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EXPLORING THE LIVED EXPERIENCES OF ALLIED HEALTH PROFESSIONALS REGARDING SOCIAL GLUE IN PAKISTAN: AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

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ABSTRACT

The aim of this study is to explore the presence of "social glue" conceptualized as the mutual values, trust and cooperation holding healthcare teams together facilitating cohesion and teamwork among Allied Health Professionals (AHP's) in Pakistan. The study was conducted to identify the crises AHP's facing in Pakistan. Interpretative Phenomenological Analysis (IPA) was used and in-depth semi-structured interviews with (N=12) practicing within government health organizations were conducted to obtain insight into their personal experiences till the point of saturation. The four main themes that emerged from the analysis were (i) Professional Challenges and Growth (ii) Client Relationships and Ethical Practice (iii) Personal Fulfillment and Motivation (iv) Future Aspirations. Key challenges such as undefined professional roles, stigma in society and a lack of interdepartmental coordination were identified by participants, along with the significance of respect for one another, teamwork and common goals in transcending these challenges. The findings underscore the pivotal role played by social glue in boosting job satisfaction, improving teamwork and enhancing patient outcomes, especially in resource-limited environments. The study highlights the imperative for system changes, including uniform training programs, interdisciplinary teamwork initiatives and more deliberate recognition of AHP's roles, to enhance social cohesion among healthcare teams. This study adds to the increasing body of literature on inter-professional collaboration and offers practical recommendations for healthcare organizations and policymakers. This study provides a rich understanding of how trust, shared values, and collaboration can revolutionize healthcare delivery in difficult settings.

Keywords: social glue, allied health professionals, social identity

Chapter-1

Introduction

In the modern health systems, allied health professionals (AHP's) are the behind-the-scenes heroes. They deliver key services such as diagnostics, therapy, prevention and rehabilitation underpinning the core of patient care. And yet, what is it that makes these varied professionals work well together? Step forward the "social glue" common values, trust, and teamwork that keeps teams working. Evidence indicates that this "glue" is responsible for building cohesive, high-achieving healthcare teams (Haslam et al., 2021). This research points out how meaningful interactions foster trust and understanding, whereas social identity theory describes how common knowledge and expectations hold teams together. In healthcare, this glue enables nutritionists, physical therapists, dental hygienists, psychologists, pharmacists and others to work in perfect harmony. (D'amour & Oandasan, 2005)

Social Glue

Social glue is operationally defined as the mechanisms, including shared values, norms, and social practices, that promote group cohesion and facilitate cooperative behavior within communities, contributing to social order and reducing conflicts among members (Doe & Smith, 2023). Social glue is a term used to describe the strong bonds that hold a group together and also enhances its productivity. It's necessary because it helps build strength and durability in a team. If the people in your group are like the bricks, the social glue is the mortar that holds them together. It enhances teamwork, reduces professional isolation, and encourages knowledge sharing, which improves job satisfaction and boosts morale. Strong social connections promote resilience, support professional identity, and lead to better patient outcomes by ensuring cohesive and effective care. Ultimately, social glue is vital for fostering a supportive, collaborative and efficient healthcare environment.

Theoretical Explanation of Social Glue

Social Exchange Theory (SET). Social Exchange Theory posits that relationships are built on the reciprocal exchange of resources, whether tangible or intangible (Blau, 1964). In the context of allied health professionals, SET explains how trust, respect, and mutual support (components of social glue) encourage collaboration. For instance, when professionals like nutritionists and pharmacists work together to address patient dietary and medication needs, their cooperative efforts are strengthened by the

expectation of equitable contributions and mutual benefit. This reciprocity fosters long-term cohesion, ultimately enhancing team effectiveness (Cropanzano & Mitchell, 2005).

Organizational Behavior Theory. Organizational Behavior theories, such as those by Robbins and Judge (2019), emphasize that shared values, interpersonal trust, and open communication are key to building cohesive teams. In healthcare, social glue aligns individual and team goals, enabling professionals like psychologists and dental hygienists to work seamlessly within multidisciplinary teams. Strong cohesion, driven by shared purpose, reduces interpersonal conflicts and increases team stability, essential for providing consistent patient care (Robbins & Judge, 2019).

