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EARLY CAREER OBSTACLES: A QUALITATIVE EXPLORATION OF PROFESSIONAL CHALLENGES FACED BY EMERGING PSYCHOLOGISTS IN PAKISTAN

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ABSTRACT

Despite the rising demand for mental health services in Pakistan, Psychologists, especially emerging psychologists face major structural, systemic, and professional challenges as they move from academia to clinical practice. This qualitative study investigated the obstacles faced by newly graduated psychologists in Pakistan with up to 5 years of professional experience, or those who are freshly graduated and clinically practicing. In-depth semi-structured interviews were conducted with 12 individuals, and data saturation was achieved. The data were examined using Braun and Clarke's (2022) six-phase Thematic Analysis (RTA) model. The analysis revealed six key themes representing the primary struggles of early career practitioners of mental health experts and psychologists, such as a regulatory vacuum marked by the absence of a licensing body and widespread quackery; economic instability characterized by low remuneration, unpaid internships, and financial exploitation with fewer jobs and little pay; and a distinct transition gap caused by inadequate clinical supervision and a mismatch between academic training. These findings highlight the critical need for a professional licensing regulatory body, standardized clinical training, accessible supervisory assistance, and equitable compensation policies to protect and sustain the mental health workforce in Pakistan.

I. INTRODUCTION

Psychologists, face a challenging transition from academic study to independent clinical practice, especially in countries like Pakistan, which have limited resources and less mental health awareness (Kausar & Habiba, 2025). Early-career psychologists and emerging mental health practitioners face significant professional stressors such as increased clinical anxiety, impostor syndrome, few career opportunities, and a higher risk of early-career burnout (Gee et al., 2022). In well-established global countries and healthcare systems, these transitional pressures are typically reduced by legal licensing requirements, mandatory post-degree clinical supervision, clear professional boundaries, and structured residency programs that support professional development (Raghunathan, 2024). However, in low- and middle-income and third-world countries like Pakistan, these universal developmental barriers are multiplied by severe structural and institutional inadequacies. Pakistan has a tremendous mental health burden, with a projected 24 million people seeking psychological and psychiatric treatment (World Health

Organization, 2021). However, the country has a serious shortage of psychologists, with fewer than 0.2 qualified professionals per 100,000 people (Patel et al., 2025). While public awareness of psychological health has grown in recent years, the institutional frameworks required to teach, regulate, and support the professional workforce have not kept up with social demands (Shuja, 2025).

The ongoing regulatory gap surrounding non-medical mental health professions like psychologist in Pakistan is a major challenge. Unlike psychiatrists, who medical oversight organizations officially regulate, clinical and counseling psychologists in Pakistan do not have a functional, statutory licensing authority or legal protection for professional titles (Khalily et al., 2021). This lack of standardized accreditation and legal enforcement creates an environment in which unqualified individuals and pseudo-practitioners operate unchecked, compromising clinical safety, creating ethical ambiguities, and eroding public trust in evidence-based psychological services (Sabri et al., 2026). For newly graduated practitioners entering the workforce, regulatory ambiguity creates intense credibility challenges. It exposes them to systemic economic exploitation, such as unpaid clinical internships, substandard remuneration, and job insecurity in both the private and institutional sectors (Rokach, 2023). Furthermore, developing psychologists in Pakistan face a significant gap between theoretical academic education and the complicated reality of field practice (Zubair & Javed, 2026). University curricula frequently emphasize Western-centric psychological frameworks with little emphasis on culturally appropriate interventions, leaving novice clinicians unprepared to deal with local manifestations of distress, somatization, and deeply ingrained supernatural explanations of mental illness (Fischer & Karl, 2024). Compounding this training gap is a general lack of accessible, cheap, and formal clinical supervision after graduation, compelling early-career practitioners to handle high-acuity situations alone. When combined with the persisting social stigma surrounding mental healthcare, client noncompliance, and fluid professional boundaries, emerging practitioners experience considerable psycho-emotional strain and premature professional depletion (Masamha et al., 2022).

