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WORK ALIENATION EXISTENCE IN THE WORKPLACE: EXAMINING THE EFFECT OF POWERLESSNESS ON SELF- ESTRANGEMENT IN HEALTH SECTOR

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ABSTRACT

This study examines the effect of powerlessness on self-estrangement among nurses, focusing on how limited control and influence in the workplace may contribute to psychological detachment from one's professional role. Nurses work in complex healthcare environments characterized by hierarchical structures, demanding responsibilities, restricted autonomy, and interactions with multiple professional groups, making them an appropriate population for investigating these organizational experiences. A quantitative research design was adopted, and data were collected from nurses through a structured questionnaire using established measures of powerlessness and self-estrangement. The collected data were analyzed using appropriate statistical techniques to examine the effect of powerlessness on self-estrangement. The findings indicate that powerlessness has a significant positive effect on self-estrangement, suggesting that nurses who experience greater limitations in autonomy, participation, and control over work-related decisions are more likely to experience psychological detachment from their work and professional identity. The study highlights the importance of strengthening nurses' professional autonomy, participation in decision-making, employee voice, and supportive organizational practices. The findings contribute to the literature on work alienation and provide practical implications for healthcare organizations seeking to reduce self-estrangement and foster employee engagement, professional identification, and a stronger psychological connection with work.

Introduction:

Self-estrangement represents an important psychological dimension of work alienation in which employees experience a growing separation between their work activities and their sense of self, personal values, professional identity, and intrinsic fulfillment. Rather than perceiving work as an avenue for expressing abilities and professional identity, self-estranged employees may increasingly regard their work as externally imposed and primarily oriented toward organizational requirements or extrinsic rewards. Contemporary research conceptualizes alienated work as involving reduced autonomy and opportunities for creativity and self-expression, suggesting that organizational conditions that restrict employees' control can have consequences extending beyond dissatisfaction to deeper psychological detachment from work. Seeman et al. (2021), for example, conceptualized alienated labor in terms of limited autonomy and creativity and demonstrated that alienated work is relevant to employees' psychological, social, and biological functioning. This issue is particularly relevant to nursing because nurses work within highly structured healthcare systems where professional responsibilities are frequently influenced by organizational procedures, hierarchical authority, workload, staffing arrangements, and inter professional decision-making. A systematic review by You et al. (2022), based on 12 studies nurses, found a

moderate level of work alienation among Chinese nurses and highlighted demanding work environments and other occupational characteristics as important contextual concerns. Similarly, Gümüş et al. (2021), examining 1,523 healthcare professionals in Turkey, reported significant variation in work alienation according to several work-related characteristics, including position, professional experience, working hours, overtime, and shift work. These findings indicate that nurses' experiences of alienation cannot be separated from the degree of control and autonomy available within their work environment. When nurses repeatedly experience restrictions on their ability to influence decisions, determine how tasks are performed, or exercise professional discretion, they may gradually perceive their work as something controlled by external forces rather than as an expression of their professional capabilities. Consequently, powerlessness may constitute an important antecedent of self-estrangement because persistent inability to influence one's work can weaken personal ownership of occupational activities and encourage psychological distancing from the professional role.

Literature Review:

Powerlessness:

Powerlessness is a central dimension of work alienation and refers to employees' perception that they have limited control, autonomy, or influence over decisions and activities concerning their work. Previous research indicates that powerlessness is strongly connected with organizational structures, limited autonomy, excessive job demands, and forms of work that restrict employees' influence over how their tasks are performed. Glavin et al. (2021), using two national surveys of Canadian workers found that platform workers experienced higher levels of powerlessness than other workers, highlighting the role of algorithmic control and constrained autonomy in contemporary employment. Similarly, a systematic review of work alienation among Chinese nurses identified powerlessness as one of the principal dimensions of alienation and noted that limited autonomy and control over work activities are important characteristics of this experience. Sarwar et al. (2022), further demonstrated that punitive supervision contributes to work alienation and subsequently diminishes employee well-being, suggesting that controlling and adverse supervisory practices can undermine employees' psychological connection with their work. More recently, research Chinese nurses examined work alienation through powerlessness, helplessness, and meaningfulness, demonstrating that these dimensions can be used to distinguish different levels of employees' alienation experiences.

