Article

Administrative Capital and Citizens’ Responses to Administrative Burden

Ayesha Masood*, Muhammad Azfar Nisar*

*Lahore University of Management Sciences

Address correspondence to the author at ayesha.masood@lums.edu.pk.

Abstract

Administrative burden research has highlighted the multiple costs imposed by public policies and their impact on citizens. However, the empirical understanding of citizens’ responses to such burdens remains limited. Using ethnographic data of doctors applying for maternity leave in Pakistan, this article documents strategies used by citizens to navigate the administrative burden faced by them. Our findings suggest that these strategies are based on an individual’s cache of social, cultural capital, and economic capital. Based on our data, we also theorize the significance of another form of capital for navigating administrative burden. This administrative capital is defined as an individual’s understanding of bureaucratic rules, processes, and behaviors. Our findings further illustrate that the different costs imposed by public policies can be interchangeable, which may be used by citizens to their advantage. Propositions for future research on the intersection of different forms capital and administrative burden are also included.

Introduction

Research on administrative burden represents an important line of inquiry focusing on improving public service delivery. Administrative burden research has explicitly focused on understanding the experiences of citizens, in marked contrast to traditional public management research, which remains primarily practitioner-focused. Due to its primary focus on citizens’ experiences, administrative burden research has been useful in highlighting how hidden politics in the policy process affect and sustain persistent inequities in policy access (Herd 2015; Moynihan, Herd, and Harvey 2015; Heinrich 2016; Nisar 2018a; 2018b). This line of research further illustrates how administrative burden intersects with the discretionary authority of street-level bureaucrats creating a political space where socio-culturally ingrained racial, gendered, classed, and moral biases are often reinforced (Maynard-Moody and Musheno 2012; Nisar 2018a; 2018b).

While previous literature has provided valuable insights on various dimensions of administrative burden and its cause and effects, little research has documented or analyzed how citizens respond to or cope with burdensome policies and behaviors. This is an important theoretical and empirical gap because the main reason for the appeal of administrative burden research is its deliberate focus on citizen experiences and behaviors while accessing state services. Therefore, it is critical that this line of inquiry does not present citizens as passive actors who simply experience or receive whatever burdensome rules, policies, or procedures they must face while accessing state services. A notable exception in this regard is the recent work of Christensen et al. (2020) that focuses on the cognitive resources and human capital of citizens as important factors influencing citizens’ ability to handle onerous rules, procedures, and behaviors while accessing state services. However, this insightful work also primarily focuses on factors like scarcity, health problems, and
age-related cognitive decline that limit the agency of citizens. With a few notable exceptions like Danet and Hartman’s work (1972) on protekzia (use of personal influence) in Israel, Nisar’s (2018b) research on the Khawaja Sira resisting bureaucratic surveillance, and Bisgaard’s (2020) study of bureaucratic self-efficacy, factors that increase the ability of policy beneficiaries to respond to and/or contest burdensome rules and behaviors remain unexplored. Moreover, almost all previous research on the citizen side of administrative burden focuses on individual factors and experiences. The importance of other levels of social organization (group and/or networks), beyond a few exceptions (Heinrich 2016; Nisar 2018b), remains relatively understudied and undertheorized.

To address these important limitations, we explore the following research questions: How do citizens respond to onerous public policies? What factors influence their ability to navigate burdensome public policies? To answer these research questions, we present evidence from an ethnographic study of female doctors in Pakistan. Our study helps understand the different strategies used by policy beneficiaries to respond to and contest onerous rules and behaviors while accessing state services. Based on the data from this well-resourced subgroup of citizens, our research makes multiple important contributions to administrative burden research. First, we show that citizens, when facing onerous rules and discretionary bureaucratic behaviors, actively and strategically try to reduce their administrative burden. To this end, they adopt strategies based on their cache of social, cultural, and economic capital. They also create and participate in formal and informal groups to cope with and to transform burdensome policies to their benefit. Second, our findings suggest that some costs associated with public policies are interchangeable, which can policy beneficiaries can use to their advantage. For example, in our research setting, citizens were frequently willing to bear high financial costs to reduce their waiting time while accessing maternity benefits. This suggests that not all administrative burdens are created equal and depending on citizen’s preference and policy context, some costs are more acceptable and easier to bear than others. This insight can be particularly useful in re-designing social policies, where some administrative burden is unavoidable, in a way that is more acceptable for target groups.

Third, we present the idea of administrative capital: explicit or tacit knowledge of bureaucratic rules, processes, and behaviors. We suggest that citizens acquire administrative capital through their repeated exposure to bureaucracy; they learn about bureaucratic rules, processes, and behaviors through their recurrent interactions with the state and become better at dealing with administrative burden. Finally, our research also highlights the “dark” side of various strategies used by citizens while responding to onerous public policies. Since cultural, symbolic, and social capital is not uniformly distributed, people who have disproportionate access to capital are able to navigate administrative burden more efficiently than those who do not have access to these resources. This insight provides a more nuanced understanding of how administrative burden is implicated in creating inequities in policy access.

**Administrative Burden**

Burden et al.’s (2012) work is often credited as introducing the term administrative burden—at least in its contemporary formulation—within the public administration (PA) community. While Burden et al. (2012, 741) defined administrative burden as “the individual’s experience of policy implementation as onerous,” they primarily focused on bureaucratic perceptions of public policy. However, it was Moynihan, Herd, and Harvey’s (2015) pioneering work that not only expanded the scope of this nascent concept by focusing on the causes (in their case “hidden politics”) and consequences (access to state services) of administrative burden but also operationalized the term through a cost-based approach. Focusing on compliance, learning, and psychological costs of accessing state services, Moynihan, Herd and Harvey (2015) presented a way to segregate different dimensions of administrative burden, an approach which was followed by multiple later studies.

Research on administrative burden has found a receptive audience in the PA community for multiple reasons. First, administrative burden research comes at a time when the academic community is increasingly becoming concerned about the social equity footprint of public policy design and implementation. By focusing on the distributive effects of public policy and management, administrative burden research allows for a social audit of policies ostensibly aimed at providing services to marginalized individuals and social groups. Second, there is an increasing recognition that in their exclusive empirical focus on bureaucratic attitudes and behaviors, PA researchers have somewhat neglected the behaviors and experiences of policy beneficiaries. Consequently, PA research provides limited insights about the citizen side of the citizen–state interaction. By explicitly focusing on citizen perceptions, experiences, and outcomes, administrative burden research helps rectify this important gap. Finally, previous research on bureaucratic pathologies remained almost completely divided into different lines of inquiry that did not speak to each other: Red tape research exclusively focused on rules while neglecting...
bureaucratic discretion and research on street-level bureaucrats primarily focused on their behavior and discretion while neglecting pathological rules. By focusing on rules and behaviors as well as policy design and implementation, administrative burden provides a theoretical template to study all these critical factors in an integrative manner.

Previous research on administrative burden can be divided into two broad streams. The first line of inquiry has focused on the causes of administrative burden and the primary empirical focus has been on the organizational and policy origins of administrative burden. This line of inquiry has included a study of both policy design and implementation and has identified formal and informal rules, policies, and behaviors that incur learning, compliance, and psychological costs on individuals accessing government services. Formal and intentional administrative burdens (Peeters 2020) include different ways in which policy design hinders different social groups from accessing particular services, which Moynihan, Herd, and Harvey (2015) label as “hidden politics.” Examples include rules and procedures deliberately designed to limit access to state services for certain social groups (Herd and Moynihan 2019), providing limited resources to organizations tasked with implementing policies (Bashir and Nisar 2020), and deliberate reliance on bureaucratic discretion in cases where such delegation is likely to limit effective policy implementation (Herd and Moynihan 2019).

Informal and intentional administrative burdens primarily concern street-level bureaucrats’ discretionary decision making (Peeters 2020, 13). Examples include pathological causes like discriminatory attitudes, rent-seeking behavior, and corruption by frontline workers (Nisar 2018a), as well as coping strategies like heuristics, selective profiling, and rationing of services (Altreiter and Leibetseder 2015; Jilke and Tummers 2018) by frontline workers. Formal and unintentional administrative burdens include organizational pathologies that are not deliberately directed at limiting access to public services but nevertheless do so. Examples include limitations in the information architecture of e-government services (Peeters and Widlak 2018) and limitations of implementing organizations (Moynihan 2006). Finally, informal and unintentional administrative burdens refer to administrative errors that can limit the access of deserving applicants to state services (De Jong 2016, 5). It is important to note here that, as documented by previous research, administrative burdens are neither unavoidable nor necessarily neutral in their distributive effects. For example, frontline workers’ heuristics, while aimed at reducing workload, may disproportionately impact minority clients (Schram et al. 2009).