While localized research has occasionally identified macro-level mental health shortages or basic clinical demographics, empirical qualitative studies that explore the nuanced, lived experiences of early-career mental health professionals in Pakistan are rare (Jamil & Baseer, 2023). Understanding the various systemic, financial, and clinical hurdles that doctors face throughout their formative years (0-5 years of practice) is critical for shaping educational policy, institutional change, and supervisory procedures (Lin et al., 2024). As a result, this study uses Braun and Clarke's (2006) Thematic Analysis (RTA) framework to qualitatively analyze the various problems that developing psychologists and mental health specialists encounter as they navigate Pakistan's healthcare environment. Despite the considerable demand for mental health services in Pakistan, early-career psychologists confront specific systemic challenges, such as a lack of professional licensing authorities, financial exploitation through low-paying or unpaid work, and inadequate clinical supervision after graduation. Because most existing research focuses on client demographics rather than the workforce itself, this study tries to fill a critical gap by qualitatively documenting the challenges faced by novice clinicians (0-5 years of experience) to inform institutional reform, training standards, and policy development. To conduct a qualitative study of the structural, professional, and psycho-emotional problems faced by emerging psychologists in Pakistan.

Objectives of the Study

1. To determine the challenges faced by emerging and new psychologists in Pakistan.
2. To investigate the effects of a missing central licensing body on professional credibility and public trust of psychologist.
3. To determine how well academic programs prepare early-career physicians for real-world cultural and clinical challenges.

Research Questions

1. What are the key professional and fundamental problems that emerging psychologists in Pakistan?
2. How do emerging psychologists describe their shift from academic university education to real-world clinical practice?
3. What are early-career psychologists experiences with clinical supervision and professional mentorship during and after their degree completion?

II. METHOD

Participants

This study employed an exploratory qualitative research approach to investigate the professional and systemic issues experienced by Pakistan's early-career psychologists. Since the purpose of the study was to examine personal experiences and cultural contexts, a qualitative method was the best fit. The study included 16 young, emerging psychologists from Pakistan. Participants were selected through purposive sampling to meet the inclusion criterion of having 0 to 5 years of post-graduation experience. This sample highlights the challenges professionals face in Pakistan during the early years of transitioning to independent practice, including limited mentorship, resource constraints, and an evolving regulatory environment. Participants worked in a variety of mental health settings, such as private clinics, hospitals, and educational organizations. All participants were assigned pseudonyms to protect their confidentiality. The following are the study's inclusion and exclusion criteria. Inclusion criteria for the study are a Master's degree (MS) in Clinical/Counselling Psychology, current practice in Pakistan, and a maximum of 5 years of post-graduate professional practice experience or fresh graduation. Moreover, psychiatrists were excluded from the study because they can prescribe medication. Psychologists with more than 5 years of experience were also excluded from the study.

Data Collection

Individual, semi-structured online interviews were conducted using Zoom and Google Meet. Online interviews were chosen to accommodate participants from various cities in Pakistan and to create a flexible, comfortable setting for open conversation. To ensure cultural adaptability and allow participants to express themselves organically, all interviews were conducted in both English and Urdu. Key psychological terms and therapeutic concepts were frequently discussed in English, although emotional experiences, social challenges, and cultural nuances were expressed in Urdu. Data collection was discontinued after the 12th interview due to data saturation, meaning no new themes or insights emerged from subsequent discussions.

Data Collection Tool

A concise, semi-structured interview guide was developed to guide the conversation while allowing for flexibility to follow up on unanticipated responses which consists of the following questions.

