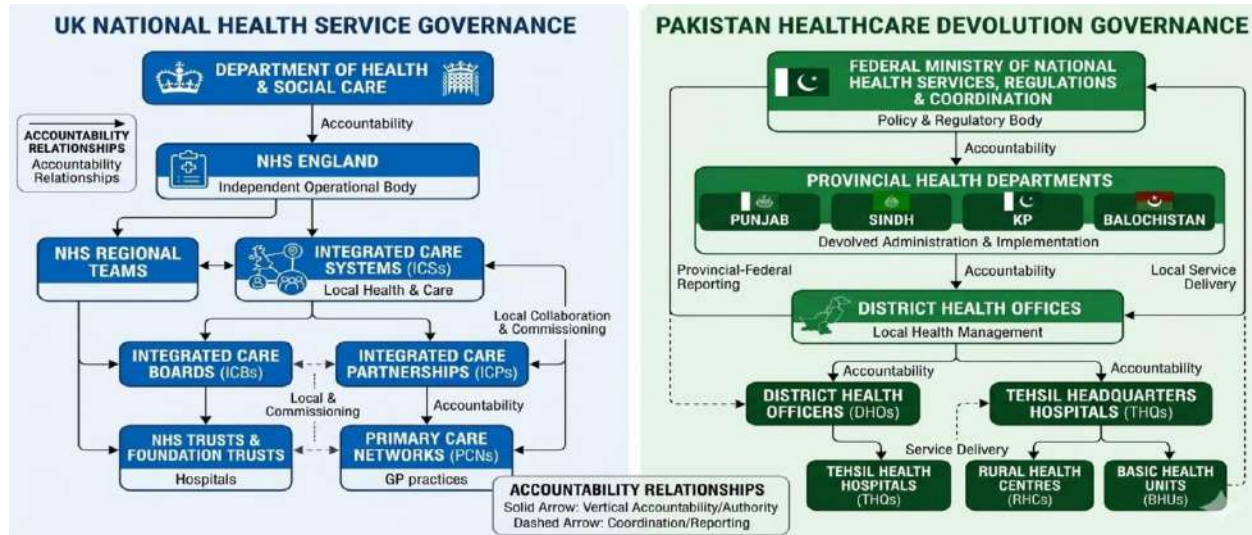
Governance and Leadership

The UK has well-established governance systems that have accountability lines. The NHS Constitution establishes rights and responsibilities, whereby Integrated Care Systems unite the NHS organizations, local government,

and voluntary sectors. According to Wu and Cormican (2021), shared leadership practices are a significant contributor to team effectiveness and

their results have a direct implication on the healthcare management.