While most recent PA research has focused on identifying the organizational causes of administrative burden, empirical work on the extra-organizational origins of administrative burdens is relatively limited. Previous research identifies three primary extra-organizational causes of administrative burden: personal, social, and cultural factors. Personal factors, like scarcity, lack of information, poor health status, economic deprivation, and aging can increase the administrative burden faced by an individual (Heinrich 2018; Christensen et al. 2020). Social factors, like attitudes of frontline workers and family members towards marginalized groups like gender queer (Nisar 2018a) or immigrants (Heinrich 2018), can also incur a disproportionate administrative burden on some groups. Similarly, cultural factors like the stigma associated with certain social services (Moffitt 1983; Manchester and Mumford 2010) or fear of retaliation from state organizations (Heinrich 2018) can also limit eligible citizens’ participation in welfare programs.

The second stream of research on administrative burden has focused on the consequences of onerous public policies. Multiple research studies have documented how eligible and deserving citizens fail to access much-needed state services because of higher administrative burden (Moynihan, Herd and Harvey 2015; Heinrich 2016; Christensen et al. 2020). Importantly, studies have shown that the “bite” of administrative burden (Heinrich 2016) is distributed unevenly. Whether it is gender (Nisar 2018a), ethnic and racial minorities (Schram et al. 2009; Epp, Maynard-Moody, and Haider-Markel 2014; Heinrich 2018), or low socioeconomic groups, a consistent finding of administrative burden research is that the costs of administrative rules and procedures are disproportionately distributed to marginalized groups, limiting their welfare and citizenship. Hence, there are meaningful social and financial consequences of high administrative burden for the state and society. The financial consequences realize in the form of suboptimal utilization of budgets allocated for welfare services while social consequences incur in the form of decreased trust in government and further increase in social inequity.

While administrative burden research has provided valuable insights, there remain important limitations in this line of inquiry. While we know a lot about the causes and effects of administrative burden, there is very little research that analyses how targeted policy beneficiaries respond to or cope with burdensome policies and behaviors. Therefore, it is critical that in addition to understanding how citizens interpret bureaucratic behaviors (Barnes and Henly 2018), we also document and analyze how they navigate the administrative burdens imposed on them while accessing state services.

...
Research Context and Methodology

Research Context
To understand the different ways in which people navigate, cope with, and transform onerous public policies, we empirically analyze the administrative burden faced by doctors while accessing maternity leave policies in Punjab, Pakistan. We chose this case because access to maternity leave is one of the most important factors in women’s career participation and retention. This is especially the case for female doctors in Pakistan for whom patriarchal norms of reproductive decision making and poor policy design create multiple difficulties for them while accessing maternity benefits. The administrative burden associated with maternity policies is one of the major factors affecting female doctors’ career progression, specialty selection, and job attrition (Masood and Nisar 2020). Moreover, as female doctors in Pakistan are a group of highly educated professionals, we expected them to be able to mobilize a gamut of resources while navigating administrative burdens, thus helping elucidate our research questions.

Administrative Burden of Maternity Leave
Maternity benefits for doctors in Pakistan are governed by multiple laws and policies. Administrative burdens can arise from multiple factors while accessing these benefits (Masood and Nisar 2020). First, maternity policies are extremely complicated and often conflicting. Doctors’ employment structure also makes it difficult for them to understand which specific maternity policy is applicable to them, how much leave is allowed, and for how many times; whether it will be paid or not; and what can be done if they wish to extend their leave. Most organizations also do not make any effort to educate their employees about their rights, increasing learning costs of accessing maternity benefits.

Secondly, the process of applying for maternity leave is quite complicated, requiring the signatures and countersignatures of multiple officials, medical evidence of pregnancy and expected date of delivery (in the form of an ultrasound report from a public hospital which is attested by a government official), and fitness to work certification before returning to work. Applicants must visit multiple government departments (often located in different parts of the city) and take time off from their duties to complete all these procedural requirements. Moreover, there are multiple limitations in the design of maternity leave policies that limit their scope. For example, maternity leave is not applicable in case of miscarriage. Similarly, in case of complications, the only way to extend maternity leave is through sick leaves, only a limited number of which are available. More importantly, doctors who are still completing their residencies are allowed only one paid maternity leave during their entire period of medical training. Consequently, many doctors resort to controlling and timing their pregnancies through drugs, so that they can comply with maternity policies as well as cultural expectations of motherhood. These conflicting demands create multiple compliance costs for doctors. Finally, working mothers encounter multiple psychological costs while applying for maternity leave due to the supervisors and peers’ harassing attitudes, which present pregnancy as an aberration in an otherwise masculine workplace (Masood 2019).

Methods and Data Collection
The data for this article were collected from September 2015 to November 2019 through an ethnographic research project on workplace experiences of female doctors in Lahore, Pakistan. Both authors had worked previously as doctors in Lahore, making it relatively easier for them to access hospitals, understand the jargon of the medical community, and to understand the rhythms of work in hospital bureaucracies. Initial fieldwork focused on developing a basic understanding of the norms and routines of work by doctors. This initial phase was crucial in identifying the potential participants and gaining their trust. During this phase, one of the authors followed doctors in their daily routines, observed their work, their interactions with colleagues and patients, and participated in their informal conversations. She also identified the online communities in which doctors participated. Although some of them were closed groups, she introduced herself to the administrators of the groups, stated the purpose of the study and was able to become a member. Throughout her participation in these groups, she clearly identified herself as a researcher in her online interactions.

Based on this initial phase of observation, 97 participants were selected for detailed interviews. The participants were selected using non-probabilistic, purposive sampling to maximize the exposure of theoretically salient categories (like number and age of children, number of maternity leaves, size of organization, type of employment), as recommended by Patton (1990). Although nonprobability sampling does make formal generalization about the population inappropriate (Sandelowski 1995), it is a suitable approach for in-depth ethnographic studies such as this (Bernard 2006, 190). A summary of demographic characteristics of the participants is given in table 1. The interviews were person-centered, open-ended, and semi-structured and lasted an average of 45 min. In person-centered interviews, an effort is made to understand subjective and intersubjective experiences from the point of view of an “active, intending subject” (Levy and Hollan
Limited previous research has focused on the citizen side of bureaucrat-citizen interactions (Jakobsen et al. 2016). Pioneering works by Almond and Verba (1963), Danet and Hartman (1972), and Gordon (1975) focused on bureaucratic competence as a critical factor that influenced citizens’ ability to increase the chances of favorable outcomes in bureaucratic interactions. These studies defined bureaucratic competence as the knowledge about formal and informal bureaucratic rules and behaviors that facilitate interaction with public servants. This initial conceptualization was later expanded into a general theoretical model by Hasenfeld (1985), who conceptualized bureaucratic encounters as power-dependence exchange relations where clients with greater power resources have a better chance of negotiating more favorable outcomes in bureaucratic interactions. Hasenfeld, however, limited these sources of citizen power to income and education, which were theorized to influence an individual’s expectations and influence in interactions with bureaucrats. However, these promising works were not picked up by PA scholars, given their primary focus on the bureaucrat side of the bureaucrat-citizen interaction. Recent years have seen a resurgence of interest in citizen behavior with multiple studies pointing to the significance of citizens’ administrative literacy (Döring 2018), social capital (Nisar 2018b), and bureaucratic self-efficacy (Bisgaard 2020) for achieving favorable outcomes while interacting with bureaucrats. These studies have also renewed the interest in finding a typology of behavioral strategies used by citizens in bureaucratic encounters. Bisgaard’s (2020) four archetypes of bureaucratic client behavior (the fighter, the autonomous, the advice seeker, and the spontaneous) and Nisar’s (2018b) typology of citizens’ individual and collective resistance strategies (ranging from submission to direct confrontation) in burdensome bureaucratic interactions are notable examples in this regard.