Main Interview Questions

1. How would you define the shift from university graduation to independent clinical practice?
2. What obstacles do you experience, given that Pakistan lacks an official central licensing council or regulatory body?
3. How do you deal with financial realities like pay, unpaid internships, and growing a private client base?
4. What was your experience with access to clinical supervision and guidance during your degree after completion?
5. How do societal mental health stigma and client expectations influence your professional well-being and day-to-day practice?

Probing Questions (used during interviews to acquire more detail):

1. Could you tell me more about what happened when you started your first job or internship?
2. When you say that 'there is no regulatory protection,' how does it affect your daily practice?
3. How did that situation impact you personally and professionally?
4. In what ways did client expectations contradict the psychological ideas covered in your academic textbooks?

Data Analysis Procedure

All online interviews were audio-recorded with explicit consent, transcribed verbatim, and translated into English where Urdu was spoken, preserving the contextual meaning. The data were analyzed using Braun and Clarke's (2006) Thematic Analysis (RTA). Thematic Analysis was chosen because it recognizes the researcher's active engagement in interpreting data, rather than considering analysis as a passive extraction of facts. The analysis proceeded in six recursive phases:

1. Familiarization with the Data: Read and reread the transcripts while listening to the audio recordings to gain a thorough understanding.
2. Generating Initial Codes: Entails categorizing portions of text that represent important experiences or barriers.
3. Generating Initial Themes: Grouping related codes into bigger prospective themes that answer the study's primary research issues.
4. Reviewing Potential Themes: Checking candidate themes against the entire dataset to check consistency and coherence.
5. Define and name Themes: Refine theme boundaries and assign descriptive titles to highlight each theme's essential story.
6. Producing the Final Report: Writing the final story, complete with captivating participant quotes.

Ethical Considerations

Ethical approval was obtained before data collection. All 16 participants provided informed verbal and written consent. To protect confidentiality, all direct identities were not mentioned, and pseudonyms (such as Participant 1, Participant 2) were assigned. Participants were advised that they might withdraw from the interview at any time without consequence.

III. RESULTS

This section presents findings from a qualitative study of the challenges faced by emerging psychologists in Pakistan. The study included 16 individuals, and Table 1 shows their comprehensive demographic information. Six major topics emerged from thematic analysis of the interview data, which are discussed below in Table 2 and in detail.

Table I: Demographic Characteristics of Participants (N = 16)

Participants' ID	Gender	Age	Degree Title	Professional Experience (In Years)
P1	Female	24	MS Clinical Psychology	1
P2	Female	23	MS Counseling Psychology	0
P3	Male	26	MS Clinical Psychology	2
P4	Female	25	MS Clinical Psychology	2
P5	Male	28	MS Clinical Psychology	4
P6	Female	22	MS Clinical Psychology	0
P7	Male	29	MS Clinical Psychology	5
P8	Female	27	MS Clinical Psychology	3
P9	Male	24	MS Clinical Psychology	1
P10	Female	28	MS Clinical Psychology	4
P11	Male	27	MS Clinical Psychology	3
P12	Female	26	MS Clinical Psychology	2
P13	Male	23	MS Clinical Psychology	0
P14	Female	25	MS Clinical Psychology	1
P15	Male	29	MS Clinical Psychology	5
P16	Male	25	MS Clinical Psychology	2

Note. Participants' IDs = Pseudonym codes assigned to protect individual confidentiality (P1-P16); MS = Master of Science (18-year higher education degree program in Pakistan).

As shown in Table 1, the sample comprised 16 early-career mental health professionals (8 females and 8 males), aged 22 to 29 years, with an average age of 25.69 years. All participants held a postgraduate degree of 18 years or more, such as a Master of Science in Clinical Psychology or Counseling Psychology. Their postgraduate clinical work experience as practicing or trainee psychologists ranged from 0 to 5 years, with a mean of 2.19 years.