FIGURE 1: COMPARATIVE GOVERNANCE STRUCTURES OF UK AND PAKISTAN HEALTHCARE SYSTEMS

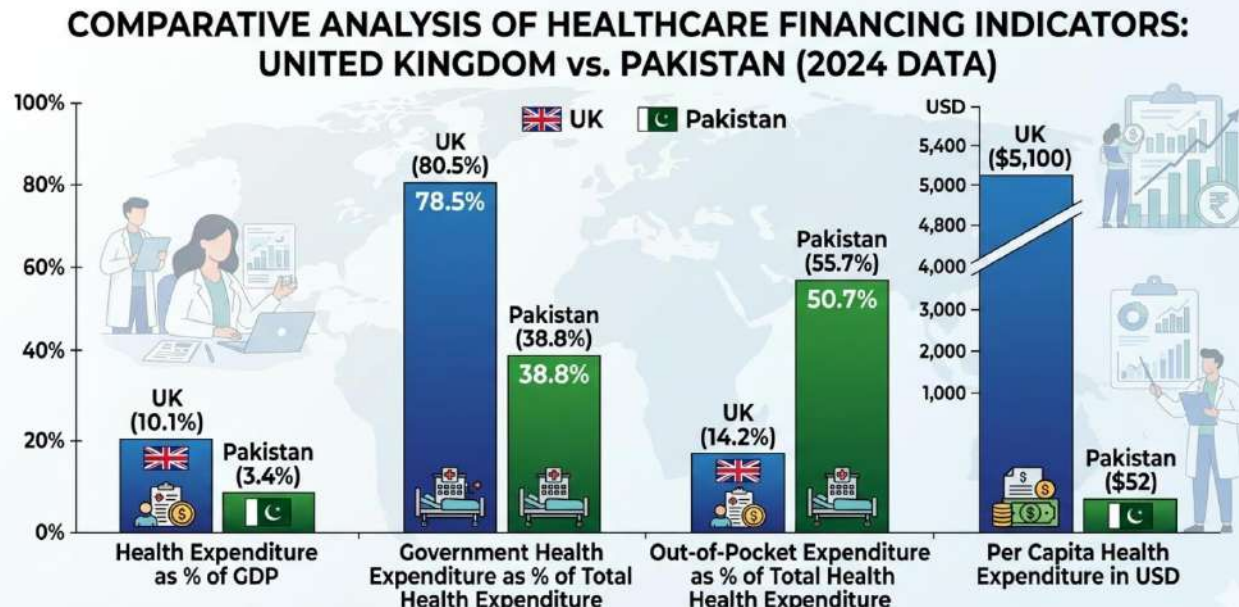


In Pakistan, the country is governed in a fragmented manner after devolution. They are four provincial health departments with management practices in each significantly different. Baltussen et al. (2023) showed the way evidence-based deliberative processes can help make decisions related to governance in Pakistan and give an example of how structured priority-setting can be made under governance fragmentation.

Financial Management

The general taxation provides the NHS with annual budgets. Nevertheless, according to Khan et al. (2023), systems which were well-resourced also experienced considerable financial strain during COVID-19. The Pakistani experience with financing of health during the pandemic had important lessons on how to manage finances in the limited resources settings.