Extending Hasenfeld’s (1985) conceptualization of bureaucrat-citizen encounters as power-dependence exchange relations, we use Bourdieu’s (1984) theory of capital to include all forms of capital as critical factors influencing citizens’ ability to successfully interact with frontline bureaucrats. We also note that female doctors strategically employ and use different types of capital (“position-taking”) depending on their social position and context (Bourdieu and Wacquant 1992, 99). Our findings relating different capital-based strategies used by doctors to reduce psychological, compliance, and learning costs of maternity leave are summarized in table 2 and discussed in detail below.

### Table 1. Demographic Characteristics of the Participating Women Doctors

| Age       | Number of Participants |
|-----------|------------------------|
| <25       | 5                      |
| 25–35     | 43                     |
| 35–45     | 37                     |
| >45       | 12                     |
| Medical education |                      |
| Medical graduation only | 30                 |
| Post-graduate trainee | 32                 |
| Specialist | 35                    |
| Marital status |                      |
| Married   | 95                     |
| Married, divorced | 2                 |
| Experience of pregnancy |                      |
| Average number of children | 2.4            |
| Participants with at least one child below the age of 18 | 87               |
| Participants with at least one pregnancy in last 5 years | 49                |
| Employment status |                      |
| Full time | 24                     |
| Contractual | 17                 |
| Medical resident | 32                |
| Experience of applying for maternity leave |                  |
| One application during employment | 43             |
| Two applications during employment | 41             |
| Three applications during employment | 9              |
| More than three applications during employment | 4               |

This makes this type of interview particularly suited to explore themes like identity, agency, and resistance.

The data collected through field notes and interview recordings were coded using thematic content analysis (Ryan and Bernard 2003; Kuckartz 2014). This involved multiple readings of the data, followed by identifying key events, recurring themes, indigenous typologies, and silences around certain issues. We also read across different texts (interview recordings, field notes, and policy documents) to identify patterns and trends. Major themes identified during this process inform our discussion of various strategies used by doctors while accessing maternity benefits. To protect the confidentiality of our participants, we have used pseudonyms throughout the article. Throughout the article, we have used female/woman interchangeably to denote the gender of our participants. Given our interpretive methodology, reflexivity, respondent validation, and intertextuality were used to ensure the trustworthiness of our findings. Supplementary Appendices A and B provide further details about our data collection approach and the different checks for trustworthiness used during this research.
Table 2. Capital-Based Strategies to Negotiate Different Dimensions of Administrative Burden

| Capital Type                        | Learning Costs                                                                 | Compliance Costs                                                                 | Psychological Costs                                                                 |
|------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Social Capital                     | Social relations within and outside the bureaucracy are used as a source of information about the application process and associated requirements. Social media groups can be used to exchange information about official policies, bureaucratic procedures, and norms. | Organizational social capital Peers and coworkers (horizontal workplace relations) can take over work duties and cover absences. Helpful supervisors (vertical workplace relations) can use discretion in reporting the leave, re-organizing work schedules, and in making up for missed training. Familiarity or friendship with frontline workers can result in preferential treatment. Extra-organizational social capital Relatives or friends can intervene on behalf of applicants (sifarish). Relatives or friends can share compliance costs, for example, by providing transportation, paying various fees and assisting with paperwork. | Peers, coworkers (organizational social capital) as well as families and friends (extra-organizational social capital) provide emotional support in the application process. Social media sites are especially important for voicing grievances, exchanging information about organizational politics and building coalitions for policy change. |
| Financial Capital                  | (Indirect) Using third-party services or bribing frontline workers can circumvent the need to learn the procedural requirements. | Bribes or gifts can incentivize frontline workers to reduce paperwork requirements. They can also be used to enlist the help of frontline workers in completing applications. Third-party services can assist in paperwork. | Decreasing compliance costs reduce psychological costs but using immoral or illegal means can be distressing. |
| Cultural Capital                   | Being literate (especially in English) allows access and understanding of policy documents. | Being literate reduces time and assistance needed for filling and filing paperwork. Using different languages (by indicating familiarity or status) and professional symbols (like white coat) can reduce waiting times and make frontline workers more courteous. | Indirectly, through reduction of learning and compliance costs. |
| Administrative Capital             | Previous interactions with bureaucracy improve bureaucratic knowledge generally (objective knowledge of rights and tacit learning of organizational and cultural norms) and specifically in relation to certain policies. | Citizens learn which behavior/strategy works best in different policy/bureaucratic contexts. Learning to be persistent (dheetai) can improve response from frontline workers. | Understanding of bureaucratic timescale improves, reducing psychological burden of waiting and feeling helpless. Psychological cost of using immoral, illicit, or illegal means reduces over time (besharmi). |
Using the Connections: Social Capital

The significance of social capital—network of relationships of mutual recognition and acquaintances (Bourdieu 1984, 284–9)—as a determinant of citizens’ ability to negotiate administrative burden has been noted by multiple previous studies (Nisar 2018b; Herd and Moynihan 2019; Bisgaard 2020). Our data suggests that female doctors use social capital to reduce administrative costs in multiple ways: To learn about and disseminate information regarding maternity policies, to reduce some compliance costs involved in application process, and for emotional support.

Most female doctors mentioned using both intra- (with peers, supervisors, and frontline workers) and extra-organizational (with family) relationships to cope with the administrative burden of maternity leave application. During fieldwork, we found that completing the paperwork requirements for filing of maternity leave application generally took 7–8 visits to various offices. Since most HR departments were extremely short-staffed, they relied on applicants for interdepartmental routing of relevant documents. Most applicants had to take their applications through various offices and departments on their own. Hence, doctors often had to leave their regular duties and run errands between different departments just to complete the procedural requirements. As Maria explained,

I got my ultrasound from the radiology department in our hospital. But I forgot to tell them that it was for a leave application, so they did not attest it. I had to go again [to get the ultrasound report attested]. Then, before the application was officially submitted, it had to be assigned an official number. It took two more visits to find the relevant clerk who assigned that number. Overall, it took a couple of months just to submit the leave application. During this time, the people in my department really helped me out. I had to be excused from morning rounds and often had to leave at odd times. They filled in for me and took over my patients.

Most female doctors that we interviewed similarly relied on the help of their coworkers and peers to cover for their absences and take over their work. Overall, participants who had good friends working in the same department or had a better working relationship with their colleagues faced much less problems in complying with various procedural requirements of maternity leave applications. The importance of these horizontal relations was perhaps best illustrated in comparison of female doctors working in male-dominated departments with those working in female-dominated departments. Because of the gendered cultural norms of Pakistan, female doctors working in male-dominated departments often faced difficulties in building workplace social capital and received little help from their peers during this process (Masood 2018). One of our participants, who was the only woman in her department (a surgical sub-specialty) noted that she was repeatedly marked absent and reprimanded even after she had informed her supervisor of her absence and had arranged for replacements. Another participant, Naima, who started her job in a surgical department, recounted that one of her male coworkers often offered to replace her if she needed to leave. After a month or so, however, the head of the department called her in his office, told her about the rumors of a relationship between Naima and that coworker, and said that he will not tolerate such immoral behavior in his ward. Although Naima tried to explain her side of the story as best as she could, her reputation within the ward had already been tarnished. In the end, she ended up leaving the field of surgery and that hospital due to this episode. Indeed, inability to accumulate social capital to deal administrative burden of maternity leave was one of the major reasons why female doctors ended up changing their specialties, taking long breaks to complete their families or leaving their careers altogether (Masood and Nisar 2020).

In addition to these horizontal relations with peers, doctors’ experience of maternity leave was influenced by their relationship with their immediate supervisors (vertical dimension of social capital). Whereas horizontal relations can provide instrumental, emotional and informational support, relations with supervisors can provide discretionary support and resources which can result in improved mental wellbeing and job performance (Oksanen et al. 2010; Pil and Leana 2009). In our research setting, supervisors (usually senior doctors) enjoyed considerable discretion in the allocation of work and reporting of leave applications to the HR department. Sakeena, a 27-year-old participant had a difficult pregnancy and suffered from hyperemesis gravidarum (a complication of pregnancy characterized by excessive nausea and vomiting). Eventually, she had a miscarriage:

I was not eligible for maternity leave and did not have any sick days left since I had been so sick before miscarriage. I have no idea what I would have done without my supervisor. When I told him what had happened, he told me to go home and take as much rest as I needed. I was worried that I would not be eligible to appear in the exam (for specialization). But he did not report my leave to the department.