Table II: Qualitative Themes Identified through Interviews using Braun & Clarke (2006) Thematic Analysis Framework

Themes	Description	Illustrative Quotes
1. Institutional Neglect and the Regulatory Licensing Gap	There is no formal licensing council or official accrediting authority for non-medical mental health professionals in Pakistan. There are a few bodies, but those are not recognized nationwide or worldwide.	"Emerging Pakistani psychologists face no official licensing body and policy exclusion by medical councils." (Participant 6)
2.Public Misconceptions: The Demand for Medication and Quick Fixes	Clients tend to prefer immediate pharmacological treatments and medications over talk therapy, viewing non-prescribing psychologists as ineffective.	"Clients want a fix solution or medicines. Therapy and counseling aren't valued much, and clients want a fix or a medicine." (Participant 5)
3.Labor Market Stagnation and Financial Exploitation	There is a severe shortage of legitimate job opportunities in both the public and commercial sectors, forcing individuals to rely on unpaid internships, private practice, and room rentals.	"They experience severe financial exploitation through unpaid internships and low-paying jobs despite expensive post-graduate training." (Participant 6)
4. The Theory to Practice Gap Supervisory Deficit	Academic emphasis on Western models and tools causes a disparity with local cultural presentations, which is further complicated by limited, expensive supervision.	"Most BS and MS Psychology programs in Pakistan are heavily theory-based, with very few hours of supervised clinical practice. There isn't a strong practicum culture here because there aren't enough teaching hospitals." (Participant 1)
5. Ethical Boundaries Violations and Unregulated Commercialization	Navigating collective family interference, privacy invasions, and cultural stigma surrounding mental healthcare.	"Some psychologists reportedly prescribe medication despite it being outside the professional scope of psychology, creating an unfair environment for those who adhere to ethical and legal guidelines." (Participant 3)
6. Early Career Pressure and Burnout	The accumulated burden of financial insecurity, a lack of institutional support, and ongoing client resistance lead to quick fatigue.	"Professionals suffer from high burnout and compassion fatigue due to intense trauma cases and social stigma. This combination of factors ultimately drives a massive "brain drain" of mental health talent out of the country." (Participant 6)

This table presents the main themes identified through thematic analysis using the six-phase approach outlined by Braun and Clarke (2006), and they are explained in detail below.

Theme I: Institutional Neglect and the Regulatory Licensing Gap

According to participants, Pakistan's mental health system lacks an established legal licensing organization, such as the Legal Psychological Council of Pakistan. In contrast to medical doctors, who are accredited by statutory medical boards, clinical and counseling psychologists work in an unregulated environment with no legally protected titles. In Pakistan, the current regulatory gap prevents new graduates from obtaining an official state practice license. By contrast, unqualified individuals, pseudo-therapists, and life coaches can operate freely without standard credentials. Participants stressed that this lack of legal protection exposes early-career mental health professionals to ethical risks and strips them of institutional legitimacy. In Western countries, such as the APA in the United States or the HCPC in the United Kingdom, post-graduate clinical practice is governed by mandated state licensing examinations and board registration. These mechanisms safeguard both the public and

practitioners. In Pakistan, the lack of licensing leaves early-career professionals without defined scopes of practice or official recognition as healthcare providers.

Theme II: Public Misconceptions: The Demand for Medication and Quick Fixes

A common difficulty for new psychologists is the widespread belief that mental health care consists solely of medical treatments and psychiatric medications (*Dawai*). According to most participants, most patients want a quick fix to relieve their anxiety or depression in just few days. They become frustrated when it is explained to them that therapy, unlike medication, takes time and requires self-reflection. In Pakistani society, healthcare is often interpreted through a biomedical model: a patient visits a doctor, receives a prescription, and expects immediate symptom relief. By contrast, only psychiatrists can prescribe psychiatric medication under the applicable legal framework, while psychologists, counselors, and therapists are non-prescribing practitioners who specialize in psychotherapy, counseling, and psychoeducation. As a result, clients frequently dismiss psychotherapy as mere advice-giving and talking. While mental distress is widespread, awareness of psychotherapy and mental health is higher in modern health care systems. In the West, people understand the value of psychotherapy and counseling; however, in Pakistan, a lack of public psychoeducation leads to client disregard and undervaluation of psychotherapeutic interventions.