FIGURE 2: HEALTH FINANCING COMPARISON - UK VS PAKISTAN

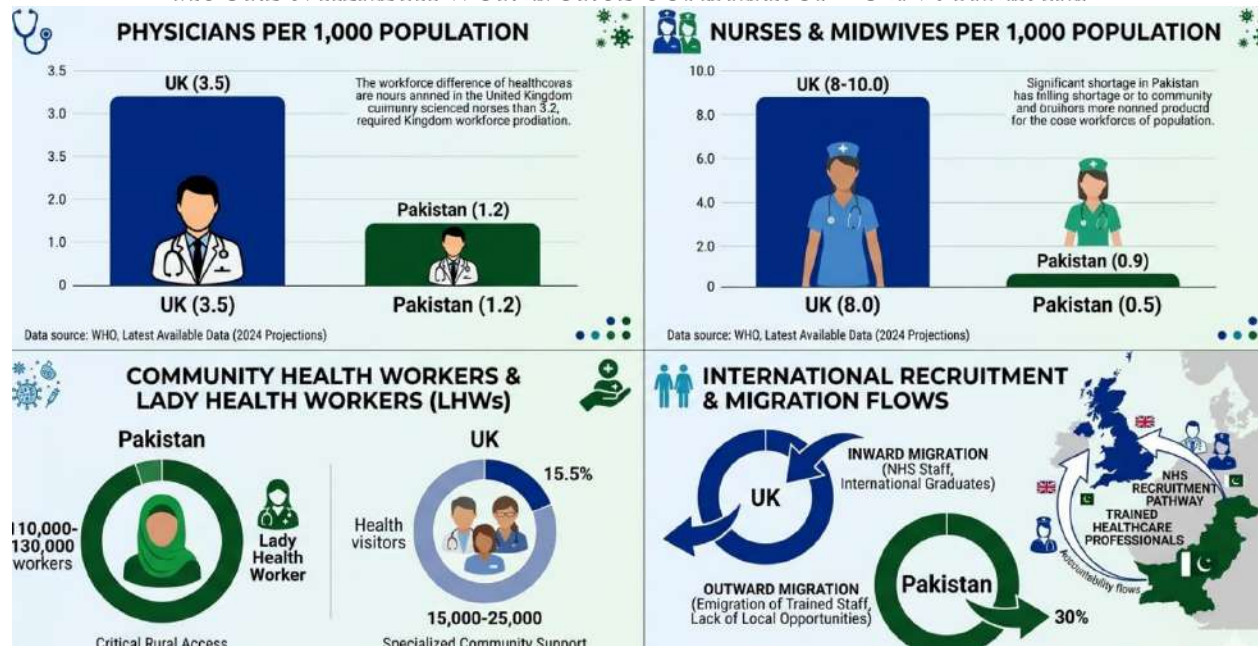


Khan, Nazir, and Afzal (2024) determined that the effective health financing strategy is a critical requirement in Pakistan. Through their analysis, they found out that Pakistan has chronic underfunding of health financing, allocation of resources in an inefficient manner, and high out-of-pocket spending. Evidence for Health contract (Anthony, 2024) is one of the international partnership strategies that can be used to solve these financial management issues.

Human Resource Management

There are considerable workforce issues in the NHS. Regulatory failures in the nurse oversight were reported by BBC (2024), and Wilkinson (2026) was describing the corruption issues in overseas training schemes. Such managerial failures directly impact on quality of workforce and patient safety.

FIGURE 3: HEALTH WORKFORCE COMPARISON - UK VS PAKISTAN



Kaleem and Essa (2025) carried out a cross-sectional study to study the risk of mental health among nurses in Pakistan, and the results showed that Pakistani nurses were experiencing a lot of psychological distress. Pakistan is still on the red list of WHO, which lists the country as vulnerable in health workforce, and nurses are at risk. Their study identifies some of the crucial human resource management failures that are in need of immediate redress.

In the article by the Global Health Network (2025), the innovative methods of overcoming the gap between the public and the private sector in Karachi in the disease surveillance network were

recorded, which proves that the collaborative management of the system can help in overcoming the distribution issues of the workforce.

Quality Control and Professionalism.

Alnasser, Williams, and Gosling (2025) have carried out an extensive review of the measurement of professionalism in healthcare professions. Their results have direct implications to both systems because it is necessary to measure professionalism as it is important to quality management. Both countries are having difficulties with valid and reliable measurement, although the UK has more developed systems.

FIGURE 4: QUALITY ASSURANCE AND PROFESSIONALISM FRAMEWORKS



The research by McAllister et al. (2026) proved the efficiency of trust-wide quality improvement programmes that could help decrease the expenses and enhance the outcomes. Their study is a model that can be modified to suit Pakistani teaching hospitals but resource limitation would need to be altered.

Health Information Systems Disease Surveillance.

According to the Associated Press of Pakistan (2025), there was improved collaboration of disease surveillance between the UK Health Security Agency and Pakistan. This is a bilateral partnership that is a significant management association towards bolster health information systems.

Global Health Network (2025) reported new strategies of integrated disease surveillance in Karachi, which have created a linkage between the public and the private sectors. This project shows the management innovation as one way of solving the information system dilemma in the complex city settings.

The collaboration between Pakistan and the UK on the new policies in health and population was reported by APP (2024), which emphasized that the management of population health requires the use of data-driven policies.

Discussion

Comparative Analysis of Key Findings

The results also indicate some expected differences and some unforeseen similarities. The NHS in the UK is exemplary in governance, financial management and quality assurance management practices. Nevertheless, the system is associated with major human resource management issues, such as regulatory failures (BBC, 2024) and corruption problems in the international hiring (Wilkinson, 2026).

The management styles of Pakistan have been innovative, which is despite the dire resource challenges. An example of management innovation that can be used to apply in other low-middle-income countries is the use of evidence-based deliberative health benefit package design (Baltussen et al., 2023). In the same way, the adaptive management in complex settings is evident in the system of public-private partnership approach to disease surveillance (The Global Health Network, 2025).

Quality Management and Professionalism.

Alnasser, Williams, and Gosling (2025) found that the measurement of professionalism is still a difficult task in the high-income and low-middle-income environments. The UK has acquired more established systems and measurement validity and reliability is a concern. Pakistan has other issues such as limitations on the capacity to provide

regulation and the necessity of measurement tools that can be used in the context.