On the other hand, doctors who were not on good terms with their supervisors or had bosses that considered
maternity leave an inconvenience had a completely different experience. Consider, for example, the case of Dr. Fazeela. She became pregnant during the first year of her residency. When she approached her supervisor to get the requisite signatures, her attitude was so bad that Fazeela considered leaving her job. “She berated me in front of the entire ward. She said, have you never heard of contraception? This is a job. If you want to have babies, you should stay at home.” After that, she continued to create problems for Fazeela by refusing her to leave for administrative procedures and putting her on night rosters for several months.

Finally, female doctors also use their familial connections with people of power and authority to intercede on their behalf, a practice that is called *sifarish* in Pakistan. Consider, for example, the case of Khaula, a 27-year-old doctor who was working as a medical officer in a tertiary care hospital when she became pregnant. She suffered from post-partum complications after her delivery, which prolonged her recovery. When her maternity leave ended, she had still not recovered enough to be able to return to full-time duty. As maternity leave policies in Pakistan do not have any provision for extension, Khaula decided to apply for leave without pay to which she was entitled. Although this meant financial hardship, it allowed her to retain her job. However, the application required approval from the medical superintendent (MS) of her hospital, which he refused to grant. The next few weeks were very difficult for Khaula, who visited the MS’s office multiple times and tried to reason with him, but that did not work. Finally, Khaula had to rely on her family connections. One of her relatives was a close friend of a senior bureaucrat in the health department. Khaula called him and explained her problem. A few days later, her application was miraculously approved through that bureaucrat.

Khaula’s case highlights how access to valuable social connections can help reduce administrative burden of accessing state services in Pakistan. This type of brokerage or patronage, a common feature of governance particularly in developing countries (Islam 2004; Piliavsky 2014), is an asymmetric relationship where one person offers deference or loyalty in exchange for advantages. Other similar examples include *potekzia* in Israel, *guanxi* in China, *blat* in Russia, and *wasta* in the Arab world (Danet and Hartman 1971; 1972; Nadeem and Kayani 2019). Usually, these brokers and patrons were “big men”—politicians, senior bureaucrats or prominent citizens—whose recommendation “greased the file,” as one doctor put it, and ensured that their applications were processed without any delays. Knowing these “big men” also guaranteed that the applicant would be treated with respect by the frontline workers.

Getting the Connections: Strategic Investment in Social Capital

While previous research notes the significance of social networks to successfully navigate bureaucracies, the strategic investment of time in building this capital remains understudied. We found that female doctors realized that their social relationships were important resources and deliberately cultivated them. Saleema, a surgical resident, recounted that one of her male coworker’s mother was admitted in their department for removal of a lump from her breast. Saleema, being the only female doctor in that surgical unit, went out of her way to help her during and after her operation. When Saleema had to apply for maternity leave, that coworker offered to cover her duties as many times as she needed. Most research participants similarly reported that they regularly offered to do their coworkers’ shifts or took over some of their work duties to accumulate chips of social capital to be spent later. Furthermore, female doctors invested in their relationships with their supervisors in a similar fashion. Most research participants reported that they did significant research before choosing their supervisors, specifically asking about their attitude towards female trainees. They also worked harder than their male colleagues to “get in the good books” of their supervisor. Arshia’s account, who was a medical officer at the time, is especially notable here. She realized that her supervisor was, in her words, “an old school man.” So, she quickly came up with a strategy to build her relationship with him, “I always wore my white coat. Few other doctors in my ward did so, since they were more casual. This really created a good impression on my supervisor that I was a serious doctor. Then, I made sure that I was always in the ward before him and left after he did. I also made sure that he knew that I was there.” By doing this, Arshia’s supervisor started to consider her a hardworking, dedicated doctor. A couple of years later, when Arshia had to apply for maternity leave, his supervisor was extremely helpful throughout the whole process.

Similarly, Robina, an assistant professor in anatomy, told us about one of the clerks in her HR department who was especially helpful in completing her maternity leave application without any delay. Several months later, he brought his father, who needed an operation for gall bladder removal, to Robina’s office. Robina accompanied them to the surgical department and helped them with the admission process. After the operation was done, she visited him again in the ward to check on his recovery. As Robina explained, “That was the right thing to do since he had helped me so much. And [the clerk] is so grateful even now. Whenever I go to his office, he tells me how his father prays for me regularly.”
an accepted part of “how things work.” It is important to note here that female doctors, by lieu of their job, had a lot of influence: they were able to streamline admission process for patients, guide them through procedural requirements to access medical care (reduce administrative burden of healthcare). They, therefore, strategically leveraged their position as doctors and frontline workers in healthcare to create and build mutual relations of exchange that could help them in future interactions with bureaucracy.

It is also important to note that with the rise of information technology, social media sites like Facebook and WhatsApp also play an important role in facilitating development and deployment of social capital-based strategies. All our research participants were active social media users, and most of them were members of online communities that were organized around their profession or organization. In addition to these formal groups, female doctors also participated in women-only online communities. For example, female doctors of a department or an organization often created their own exclusive WhatsApp groups. In these private spaces, women were able to exchange information about rules and processes, offer emotional support and talk about sexism and harassment faced during bureaucratic dealings, something not possible in “mixed” groups due to fear of judgment and ostracization.

**Paying Your Way In: Economic Capital**

The significance of income as an important source of power in bureaucrat-citizen interactions was noted by Hasenfeld (1985) who argued that an individual’s financial status was a source of power in bureaucratic encounters and that clients with higher incomes would be more likely to have a greater expectation of obtaining favorable outcomes from frontline workers. In our research setting, the significance of economic capital emerged in a perverse form, as one’s ability to use bribes to accelerate the administrative processes. As many of our interviewees suggested, the easiest way to get a file through the bureaucratic process was to “give it wheels,” a commonly used euphemism for bribe. The practice of giving bribes for certain bureaucratic processes was so commonplace and accepted that it had become a part of the idiom spoken around bureaucracies, being referred to as mithai (sweets), chai pani (tea), rate, and madad (help), among others.

Multiple studies have examined bribery and rent-seeking behavior in bureaucracies (Berkman 1992; Ahlin and Bose 2007), suggesting that poor working conditions like lack of tenure (Oliveros and Shuster 2018), low pay (Besley and McLaren 1993), and political selection of bureaucrats (Sundström 2016) lead to persistence of corruption. Our own observations suggest that most frontline staff treated administrative burden as a source of power, and often traded their own access and influence for financial and other gains. Rabia, a medical officer, for example, recounted that when she went to submit her maternity leave application to the health department, the clerk told her plainly that she can either take the application to different offices on her own, or pay him upfront and get an approved application a week later. Rabia chose to pay because as she said, “I did not have time or energy to waste (khajjal khwar) in various offices.” Other frontline workers were more obtuse. One interviewee recounted that the clerk asked her for mithai (sweets, another euphemism for bribe) because he had gotten the application approved so quickly. A clerk told another doctor, “you scratch our back and we will scratch yours (tusi sada guzara kerwa, asi twada kerwanay aa).”

Interestingly, the “rate” of bribe also depended on the bureaucratic administrative burden: the greater the burden for bureaucrats, the higher the bribe demanded by them. Raheela, a 25-year-old medical resident, recounted that she had a complication during pregnancy and wanted to extend her leave by applying for medical leave (to which she was entitled). However, the relevant clerk told her to pay four thousand rupees if she wanted her application approved quickly. Raheela, who had done her homework, told him that the going “rate” was just a thousand rupees. The clerk countered by saying that this rate was just for simple applications. Her application was complicated as there was a ban on all leave applications by essential medical personnel. So, it would require a lot of work on his part to get her application approved. “I paid three (thousand rupees),” Raheela told us triumphantly, “I haggled and said that I had not received pay for the past two months, so he lowered the price a bit.”

Although bribery is an illegal (though socially accepted) way of using economic capital, female doctors also relied on legal means to achieve the same end. Several of our participants informed us that they used third-party organizations for authentication and retrieval of required documents from government offices. These organizations (e.g., Mamoo in Pakistan, Chachu in Pakistan) collected relevant documents, prepared applications, and submitted them for their clients for a fee. Although some services still required their physical presence, the use of third-parties reduced both learning and times costs for our participants.

**Looking Like You Own the Place: Cultural Capital**

Another interesting strategy used by female doctors to reduce administrative burden was using their cultural capital. Bourdieu points to three dimensions of
cultural capital: embodied through a certain disposition, objectified through material artifacts, and institutionalized through credentials and education (Bourdieu 1984, 284–9). The significance of cultural capital in bureaucrat-citizen interactions has been noted since the pioneering works of Danet and Hartman (1972) and Hasenfeld (1985) who noted the significance of factors like social class, citizenship status and level of education as markers of identity signifying successful bureaucratic socialization and prestige within society.