Self-estrangement:

Self-estrangement is a fundamental dimension of work alienation that refers to employees' psychological detachment from their work, diminished intrinsic satisfaction, and reduced identification with their professional roles. Researchers increasingly examined its organizational antecedents and consequences. Özer et al. (2019), in a study of 388 nurses and physicians in a public hospital, found that self-estrangement and powerlessness were negatively associated with organizational health, highlighting the significance of these alienation dimensions in healthcare settings. Similarly, Golden and Veiga (2018) demonstrated that self-estrangement negatively affects job performance, primarily through the deterioration of social exchange relationships with coworkers, including trustworthiness, accessibility, and peer citizenship behaviour. Furthermore, Azambuja and Islam (2019) identified lack of autonomy, fatigue, and detachment from professional roles and colleagues as important features of workplace alienation. Muttar et al. (2019), in their critical review, also emphasized the role of organizational conditions in the development of work alienation

and its adverse consequences. Previous studies suggest that self-estrangement is closely associated with restricted autonomy, weakened workplace relationships, and adverse organizational experiences, highlighting the importance of examining its antecedents and consequences across different professional settings.

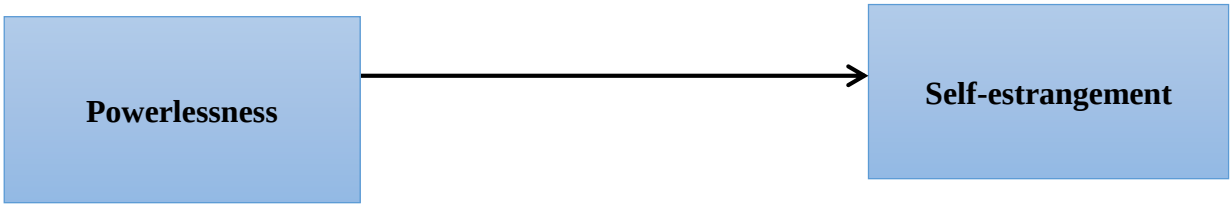
Theoretical Frame work:

Relationship between Powerlessness and Self-estrangement:

Powerlessness is particularly relevant to employees because they often carry substantial professional responsibilities while having limited authority over organizational decisions, staffing, resources, work procedures, and patient-care practices. Research indicates that restricted autonomy, participation, and decision-making control are associated with greater experiences of work alienation among nurses (e.g, You et al., 2022; Seeman et al., 2021). When employees repeatedly perceive that their work is externally controlled, they may experience reduced ownership and autonomy, gradually weakening their psychological connection with their professional roles. Similarly, Zohourparvaz & Vagharseyyedin (2023) found that job crafting and job embeddedness were significantly related to work alienation among Iranian nurses, highlighting the importance of employee agency in reducing alienating experiences. Evidence concerning occupational disidentification among hospital nurses further suggests that unfavorable organizational conditions can weaken employees' psychological connection with their occupational roles. Collectively, these findings provide a theoretical basis for proposing that powerlessness is positively associated with self-estrangement, as persistent restrictions on control and professional autonomy may diminish nurses' sense of ownership, authenticity, and personal expression in their work.

H^1: Employee powerlessness would significantly positively affects employee Self estrangement

Theoretical Framework Model:



Research Methodology:

The present study adopted a quantitative research approach to examine the effect of powerlessness on self-estrangement among nurses working in public-sector hospitals in Quetta. Primary data were collected from serving nurses because their professional responsibilities are performed within formal organizational hierarchies and involve varying degrees of professional autonomy, participation in decision-making, and control over work-related activities. These characteristics make the nursing profession an appropriate organizational context for investigating perceived powerlessness and its relationship with self-estrangement. A sample of 300 nurses was targeted for the present study, which is comparable with previous empirical research examining work alienation among nursing and healthcare professionals; for example, Korkmaz & Torlak (2024) examined work alienation and quality of work life among 303 healthcare professionals. To ensure that participants had sufficient organizational experience and direct exposure to their work environment, the study included only nurses who had completed at least six months of service in their current organization and were directly engaged in patient-care activities. A convenience sampling technique was employed to collect the primary data.