Theme III: Labor Market Stagnation and Financial Exploitation

Participants reported a highly competitive, declining job market for early-career mental health professionals, with scarce institutional opportunities and systemic financial misconduct. In Pakistan, public hospitals rarely fund psychologists, although private hospitals frequently take advantage of an overstock of new graduates. Early-career practitioners are typically forced into unpaid “clinical observer-ships”, “unpaid internships”, or low-paying session-based models in which clinic owners take large percentage cuts. In Western healthcare systems, entry-level clinical psychologists often work in salaried residency programs, postdoctoral fellowships, or institutional employment covered by third-party health insurance. In contrast, Pakistani developing practitioners face significant out-of-pocket setup costs in a system where insurance does not cover psychotherapy.

Theme IV: The Theory to Practice Gap Supervisory Deficit

Participants identified a significant gap between their university training and clinical practice in Pakistan. University curricula are mainly based on Western psychological frameworks that presuppose freedom of choice, good emotional literacy, and a secular worldview and do not apply to Pakistani culture. Emerging psychologists frequently encounter collectivist family dynamics, somatization of distress (for example, presenting sadness as physiological pain or Ghabrahat), and supernatural explanation frameworks for illness (such as Nazar, Kala Jadu, or Jinn possession). They reported feeling unprepared to apply Western tools to these cultural dynamics, while formal, post-graduate clinical supervision remains costly and limited. In contrast, post-degree clinical supervision is required in Western-approved programs and is part of the early-career clinical track. In Pakistan, postgraduate supervision is wholly voluntary, private, and unstandardized, leaving new professionals to negotiate high-risk clinical cases without formal guidance.

Theme V: Ethical Boundaries Violations and Unregulated Commercialization

The fifth theme depicts the continual conflict between professional therapeutic norms and the relationship demands of a collectivist culture. The personal boundaries are often fluid in Pakistani families; clients and relatives frequently try to breach therapeutic limits, such as demanding late-night WhatsApp updates, expecting therapists to release session notes, or asking the clinician to act as a family court. While Western psychologists rely on legal safeguards for confidentiality, Pakistani clinicians must negotiate confidentiality norms independently in a society that values collective family authority over individual autonomy.

Theme VI: Early Career Pressure and Burnout

The last theme emphasizes the collective toll that emerging psychologists face as they navigate legal ambiguity, financial stress, public distrust, and heavy clinical workloads. Within the first five years of practice, early-career clinicians are vulnerable to emotional exhaustion and impostor feelings due to low financial returns, frequent efforts to justify therapy versus medication, and limited peer support networks. While early-career burnout is common worldwide, Western systems offer institutional support, peer consulting groups, and professional

association resources to help psychologists cope. In Pakistan, early-career clinicians must deal with these systemic stresses in isolation.

IV.DISCUSSION

The current study used Braun and Clarke's (2006) approach to explore the challenges faced by emerging psychologists in Pakistan. Thematic Analysis framework to qualitatively investigate the professional, systemic, and psycho-emotional challenges that emerging psychologists in Pakistan face during their first five years of post-graduate practice. The findings suggest institutional vulnerabilities, including the absence of a central regulatory council, systemic economic exploitation, a significant disparity between Westernized academic training and the realities of the field, and acute emotional weariness. These findings are consistent with and build on existing worldwide and regional research on early-career mental health workforce transitions in low- and middle-income countries. This study's key finding is Pakistan's major institutional vulnerability, stemming from its regulatory gap. Unlike high-income Western healthcare models, which include mandatory licensing boards that enforce standard clinical competencies and protect titles (Lateef et al., 2026), Pakistan lacks a functioning central psychological council. According to Rosen et al. (2025) and Hosoda-Urban et al. (2024), the absence of state-level oversight allows unaccredited people with short credentials to market psychotherapy services publicly. Most participants emphasized that this uncontrolled landscape fosters ethical uncertainty and undermines public trust, thereby requiring early-career psychologists to undertake considerable "credential work" to establish their professional credibility with hesitant clients.