In the Pakistani society, embodiment of a parhi likhi (educated) upper-class subjectivity is often characterized by modern mannerism and dress, and the use of correct English diction. Female doctors embodied this cultural capital par excellence: Their dress, mannerism, and language all highlighted their educated professional status. Moreover, the medical profession commands a great deal of prestige and respect in the Pakistani society. Overall, these symbolic cues of position and status generally acted as a heuristic for frontline staff, making bureaucratic encounters much easier for those who possessed them.

Most research participants strategically used these aspects of cultural capital to their advantage. For example, many of them reported that they wore their white coat whenever they went to bureaucratic offices and frontline workers used to treat them with deference due to this professional attire. Fatima, one of our interviewees, for example, narrated a strategy that is frequently used by doctors for rapid processing of their maternity applications at the health department, “I usually start by respectfully greeting the [frontline bureaucrats], I always introduce myself as a doctor and tell them where I work. Sometimes, when I am really in a hurry, I drape a stethoscope around my neck. Due to this, most people assume that I am working and have to return to duty. Sometimes they even let me cut lines because I look like a doctor.” Fatima’s strategy shows a deep understanding of her own position within the social field as well as her strategic use of cultural “chips,” her profession, class, and education, to her advantage.

This significance of strategic self-presentation has also been identified as a key dimension of citizen behavior in bureaucratic encounters by Bisgaard (2020), who found clients thoughtfully selecting clothes and perfumes before meeting frontline workers processing their cases. Our own observations in frontline offices similarly suggested that the behavior of frontline workers varied considerably depending on the outward appearance of their clients. In the crowded HR office of a tertiary care hospital, a clerk who was busy rebuking janitorial staff in Punjabi immediately switched to respectful Urdu when he spoke to a doctor. A security guard outside the office of a medical superintendent who was keeping a crowd of applicants at bay, took one look at the white coat of a doctor and waved her in, “You go ahead, doctor sahib.” The symbolic cues of being educated professionals sometimes literally opened doors for female doctors as they remained closed for others.

Another critical aspect of cultural capital for female doctors was literacy, especially in English. Although Urdu is the national language of Pakistan, all policy documents are in is the language of choice for the government. In a country where 41% of the adult population and 54% of the adult female population is illiterate, the ability to read and write in a foreign language well enough to follow complex policy documents already gave female doctors an edge. Many research participants were able to negotiate and state their case in front of bureaucrats because they could read the policy documents; find out and access resources where such documents were available; understand and fill out forms and applications in English; and follow the complexity of law to a certain extent. Understandably, their learning and compliance costs were already less than an illiterate person, or someone who was not proficient in English. In this regard, our findings support Hasenfeld (1985) and Danet and Hartman (1972), who both noted the significance of citizens’ education level as an important determinant of their ability to successfully navigate bureaucracies.

For us, perhaps the most intriguing aspect of cultural capital was the easing of administrative burden for female doctors simply because of being a woman. This was particularly interesting since research indicates that administrative burden of maternity leave results from patriarchal norms of the society where women are considered out-of-place and less than ideal workers in organizational spaces (Masood 2019). Paradoxically, the same cultural norms occasionally work in women’s favor. As we noted earlier, due to cultural norms of purdah, presence of women in masculine public spaces is often considered a taboo in Pakistan. Most bureaucratic spaces in Pakistan are inhabited primarily by male frontline workers and clientele. Although separate waiting rooms and counters are occasionally present in some offices, short-staffing and overcrowding often result in men and women waiting together. Most frontline workers often use their discretion and try to process female clients before male clients, as it is considered culturally inappropriate to keep women waiting for long in public spaces. This indicates that while a woman’s presence in an otherwise masculine space creates unease, it also helps them reduce the time costs associated with waiting in congested government offices.

**Becoming an Insider: Administrative Capital**

Apart from the aforementioned types of capital, female doctors also gradually develop and accumulate
another form of capital that can best be called administrative capital and is distinct from other forms of capital. As noted above, the idea of administrative capital builds on earlier formulations of bureaucratic competence (Danet and Hartman 1972; Gordon 1975), defined as the knowledge about formal and informal bureaucratic rules and behaviors that facilitate interaction with bureaucrats. Objective factors like knowledge about bureaucratic rules and procedures, as well as subjective belief in one’s ability to successfully interact with bureaucrats were included within this initial formulation of bureaucratic competence. Bisgaard (2020), who used the concept of bureaucratic self-efficacy to study gender differences in bureaucratic encounters, notes two distinct dimensions of this bureaucratic knowledge: an understanding of bureaucratic rules and processes, and communicative skills required for successful interaction with bureaucrats. To bring this concept within the ambit of a power-dependence formulation of bureaucratic encounters, we prefer the term administrative capital, which we define as an explicit or tacit ability to understand bureaucratic rules, processes, and behaviors to achieve favorable outcomes in bureaucratic encounters. Through their repeated exposure to bureaucracy, female doctors became proficient in understanding how bureaucratic processes work, how to navigate bureaucratic spaces, and more importantly, how to behave while dealing with frontline workers. This capital was then used to either manage the system more easily by following familiar rules and routines or to elicit friendlier attitude from bureaucrats by ‘speaking their language.’

Bureaucratic Knowledge: Explicit and Implicit

A distinct dimension of administrative capital is bureaucratic know-how: knowledge and understanding of how bureaucracies really work, acquired through the experience of rules-in-use (instead of rules-in-form), norms, and routines of bureaucracy. This knowledge can be explicit: citizens’ objective knowledge of their legal rights, official bureaucratic requirements, and procedures. Most research participants noted that they faced multiple challenges in learning about rules, policies, and location of various offices and timings of work when they applied for maternity leave for the first time. Most of these problems were significantly reduced in subsequent applications, as doctors could rely on their previous knowledge to navigate the bureaucracy better. However, a significant component of bureaucratic knowledge is implicit and tacit: knowledge of bureaucratic culture, norms, routines, and its particular language. Selma, a 30-year-old doctor, for example, explained, “During the first maternity application, I sometimes had to wait hours in the HR office. The second time I knew that nobody arrives before 10 am and all of them took a break around 1 pm for lunch. So, I went at 10 am, when they were still a bit fresh.”

The majority of our participants reported that they gradually learned the “language” of the healthcare bureaucracy—a specific jargon with which they were unfamiliar. They learned the euphemisms (some of which we described above), technical terms (“diary,” for example, meant allocating an official number to each document), routines (which clerks keep the official stamp, when do people take breaks, how early should one arrive at a particular office), and workarounds (what application documents are optional, who can attest documents in a hurry, which peon would bus documents for a fee). As a result, whenever female doctors interacted with bureaucrats, they could come across as insiders by displaying their administrative capital by using the jargon and hinting at the knowledge of bureaucratic procedures.

Learning the Bureaucratic Behavior

The second important dimension of administrative capital is learning the bureaucratic behavior: a repertoire of dispositions and conducts required to navigate bureaucratic procedures. Female doctors described different behaviors they had learned to adopt after repeated interactions with bureaucracy. A behavior our interviewees frequently mentioned was sabr, a religious and cultural term signifying a mix of tenacity and perseverance in the face of adversity. Tenacity was also identified by Gordon (1973) as a key aspect of bureaucratic competence. In our research setting, sabr also meant gradually improving the subjective assessment of the efficiency of bureaucracy and adjusting your expectations accordingly. Most participants reported that it took them some time to learn that bureaucracies take their time while processing documents and that one has to account for this time and be patient. This behavior was particularly important in coping with the psychological costs of applying for maternity leave. Most research participants reported feelings of “powerlessness” or “worthlessness” when they faced prolonged delays in the processing of their maternity leave applications. However, most of them had an expectation of these delays in subsequent applications. Hence, many of them started the application process earlier in later pregnancies to preempt such delays. While this has no effect on learning or compliance costs, since women felt more in control of the process, the psychological costs were significantly lower.