McAllister et al. (2026) have shown that the systematic quality improvement programmes have quantifiable returns. Their results indicate that high-resourced systems still gain an advantage out of systematic quality management strategies. In the case of Pakistan, the opportunity to make such programmes resource-constrained is significant.

Workforce Challenges

The workforce issues in both systems are of a greater nature but of varied nature. UK has a problem of retention, burnout and regulating failures (BBC, 2024). Pakistan is faced with an absolute shortage, migration, and mental health risks of nurses (Kaleem & Essa, 2025). The integration of global health workforce management is evidenced by the example of Wilkinson (2026) reporting on the corruption issues of Pakistani nurses recruited by the UK because of the nature of such practices.

Cooperation and Learning on a Bilateral basis

Strengthening of UK-Pakistan health cooperation is documented by APP (2024), Associated Press of Pakistan (2025) and Anthony (2024). Such alliances provide chances of two-way learning. The experience of Pakistan on working through the community health workers and partnerships with the private sector can be learnt by the UK. UK experience on quality improvement, measurement of professionalism and health information systems can be used in the benefit of Pakistan.

Health Management and Social Media

In the article by Gonzalez-Padilla and Tortolero-Blanco (2020), the researchers investigated the opportunities and risks of social media in the context of health communication management in the COVID-19 pandemic. The article Wang et al. (2025) carried out the study on the loneliness of college students and their addiction to mobile phones, the results of which may be used in the management of the well-being of the healthcare workforce in both countries.

Conclusion

This comparative research on the healthcare management in the United Kingdom and Pakistan demonstrates that there are underlying differences that are determined by the economic resources, political systems, and historical developmental trends. The NHS of the UK is a developed, standardized, and resource-consuming management system. The healthcare management in Pakistan is marked with fragmentation, resource limitation, and adaptive innovation.

Nevertheless, these differences do not mean that both systems do not share the common problems: shortages of labor and migration rate, gaps in quality assurance, financial burden, and the necessity to have integrated health information system. These common problems imply that cross-learning can be conducted, though it should be adjusted to the situation.

The greatest discovery is that management practices are not independent of governance structures and financing. The advanced quality improvement initiatives (McAllister et al., 2026) and measures of professionalism in the UK would need an extensive adjustment to Pakistan resource-limited environments. On the other hand, innovative methods of delivering fundamental health services in Pakistan in terms of packaging (Baltussen et al., 2023) and partnerships between the government and the business sector (The Global Health Network, 2025) can be used by the NHS in its quest to achieve efficiencies.

To healthcare management students, this analogy supports one of the core concepts that management should be situationally fit. The future of the global healthcare management is in the adaptive and context sensitive strategies that are informed by various experiences.

Recommendations

For Pakistan:

- Follow evidence-based deliberation in health benefit packages design as illustrated by Baltussen et al. (2023).
- Tackle mental health risks that may be faced by nurses found in the workforce in Kaleem and Essa (2025) by implementing workforce well-being programmes.

- Disease monitoring models between the government and the community in the form of partnerships as it was the case in Karachi (The Global Health Network, 2025).
- Create context-specific professionalism measurements instruments on the basis of Alnasser et al. (2025) framework.

For United Kingdom:

- Find solutions to regulatory gaps in nurse supervision detected by BBC (2024).
- Research and sort out corruption issues in foreign training programs (Wilkinson, 2026).
- Improvement programme through the use of scale as shown by McAllister et al. (2026).
- Bilateral health partnerships with Pakistan to learn.

For International Organizations:

- Provide low-resource context-adapted professionalism measurement instruments.
- Enhance south north and south learning on health financing innovations.
- Govern health workforce internationally to avoid exploitation in global recruitment.

Limitations and Future Research:

There are a number of weaknesses in this research. Due to the use of secondary data, the findings are based on what is available in documentation. The generalizations are likely to be oversimplified because Pakistan is a diverse nation in its provinces. These limitations should be resolved in future research by using primary data such as interviewing managers in these two countries, sub-national comparative analysis between the four provinces of Pakistan, longitudinal research on changes in management practices, and quantitative research that determines the effects of management practices on patient outcomes.

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