This regulatory body's absence directly contributes to systemic economic fragility. Emerging Pakistani psychologists face significant financial insecurity, which is consistent with labor dynamics in other developing and transitioning health sectors (Mahesar et al., 2024). The substantial reliance on unpaid clinical "internships," low base compensation in private clinics, and high administrative expenses for private settings all contribute to an effort-reward imbalance. Prechsl (2025) concluded that effort-reward mismatches during early-career growth considerably enhance the probability of early professional turnover. In Pakistan, where third-party health insurance coverage for psychiatric treatment is almost non-existent, early-career psychologists must navigate a risky out-of-pocket payment arrangement that limits financial sustainability for individuals without independent family support (Choudhry et al., 2021). Furthermore, the findings reveal a significant theory-to-practice gap. Participants noted that university courses are almost entirely based on Western, individualistic psychological paradigms such as traditional Cognitive Behavioral Therapy, which do not readily apply to Pakistan's collectivist sociocultural reality (Naeem et al., 2019). In Pakistani treatment, psychological discomfort is frequently expressed through somatization, e.g., Ghabrahat (restlessness/anxiety) or somatic aches, or by spiritual/supernatural paradigms such as Nazar (evil eye) or Jinn possession (Shehzad, 2025). Emerging physicians were ill-equipped to incorporate these local explanatory models without postgraduate clinical guidance. Formal clinical supervision in Pakistan is rare, unstandardized, and unaffordable, reflecting patterns in health systems in low- and middle-income countries (Dayani et al., 2024). This lack of support leaves unskilled practitioners handling high-risk clinical cases on their own.

Finally, the study emphasizes the distinct sociocultural friction and psychological and emotional strain experienced by new psychologists. In collectivist countries, interpersonal boundaries are inherently fluid; practitioners were frequently confronted with client family interventions, requests to breach confidentiality, and expectations to function as moral arbiters. Managing these complex family relationships while dealing with broader society mental health stigma leads to quick emotional depletion. A study by Jamil & Baseer (2023) stated that the early-career stage is a developmentally susceptible period marked by identity conflicts and systemic worries. When these universal developmental pressures are combined with institutional neglect and financial stress, early-career psychologists in Pakistan face a danger of premature burnout and professional depletion. To safeguard and sustain Pakistan's emerging psychologists, policy action is required. Establishing a legal psychology council or organization, establishing culturally appropriate postgraduate supervision pathways, and enacting fair compensation rules for early-career psychologists and therapists are all key steps toward developing a robust mental health infrastructure in Pakistan.

Limitations and Suggestions

While this study provides valuable qualitative insights from 12 participants in metropolitan centers, future research should use quantitative survey methods to examine burnout rates across Pakistan's provinces systematically. Longitudinal studies that follow cohorts over their first five years of practice could provide valuable information about worker retention. Additionally, to safeguard and sustain Pakistan's emerging psychologists, policy action is required. Establishing a legal psychology council or organization, establishing culturally appropriate postgraduate supervision pathways, and enacting fair compensation rules for early-career psychologists and therapists are all key steps toward developing a robust mental health infrastructure in Pakistan.

V. CONCLUSION

In summary, this study shows that professionals in Pakistan face many difficulties when starting independent practice, especially in their early years. Problems such as insufficient guidance, limited job opportunities, lack of a license, and unclear rules can make this transition difficult. It is important to find ways to support new professionals and make this process easier for them. Future research should look for practical solutions to help professionals succeed as they begin their independent careers in Pakistan.

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