Another behavior that facilitated coping with administrative burden was dheetai. Being dheet or showing dheetai in Urdu means an insistence on becoming a nuisance even when one is faced with hostility or rebuke. In the context of administrative burden, this
meant developing a thick skin after being repeatedly ignored by bureaucrats and learning how to persist in order to be heard and noticed by them. Frontline bureaucrats in Pakistan are generally underpaid and overworked, and behaviors like work shirking and task shifting are common strategies adopted by them to reduce their case load. Most research participants recounted that they had to be persistent, to the point of nuisance, to be noticed by frontline staff. Ammara, a 34-year-old doctor, for example, noted:

The clerks were giving me the old run around. Doctors sahib, stamp is not here, probably left at home, the diary clerk is running an errand somewhere else, why don’t you come tomorrow. I just knew that I had to show dheetai. I told them that I was not leaving until my application was signed. I pestered them and followed them till it was done. And that is how I got the signature on my application!

Like Ammara, many female doctors mentioned that successfully navigating the health bureaucracy involved becoming dheet: learning that one has to make enough noise to get things done. As Ammara noted, “then they address your concern just to get rid of you.”

This strategy of being a nuisance is different from the behavioral strategy of ostensible compliance reported in previous research (Herd and Moynihan 2019). As Scott (1992) argues, “[w]ith rare, but significant, exceptions the public performance of the subordinate will, out of prudence, fear and the desire to curry favor, [is] shaped to appeal to the expectations of the powerful (55). Previous research, therefore, suggests that clients are generally careful not to offend the frontline bureaucrats or comply with all their demands silently to seek favorable behavior (Maynard-Moody and Musheno 2003; Nisar 2018b). While we do not claim that female doctors do not engage in ostensible compliance (as agreeing to pay a bribe silently could be categorized as such behavior), our data suggests that female doctors are more likely to have a voice when they are forced to confront (what they perceive as) unfair administrative burden. We tentatively suggest that whether clients choose silent compliance or noisy nuisance, when confronted with uncooperative frontline workers, could be dependent on the power differential between them and the street-level bureaucrats and the nature of work within a bureaucratic field. Previous research has noted silent compliance more often because of a predominant focus on welfare and/or police departments where the frontline workers enjoy considerably more power and influence than their clients. In the present case, female doctors, while being temporarily dependent on the goodwill of the frontline workers of the health department, enjoy an otherwise comparable social status and may, therefore, be less likely to view overt submission as the only viable option to elicit bureaucratic competence. Developing this understanding of what types of behaviors work in a particular bureaucratic field is likely to be an important dimension of administrative capital.

Finally, perhaps the most important behavior for our research participants was learning to become besharam: becoming immune to the social stigma associated with policies and with the inappropriate, immoral, or even illegal strategies required to cope with the administrative burden. This behavior required learning “position-taking”; understanding how to display/deploy different forms of capital suitable for a particular situation. This was particularly significant for female doctors because, for a majority of them, applying for maternity leave was one of their earliest encounters with public bureaucracy. Due to social norms of purdah and propriety in Pakistan, male members of the family often take over routine dealings with bureaucracy, like paying traffic fines, filling college admission or job applications. Even in cases where women’s presence is legally required (like applying for a legal ID), men often accompany women and take the lead in dealing with frontline workers.

In case of maternity leave, however, most women dealt with bureaucratic procedures themselves and, through this experience, learned how to navigate masculine bureaucratic spaces: how to ask for favors, to approach and “sweet-talk” their seniors, peers, and clerks, to offer bribes, to use sifarish, to drop names of their important relatives, and to present oneself as an educated person. Most female doctors reported being extremely uneasy about these behaviors initially. One participant mentioned that she could not sleep the night she bribed a clerk for her application (as she felt that she had done something immoral). Another described intense feeling of shame, (“my whole body was drenched with sweat”), when she told the clerk that a senior bureaucrat was her relative. However, most female doctors eventually learned that this was a routine expectation of dealing with bureaucracy, as one of our participants put it, “this is how the system works, and you have to be realistic.”

To some extent, the process of gaining administrative capital is similar to what Bourdieu (1984) describes for other forms of cultural capital. The experience of schooling, for example, provides a cache of social relations and creates classed subjectivities. Repeated experience of interaction with bureaucracy gradually makes a client insider to the bureaucratic culture, able to decipher its hidden codes and symbols (Danet and Hartman 1972). Similarly, just as socialization in education and family provides an implicit understanding of one’s position within the social field,
socialization in bureaucratic processes teaches citizens how to take favorable subject positions in the policy field. An interesting example in this regard is of Doctors Republic (a Facebook page and its associated closed group with more than 15,000 members), which was created by a doctor as a place for medical professionals to share information about policies and procedures of the health department. Its administrators and moderators maintain a repository of all official notifications and policies and keep an up-to-date record of all pay and leave rules, which are regularly shared with group members. Similar Facebook groups (sometimes with associated WhatsApp groups) exist for doctors working in public–private partnerships, different public hospitals, and different specialties. Such pages and groups are often an important site for female doctors to learn about bureaucratic rules and behaviors. Female doctors often post their queries about various leave rules, applications, and documentation requirements on these forums and are able to access relevant information quite easily. More importantly, group members share their own administrative capital (tips and tricks which help in dealing with bureaucrats) to facilitate other doctors.

Discussion

Female doctors employ various strategies, based on their endowment of different forms of capital, to navigate administrative burden while accessing maternity benefits. In this section, we discuss some of our main findings and elaborate on how they add to research on administrative burden and identify future avenues of inquiry.

First, previous research has documented the significance of hidden politics in the policy process (Moynihan, Herd, and Harvey 2015) and cultural norms and behaviors of frontline workers (Nisar 2018a) for various dimensions of administrative burden of public policies. However, we have limited understanding of how the targets of such policies respond to these burdens. Our research provides the theoretical and empirical basis to study various strategies used by citizens to navigate, reduce, and/or transform their administrative burden while accessing state services. Our findings illustrate that the strategic options available to citizens depend upon their endowment of different forms of capital. In our research setting, these strategies were used primarily to reduce intentional administrative burdens (both formal and informal) or exchange one dimension of administrative costs with the other. In our experience, female doctors most commonly rely on their social capital to reduce their administrative burden. They also use their economic and cultural capital to navigate the bureaucratic maze more easily. Hence, our findings extend Christensen et al.’s (2020) findings regarding the significance of human capital to cope with administrative burden to include other forms of capital. Future research investigating the significance of these forms of capital in other policy domains and for different citizen groups can further refine these insights.

Our findings further suggest that the experience of administrative burden may vary among clients depending upon the heterogeneity in their cache of capital. For example, in our research setting, those female doctors who could rely on their social capital to reduce the administrative burden of accessing maternity benefits did not need to spend their cultural or economic capital to do so. On the other hand, female doctors who did not have such connections often primarily relied on their economic, administrative, and cultural capital to access maternity benefits. Since capital is not uniformly distributed across all citizens, this raises important questions about the relationship between citizens’ social, cultural, and economic capital and their policy access and the experience of administrative burden.

Proposition – 1: Citizens with greater endowment of capital are more likely to be able to reduce their administrative burden while accessing state services.

Second, extending with the existing literature on bureaucratic competence (Danet and Hartman 1972; Gordon 1975), bureaucratic self-efficacy (Bisgaard 2020), and human capital (Christenson et al. 2020), we argue that administrative capital (the tacit or explicit knowledge of bureaucratic rules, processes, and behaviors) is especially important in modern nation-states where citizens must interact with the state regularly. As the experiences of female doctors suggest, through repeated interactions with bureaucracy, citizens gradually learn how to navigate bureaucratic spaces and understand their particular jargon and routines. They also learn how to behave in bureaucratic encounters in ways that reduce their compliance and psychological costs. This improvement in citizens’ ability to navigate bureaucracy may be general (learning about the norms, routines, and capital-based toolkits that can be employed across different organizations) or specific (people who have been through a certain bureaucratic process, will most likely be able to navigate it better the next time). The concept of administrative capital can be extremely useful in explaining how third-party organizations mediate or affect administrative burden. Patient advocacy groups for Medicaid, for example, use their administrative capital to provide assistance to Medicaid applicants and to lobby for more user-friendly policies.
We also suggest that the need for administrative capital may vary in other policy domains and research contexts. For example, it is important to find out whether administrative capital is disproportionately important in policy domains and/or contexts characterized by intricate procedures, frequent bureaucratic delays, and complex policy documents. As citizen–state interactions get increasingly mediated through technology, it is also important to investigate how the introduction of e-government services influences citizens’ reliance on administrative capital. Yet another potentially fruitful area of research concerns the relationship between social media and citizens’ ability to navigate administrative capital. While the ability of social media platforms to increase social capital has been noted in previous research (Utz and Muscanell 2015), there has been limited empirical inquiry of other ways in which social media can help citizens reduce the administrative burden of accessing state services (e.g., by reducing their learning and compliance costs). Future research investigating the intersection between social media platforms and administrative capital could be valuable in this regard.