Relational Coordination Theory. Gittell (2009) introduced Relational Coordination Theory, which highlights the importance of shared goals, knowledge and mutual respect in team dynamics. This theory is especially relevant in allied health, where tasks are interdependent, requiring seamless coordination. For example, when physical therapists and pharmacists collaborate on pain management, their shared understanding and respect enhance decision-making, leading to better patient outcomes.

In Pakistan AHP's are facing issues like identity, personal identity, social identity, job satisfaction, professional challenges and growth, personal fulfillment and motivation etc. because of country policies and ground level realities. As they are professional degree holders in their respective fields like psychologist, DPT, pharmacists etc. but still they have to justify their degree and face identity related issues in front of medical specialists. This study was conducted to explore the perspectives of AHP,s how we can bind them together in their working environment to enhance group cohesion in interdisciplinary and intra disciplinary environment.

Allied Health Professionals

Allied health is defined as medical professionals who work to prevent, diagnose and treat diseases and illnesses. They also apply management and administration skills to support health care systems, and apply scientific principles and evidence-based practices to assist patients (NHS England, 2022).

The Role of AHPs in Pakistan

In Pakistan, the role of AHP's like psychologist, nutritionist, dental hygienist etc are over-shadowed due to people strong belief on doctors and nurses. The Allied Health Professions Council (AHPC), was established in 2022 to give worth and identity to these professions around the country. However, they are still facing problems of unclear roles and limited career growth still obstructs their effect (Shah et al., 2024; Karamat et al., 2023).

Challenges Facing AHPs in Pakistan

Despite their importance, AHPs in Pakistan face several hurdles:

Unclear Roles. Lack of standardized job descriptions creates confusion and conflicts regarding responsibilities in them. This results in duties overlap, conflicts in departments and professionals which leads to the decline of health system (Singh et al., 2023).

Limited Career Growth. In Pakistan there are minimum chances for career growth, Few opportunities for advanced training or promotions demotivate professionals which results to limited professional growth and lower motivation in health care professionals (Singh et al., 2023).

Discrimination. Some AHPs, like radiographers and lab technicians, face inequality as compared to other AHP's which undermines teamwork because of workplace tension, low team collaboration and have bad impact on job satisfaction (Almirza et al., 2022).

High Turnover. Poor working conditions, low salaries and job dissatisfaction lead to frequent staff changes (high turnover), disrupting teams cohesion and work continuity and put additional strain on remaining staff (Hassan, 2023).

How Social Glue Helps AHP's

Social glue unifies AHP's, providing them the environment to work together more efficaciously. It overcomes the ambivalence, enhances the interdepartmental teamwork which leads to better patients' cure and positive outcomes because of shared roles.

Chapter 2

Literature Review

The idea of this so-called "social glue" is a key factor for promoting teamwork, collaboration, and consistency in healthcare professionals. Social glue—the common values, trust, and informal associations that connect one person to another—is the cement that binds effective and resilient healthcare teams (Miller et al., 2020). This literature review dissects how the concept of social glue was theorized, evolved in its understanding with healthcare and specifically how it applied to AHP's within healthcare. It also goes on to explore the challenges of building social glue in resource-constrained contexts like Pakistan, and implications for practice, policy and future research.

Theoretical Foundations of Social Glue

Social Identity Theory (SIT), brought to the forefront by Tajfel and Turner (1979), is another pertinent theory. SIT describes the process by which people gain identity and self-esteem from their group memberships, resulting in in-group favoritism and out-group discrimination. Insider Threats in the context of AHPs SIT posits that developing a collegiality can make teams come together (Tajfel & Turner, 1979). When AHPs consider themselves part of the same integrated health care team, they are more likely to share resources and cooperate across professional boundaries

positively impacting the patient experience (Haslam et al., 2009; Ashforth & Mael, 1989).