The data were gathered through an adapted questionnaire based on Mottaz (1981)**, comprising** seven items measuring powerlessness and seven items measuring self-estrangement**.** Respondents' perceptions were recorded using the specified Likert-scale response format. Before conducting hypothesis testing, the collected data were screened for completeness and assessed for normality to determine whether the data met the relevant assumptions for subsequent statistical analysis. The data were analyzed using SPSS Version **23**. Reliability analysis was performed to establish the internal consistency of the measurement scales, while correlation analysis was used to examine the association between powerlessness and self-estrangement. Finally, regression analysis was employed to determine whether perceived powerlessness significantly predicts self-estrangement among nurses.

Results of the study:

Response rate of the study was 70 %.

Reliability analysis results:

Table 1 showing Reliability analysis results

Variables	No of items	Cronbach Alpha value
Powerlessness	7	0.803
Self-estrangement	7	0.787

In social science research , Cronbach's alpha is a commonly employed statistical measure for assessing the internal consistency and reliability of multi-item measurement scales (Nunnally & Bernstein, 1994). The results of the reliability analysis indicate that the items used to measure the study variables demonstrate good internal consistency, confirming that the respective items reliably measure their underlying construct.

Correlation analysis results:

Table 2 showing Pearson correlation analysis results

Variables	Mean	Standard Deviation	Powerlessness	Self-estrangement
Powerlessness	3.92	1.39	1	
Self-estrangement	4.93	0.96	.460**	1

Correlation is significant at 0.01**

The table 2 shows the mean, standard deviation and correlation between variables. The correlation between powerlessness and self-estrangement ($r = .460$, $p < 0.01$) exhibits that both are significantly positively correlated.

Regression analysis results:

Table 3 showing Pearson correlation analysis results

Model	Standardized coefficient Beta	T	Sig	R^2
Powerlessness ⟶ Self-estrangement	.460	3.87	0.00	0.21

The value of R^2 in table shows adequacy of model, which exhibits that employee powerlessness positively affect employee self-estrangement feelings ($\beta = 0.460, t = 3.87, p <$

0.05). Employee powerlessness predicts 21% of variance in self-estrangement. The results support hypothesis.

Discussion:

The present study examined the relationship between powerlessness and self-estrangement among nurses. The findings indicate that powerlessness is positively associated with self-estrangement, suggesting that nurses who perceive limited control over their work and organizational circumstances are more likely to experience psychological distance from their professional roles. This finding can be explained through the multidimensional perspective of work alienation, in which powerlessness represents a perceived inability to influence work-related outcomes, whereas self-estrangement reflects a diminished sense of personal connection, intrinsic involvement, and self-expression through work. The relationship is particularly relevant in nursing because nurses are expected to exercise professional judgment and provide autonomous care while often operating within hierarchical organizational structures.

The finding is consistent with earlier evidence from the literature**.** Ross and Mirowsky (2015) identified powerlessness as a fundamental form of alienation and described self-estrangement as a work-related form of alienation in which individuals experience their work as separated from themselves. This conceptualization provides a strong theoretical basis for understanding why a persistent lack of control may be accompanied by psychological distancing from one's occupational role. Similarly, Özer et al. (2019), in a study of 388 nurses and physicians working in a public hospital, found that both powerlessness and self-estrangement were negatively associated with organizational health. Importantly, powerlessness emerged as the strongest predictor among the dimensions of work alienation examined in their model. Although their study examined organizational health rather than the direct relationship between powerlessness and self-estrangement, the findings demonstrate that both dimensions are consequential aspects of healthcare employees' work experiences. From a theoretical perspective, the present result suggests that powerlessness may function as an important antecedent of self-estrangement**.** A nurse who repeatedly experiences an inability to influence decisions may gradually perceive that professional activities are imposed rather than personally chosen or controlled. Consequently, the nurse may continue performing required duties while becoming less psychologically connected to the work itself. In this sense, self-estrangement is not simply dissatisfaction with one's job; rather, it represents a deeper weakening of the relationship between the employee's sense of self and occupational activity. This interpretation is consistent with the conceptual distinction between powerlessness and self-estrangement and helps explain why the two dimensions should be examined separately rather than combined into a single measure of work alienation.