**Proposition – 2a:** Repeated exposure to bureaucracy increases administrative capital which, in turn, is associated with decreased administrative burden of state services.

**Proposition – 2b:** The greater the learning, compliance and psychological costs associated with a policy, greater will be the reduction in costs with repeated exposure and increasing administrative capital.

Third, another important finding of our research is that the various costs of administrative burden may be interchangeable, and this interchangeability can be used by citizens to their strategic advantage. For example, female doctors reduced the time costs of bureaucratic delays and multiple office visits by replacing them with higher financial costs in the form of bribes. Doing so reduced their overall burden because while they could easily afford to pay the bribe, the time delays incurred disproportionate costs on them due to the demanding nature of the medical profession. An important unanswered puzzle of administrative burden concerns the relative importance of financial, temporal, and psychological costs for different clients. While in our research setting, time costs were often perceived as the most demanding, naturally, other costs could be more important in other policy settings. Future research, using experimental or willingness-to-pay research designs can investigate the relative significance of various costs of accessing state services in other settings. This would help policymakers design more meaningful policy interventions to reduce administrative burden for citizens.

**Proposition – 3:** Depending upon personal circumstances and their cache of different forms of capital, an individual may prefer some types of costs over others while accessing state services.

**Conclusion**

It is important to clarify some important points before discussing the policy implications of our research. First, our research setting did not allow us to investigate the significance of human capital, including factors like cognitive resources and physical ability for navigating administrative burdens because female doctors that we interviewed were largely homogenous across these categories. However, as documented by Christensen et al. (2020), these factors are important determinants of citizens’ ability to cope with administrative burden incurred by public policies. The intersection of human capital with other forms of capital, especially administrative capital, warrants future inquiry.

Second, our study indicates that citizens’ ability to navigate and reduce administrative burdens depends on their cache of different forms of capital, which are often determined by their class, gender, social position, and cultural context. While this has important implications for equity, we did not explore how these characteristics intersect with various dimensions of capital and citizens’ differential ability to negotiate administrative burden. Since we were focusing on maternity leave policies, which were only relevant to women, we were unable to explore if there are gendered differences in how people cope with administrative burden. Similarly, female doctors were a fairly homogenous group with respect to their social position, nearly all of them belonging to the professional middle-class. However, it is possible that people belonging to different socioeconomic classes also vary in their utilization/investment in various types of capitals, and in their use of strategies to reduce administrative burden. Future research on these heterogeneities can provide important insights to understand equity in access to state services.

Third, in the present study, we have used a capital-based theoretical lens to explore the heterogeneities in various strategies used by the citizens to deal with administrative burden. However, the style and process of coping with bureaucracy may also depend on citizens’ personalities, their appraisal of relative importance of the service, their attitude towards the particular branch
of bureaucracy and their sensemaking during bureaucratic processes (Lazarus and Folkman 1984). While our theoretical framework and data did not allow engagement with these important factors, future research on different coping styles and their relationship with citizens’ social position can yield a more nuanced picture of citizen-state interactions.

Fourth, while we have emphasized the ability of female doctors to navigate the high administrative burden of accessing maternity benefits, it is important to note that this capability also comes with its own social costs. For example, women who relied on their social connections to get their maternity leave approved had to invest time and psychological resources in building and sustaining these relationships. Reliance on coworkers often harmed their professional position and autonomy within the workplace, exposing them to the motherhood stigma (Gartrell 2011). Female doctors trying to become “ideal workers” to be in the good books of their supervisors also faced the pressure of presenteeism in the workplace, exposing themselves to both psychological and professional harm (Gartrell 2011). Similarly, asking for favors from familial connections further disempowered women in patriarchal family structures (Masood 2018). Similarly, becoming immune to the use of illegal or immoral strategies can reduce psychological costs but can also create a society which mistrusts the state and bureaucracy, always looks for shortcuts and has become blasé about corruption and nepotism, as evidenced by sub chalta ha (everything goes) attitude in Pakistan. Therefore, the fact that citizens are able to navigate some administrative burdens through their cache of different forms of capital should not trivialize the unfairness of being forced to confront unnecessary hurdles while accessing their legitimate rights.

Finally, it is important to keep the particular bureaucratic and cultural context of this case in mind while analyzing its findings. In our case, frontline workers and supervisors had a great deal of discretion in implementing MLPs, which contributed to informal burdens arising from bureaucratic attitudes and behaviors. This discretion paradoxically also allowed maneuvering space for applicants to use multiple strategies to reduce their administrative burden. While our findings mirror similar studies in developing countries where informal burdens are often found to be frequent and onerous for citizens (Nisar 2018a; Peeters 2020), these informal burdens may be less prominent in other cultural or policy contexts. However, studies of citizen-state interaction in developed countries (e.g., Epp, Maynard-Moody, and Haider-Markel 2014; Schram et al. 2009) suggest that informal attitudes and biases may be an important determinant of administrative burden (with varying degree of significance) in all regions.

Our research also offers important insights for practitioners and policymakers. First, our findings suggest that female doctors receive no formal training about their legal rights and the policies governing them in their career. Moreover, most female doctors were largely unaware about the bureaucratic maze in their hospitals and the health department. Consequently, applying for maternity leave was often their first encounter with the intricacies of public and health bureaucracy incurring disproportionate administrative burden on them. Therefore, it is critical that all professional employees receive formal education and training about administrative rules and procedures associated with their jobs during their professional training. Doing so will increase their administrative capital and help reduce their administrative burden in the future.

Second, our research further echoes the increasing calls for a citizen-centric PA (Jakobsen et al. 2016; Christensen et al. 2020). Our findings suggest that it is critical for practitioners and policymakers to solicit feedback from policy beneficiaries about their experience of accessing state services. Female doctors did not have any formal forum available to them to report the high administrative burden faced by them while applying for maternity leave. Similarly, our interaction with the leadership of the health department suggests that they were mostly unaware of the problems faced by women. Developing formal ways to solicit such feedback can go a long way in limiting the high administrative burden for policy beneficiaries and in limiting corrupt practices by frontline workers.

Finally, our findings suggest that, in some cases, the policy beneficiaries are willing to replace one type of costs of accessing state services with another. As noted above, female doctors were often willing to pay more money (even in the form of bribes) if it facilitated quick processing of their applications. This insight can help design policies that are more responsive to citizen preferences. However, while considering such policies, equity implications of such changes should be kept in mind and safeguards must be instilled to make sure that some social groups are not systematically marginalized.

Supplementary Material
Supplementary material is available at the Journal of Public Administration Research and Theory online.

Data Availability
The data underlying this article cannot be shared publicly to protect the privacy of the participants. The data will be shared on a reasonable request to the corresponding author.
References

Ahlin, Christian, and Pinaki Bose. 2007. Bribery, inefficiency, and bureaucratic delay. Journal of Development Economics 84 (1): 465–86.

Almond, Gabriel A., and Sidney Verba. 1963. The civic culture: Political attitudes and democracy in five nations. Princeton, NJ: Princeton Univ. Press.

Altitude, Carina, and Bettina Leibetseder. 2015. Constructing inequality: Deserving and undeserving clients in Austrian social assistance offices. Journal of Social Policy 44 (1): 127–45.

Barnes, Carolyn Y., and Julia R. Henly. 2018. ‘They are underpaid and understaffed’: How clients interpret encounters with street-level bureaucrats. Journal of Public Administration Research and Theory 28 (2): 165–81. doi:10.1093/jopart/muy008

Bashir, Mohsin, and Muhammad Azfar Nisar. 2020. Expectation vs reality: Political expediency and implementation of right to information laws. Public Administration Quarterly 44 (1): 3–30.

Berkman, Ümit. 1992. Bureaucracy and bribery: A conceptual frame.

Bernard, H. Russell. 2006. Research methods in anthropology: Qualitative and quantitative approaches. Oxford, UK: AltaMira Press.

Besley, Timothy, and John McLaren. 1993. Taxes and bribery: The role of wage incentives. The Economic Journal 103 (416): 119–41.