This is furthered by the Social Exchange Theory (SET) which proposes that all relationships are based on the exchange of resources (Blau, 1964). SET then explains how trust, respect, and mutual support promote collaboration among AHPs in healthcare. By developing the expectation that cooperation will lead to benefit, for example, the cooperation between nutritionists and pharmacists working together to solve patient needs (Cropanzano & Mitchell, 2005), cooperation is secured and strengthened. Gittell (2009) proposes the Relational Coordination Theory, emphasizing the role of shared goals, knowledge, and mutual respect in team dynamics. This theory specifically applies in the face of allied health, where the execution of one task without first doing the preceding task, so the appropriate coordination is much required (Gittell, 2009). Relational coordination is a scientific way through which the team understands one another and provides hardware and software services in alignment with goals of organization (Gittell et al., 2020).

Evolution of Healthcare Social Glue Research

In the last two decades or so, a growing body of research has been dedicated to the important role social glue can play in improving teamwork and resilience in the face of adversity in healthcare settings. In the early studies, they found that shared values, clear communication, and the clarity of roles were important aspects of social glue (King & Shadow, 2022). In fact, informal interactions, which include casual conversations and team lunches, were associated with the development of relationships and also increased teamwork (D'Amour & Oandasan, 2017). The COVID-19 pandemic provided a critical showdown for healthcare teams and highlighted the necessity of social glue in crises. Tran et al. (2024) investigated teams of healthcare workers in South Asia and discovered that mutual support, shared goals, and a sense of collective responsibility led teams to remain effective in the face of substantial challenges. Similarly, recent studies have assessed the effect of inter professional education (IPE) on social glue. Alanazi et al. (2017), IPE programs have beneficial effects on reducing biases and promoting mutual respect between AHPs. Exposure to AHPs of all disciplines with varying backgrounds during training in these programs aids in their maturation in acting as team members in multidisciplinary teams.

Allied Health Professionals (AHPs) and the Social Glue

AHPs who are involved in health care delivery are clinical professionals including but not limited to radiologists, anesthetists, physiotherapists. At the same time, they experience professional identity crises, around-the-clock discrimination, and inflexible hierarchies that could interfere with cooperation (Iqbal, 2023). Social glue is a powerful diagnostic of inter professional collaboration among AHPs according to research. King and Shadow (2022), for example, described the vital role of social glue

in primary care settings as shared values, clear and consistent communication, and clarity of roles. So you need a very strong leadership. These qualities enable leaders to build trust and collaboration by focusing on empathy, inclusivity, and transparency (Gittell et al., 2020). Relational Coordination Theory stresses the significance of inter-team coherence that is reflected in shared goals, knowledge, and mutual respect. This becomes critical in allied health, where tasks are interwoven and systematic coordination is crucial (Gittell, 2009).