Conclusion:

The study concludes that powerlessness is an important predictor of self-estrangement among nurses. In organizational environments where employees have limited autonomy, restricted participation in decision-making, and insufficient control over their work, persistent experiences of powerlessness may weaken their psychological connection with their professional roles. When nurses perceive that they have little influence over work-related decisions or limited opportunities to exercise professional judgment, they may gradually experience a sense of detachment from their work, reduced personal involvement, and diminished opportunities for self-expression. These experiences can contribute to self-estrangement**,** whereby professional activities become increasingly disconnected from

employees' sense of identity and personal fulfillment. The findings therefore emphasize the importance of developing supportive healthcare work environments that promote professional autonomy, participative decision-making, recognition of nurses' expertise, and greater control over work-related activities. Strengthening nurses' sense of influence and ownership may help reduce psychological detachment from their professional roles and foster a stronger connection between nurses and their work.

Strengths and Limitations of the study:

The present study provides a focused examination of the relationship between powerlessness and self-estrangement among nurses, a population working within complex, hierarchical, and highly structured healthcare environments. The use of established and adapted measurement instruments strengthens the methodological rigor and supports the reliability of the findings. By specifically examining self-estrangement as an outcome of perceived powerlessness, the study contributes to the relatively limited empirical literature on the psychological consequences of restricted autonomy, participation, and control in nursing workplaces. Furthermore, focusing on nurses offers practical insights for healthcare administrators and nursing managers regarding the importance of professional autonomy, participative decision-making, recognition of professional expertise, employee involvement, and supportive workplace practices. Addressing these organizational factors may help strengthen nurses' sense of ownership and connection with their professional roles.

he study has several limitations that should be considered when interpreting its findings. First, the cross-sectional research design, if applicable, limits the ability to establish definitive causal relationships between powerlessness and self-estrangement because the variables are measured at a single point in time. Second, the use of self-reported questionnaires may introduce common-method bias and social desirability effects, as participants may provide responses influenced by their perceptions or concerns about disclosing workplace experiences. Third, the use of a convenience sampling technique may restrict the generalizability of the findings to the wider nursing population and other healthcare institutions. Fourth, the study's geographical focus on public-sector hospitals in Quetta may limit the transferability of the findings to nurses working in other regions, provinces, private hospitals, or different healthcare systems. Finally, the study examines a relatively specific relationship and does not incorporate other potentially relevant determinants of self-estrangement. Future research could address these limitations by employing longitudinal or multi-wave research designs, probability-based sampling, multiple sources of data, and broader organizational and psychological variables to develop a more comprehensive understanding of the factors contributing to self-estrangement among nurses.

Research recommendations and implications of the study:

Future research should employ longitudinal and mixed-method research designs to establish the direction and nature of the relationship between powerlessness and self-estrangement among nurses. Studies should include nurses from diverse public and private healthcare institutions and different geographical regions to improve the generalizability of findings. Future researchers may also examine potential mediating or moderating factors such as professional autonomy, perceived organizational support, leadership style, job satisfaction, organizational commitment, and workload. Comparative studies between public and private hospitals, different nursing specialties, and varying levels of professional experience could further enhance understanding of this relationship. From a practical perspective, healthcare administrators and nursing managers should focus on reducing nurses' experiences of powerlessness by providing greater opportunities for participation in decision-making,

professional autonomy, employee voice, supportive leadership, and recognition of contributions.

The findings also have important implications for nursing management. If powerlessness contributes to self-estrangement, healthcare organizations should provide nurses with meaningful opportunities to participate in decisions affecting their work. Participative decision-making, greater professional autonomy, supportive supervision, involvement in scheduling and work-process decisions, adequate staffing, and recognition of nurses' professional expertise may help strengthen employees' sense of control and ownership. Such organizational practices are particularly important because contemporary evidence continues to identify nurses as a population vulnerable to work alienation due to demanding workloads, shift work, occupational stress, and other challenging working conditions. The present study extends the existing literature by examining self-estrangement as a specific outcome of powerlessness rather than treating work alienation as a single, undifferentiated construct. The findings, together with the earlier theoretical and empirical literature, suggest that when nurses consistently perceive themselves as having little influence over their work, their psychological connection with that work may become weakened. Therefore, addressing powerlessness may be an important organizational pathway for reducing self-estrangement and strengthening nurses' professional engagement

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