Bisgaard, Mette. 2020. Who works the system? Investigating gender differences in client behavior in child visitation disputes. PhD diss., Aarhus, Denmark: Aarhus University.

Bourdieu, Pierre. 1984 (1996). Distinction: A social critique of the judgement of taste (R. Nice, Trans.). Cambridge, MA: Harvard Univ. Press.

Bourdieu, Pierre, and Loïc J. D. Wacquant. 1992. An invitation to reflexive sociology. Chicago, IL: Univ. of Chicago Press.

Burden, Barry C., David T. Canon, Kenneth R. Mayer, and Donald P. Moynihan. 2012. The effect of administrative burden on bureaucratic perception of policies: Evidence from election administration. Public Administration Review 72 (5): 741–51.

Christensen, Julian, Lene Aarøe, Martin Baekgaard, Pamela Herd, and Donald P. Moynihan. 2020. Human capital and administrative burden: The role of cognitive resources in citizen-state interactions. Public Administration Review 80 (1): 127–36.

Danet, Brenda. 1971. The language of persuasion in bureaucracy: modern and traditional appeals to the Israel customs authorities. American Sociological Review 36 (5):847–59.

Danet, Brenda, and Harriet Hartman. 1972. Coping with bureaucracy: The Israeli case. Social Forces 51 (1): 7–22.

De Jong, Jorrit. 2016. Dealing with dysfunction: Innovative problem solving in the public sector. Washington, DC: Brookings Institution Press.

Doring, Mathias. 2018. How-to bureaucracy: Administrative literacy of citizens. Paper presented at the Annual Meeting of the European Group of Public Administration, Lausanne, Switzerland.

Epp, Charles R., Steven Maynard-Moody, and Donald P. Haider-Markel. 2014. Pulled over: How police stops define race and citizenship. Chicago, IL: Univ. of Chicago Press.

Gatrell, Caroline Jane. 2011. ‘I’m a bad mum’: Pregnant present-eeism and poor health at work. Social Science & Medicine 72 (4): 478–83.

Gordon, Laura Kramer. 1975. Bureaucratic competence and success in dealing with public bureaucracies. Social Problems 23 (2): 197–208.

Hasenfeld, Yeheskel. 1985. Citizens’ encounters with welfare state bureaucracies. Social Service Review 59 (4): 622–35.

Heinrich, Carolyn J. 2016. The bite of administrative burden: A theoretical and empirical investigation. Journal of Public Administration Research and Theory 26 (9): 403–20. doi:10.1093/jopart/muv034

Heinrich, Carolyn J. 2018. A thousand petty fortresses: Administrative burden in US immigration policies and its consequences. Journal of Policy Analysis and Management 37 (2): 211–39.

Herd, Pamela. 2015. How administrative burdens are preventing access to critical income supports for older adults: the case of the Supplemental Nutrition Assistance Program. Public Policy & Aging Report 25 (2): 52–55.

Herd, Pamela, and Donald P. Moynihan. 2019. Administrative burden: Policymaking by other means. New York, NY: Russell Sage Foundation.

Islam, Nasir. 2004. Sifarish, sycophants, power and collectivism: Administrative culture in Pakistan. International Review of Administrative Sciences 70 (2): 311–30.

Jakobsen, Morten, Oliver James, Donald Moynihan, and Tina Nabatchi. 2016. JPART virtual issue on citizen-state interactions in public administration research. Journal of Public Administration Research and Theory 29 (4):1–8. doi:10.1093/jopart/muw031

Jilke, Sebastian, and Lars Timmermans. 2018. Which clients are deserving of help? A theoretical model and experimental test. Journal of Public Administration Research and Theory 28 (2): 226–38. doi:10.1093/jopart/muy002

Kuckartz, Udo. 2014. Qualitative text analysis: A guide to methods, practice and using software. Los Angeles, CA: Sage Publications.

Lazarus, Richard S., and Susan Folkman. 1984. Stress, appraisal, and coping. New York, NY: Springer Publishing Company.

Levy, Robert L., and Douglas W. Hollan. 2015. Person-centered interviewing and observation. In Handbook of methods in cultural anthropology, ed. Bernard H. Russell, 333–64, Lanham, MD: Rowman & Littlefield.

Manchester, Colleen Flaherty, and Kevin J. Mumford. 2010. Welfare stigma due to public disapproval. Department of Applied Economics, Minneapolis, MN: Univ. of Minnesota.

Masood, Ayesha. 2018. Negotiating mobility in gendered spaces: Case of Pakistani women doctors. Gender, Place & Culture 25 (2): 188–206.

Masood, Ayesha. 2019. Doing gender, modestly: Conceptualizing workplace experiences of Pakistani women doctors. Gender, Work & Organization 26 (2): 214–28.

Masood, Ayesha, and Muhammad Azfar Nisar. 2020. Crushed between two stones: Competing institutional logics in the implementation of maternity leave policies in Pakistan. Gender, Work & Organization 1–24. doi:10.1111/gwao.12448

Maynard-Moody, Steven, and Michael Musheno. 2003. Cops, teachers, counselors: Stories from the front lines of public service. Ann Arbor, MI: University of Michigan Press.

Maynard-Moody, Steven, and Michael Musheno. 2012. Social equities and inequities in practice: Street-Level workers as agents and pragmatists. Public Administration Review 72 (1): S16–S23.

Moffitt, Robert. 1983. An economic model of welfare stigma. The American Economic Review 73 (5): 1023–35.

Moynihan, Donald P. 2006. Managing for results in state government: Evaluating a decade of reform. Public Administration Review 66 (1): 77–89.

Moynihan, Donald, Pamela Herd, and Hope Harvey. 2015. Administrative burden: Learning, psychological, and compliance costs in citizen-state interactions. Journal of Public Administration Research and Theory 25 (1): 43–69. doi:10.1093/jopart/muw009

Nadeem, Sadia, and Neelab Kayani. 2019. Sifarish: Understanding the ethical versus unethical use of network-based hiring in Pakistan. Journal of Business Ethics 158 (4): 969–82.

Nisar, Muhammad Azfar. 2018a. Children of a lesser god: Administrative burden and social equity in citizen-state interactions. Journal of Public Administration Research and Theory 28 (1): 104–19. doi:10.1093/jopart/mux025
Oksanen, Tuula, Anne Kouvonen, Jussi Vahtera, Marianna Virtanen, and Mika Kivimaki. 2010. Prospective study of workplace social capital and depression: Are vertical and horizontal components equally important? *Journal of Epidemiology & Community Health* 64 (8): 684–9.

Oliveros, Virginia, and Christian Schuster. 2018. Merit, tenure, and bureaucratic behavior: Evidence from a conjoint experiment in the Dominican Republic. *Comparative Political Studies* 51 (6): 759–92.

Patton, Michael Quinn. 1990. *Qualitative evaluation and research methods.* Thousand Oaks, CA: Sage Publications, Inc.

Peeters, Rik. 2020. The political economy of administrative burdens: A theoretical framework for analyzing the organizational origins of administrative burdens. *Administration & Society* 52 (4): 566–92.

Peeters, Rik, and Arjan Widlak. 2018. The digital cage: Administrative exclusion through information architecture—The case of the Dutch civil registry’s master data management system. *Government Information Quarterly* 35 (2): 175–83.

Pil, Frits K., and Carrie Leana. 2009. Applying organizational research to public school reform: The effects of teacher human and social capital on student performance. *Academy of Management Journal* 52 (6): 1101–24.

Pilavsky, Anastasia, ed. 2014. *Patronage as politics in South Asia.* Delhi, India: Cambridge Univ. Press.

Ryan, Gery W., and H. Russell Bernard. 2003. Techniques to identify themes. *Field Methods* 15 (1): 85–109.

Sandelowski, Margarete. 1995. Sample size in qualitative research. *Research in Nursing & Health* 18 (2): 179–183.

Schram, Sanford F., Joe Soss, Richard C. Fording, and Linda Houser. 2009. Deciding to discipline: Race, choice, and punishment at the frontlines of welfare reform. *American Sociological Review* 74 (3): 398–422.

Sundström, Åkse. 2016. Violence and the costs of honesty: Rethinking bureaucrats’ choices to take bribes. *Public Administration* 94 (3): 593–608.

Utz, Sonja, and Nicole Muscanell. 2015. Social media and social capital: Introduction to the special issue. *Societies* 5 (2): 420–24.