The Challenges to Breeding the Social Glue

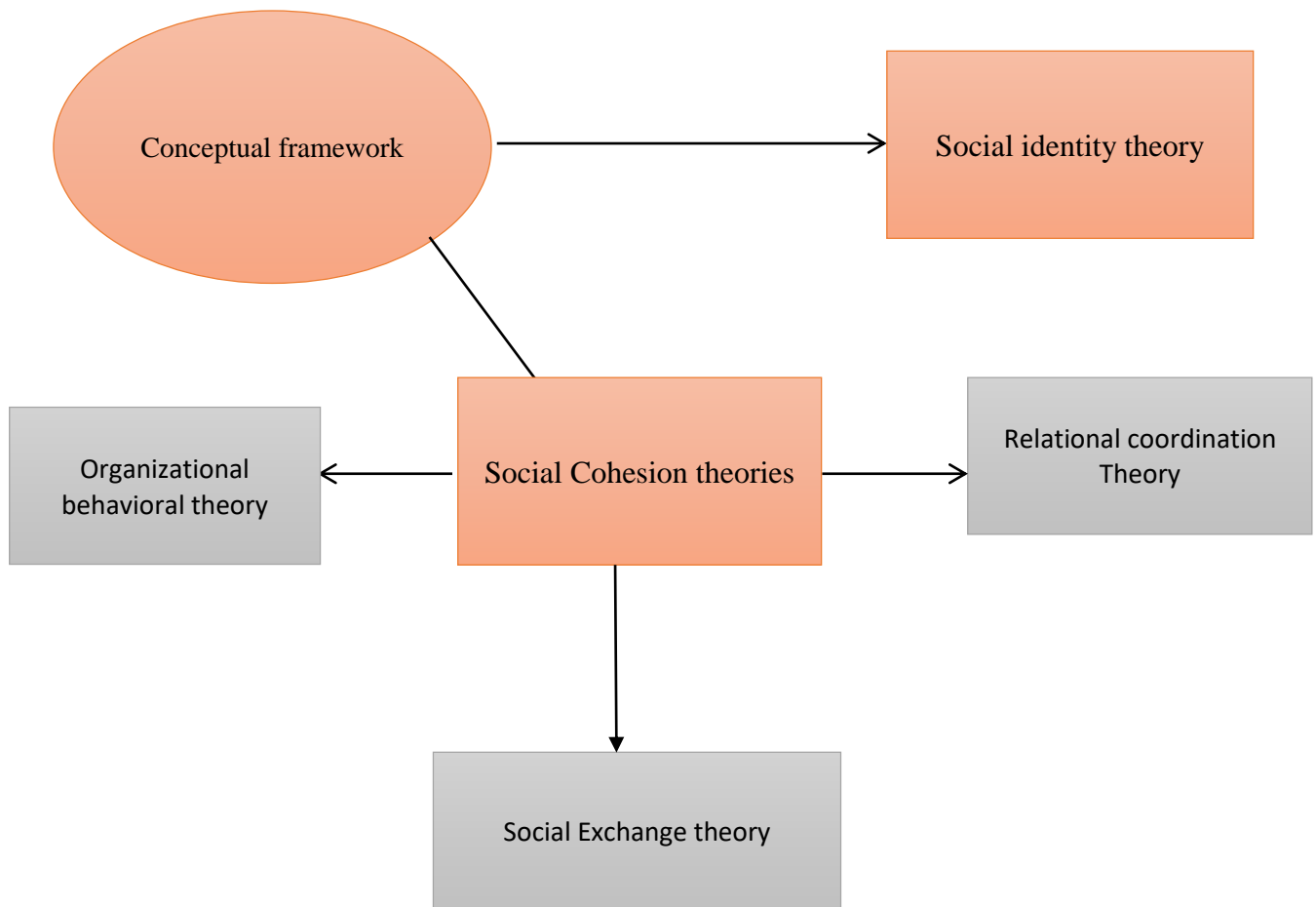
However, as beneficial as it may be, maintaining social glue in healthcare teams is not without its challenges. Its development can be hindered by organizational barriers, including rigid hierarchies, heavy workloads, and limited resources (Almirza et al., 2022). This reality presents serious barriers to collaboration through professional silos that demand structural shifts like workflow redesign and retrospective challenges to implicit biases (Kim, 2020). Moreover, in the context of resource-constrained environments such as Pakistan these challenges are further compounded through cultural and structural aspects such as collectivism and hierarchal workplace interactions (Iqbal, 2023). Social glue can also be undermined by implicit biases and power dynamics within teams. For instance, AHPs might experience marginalization or discrimination based on their professional status, which can undermine trust and collaboration (Kim, 2020). Some of these challenges include the need for purposeful structuring to encourage equity and inclusivity in health care teams.

Practice and Policy Implications

These reviews highlight the role of social glue in team-work, job satisfaction, and patient outcomes. For instance, inter-professional collaboration programs, team-building exercises, and leadership training promote social glue among AHPs (Royal Society for Public Health, 2019; WHO, 2020). In Pakistan, system-level changes are essential for promoting social cohesion among AHPs, covering uniform training programs and institutional acknowledgment of AHPs' roles (Fatima et al., 2023). Implementing formalized team building exercises like workshops and retreats are also effective strategies [16]. Also, leadership development programs prioritizing emotional intelligence, empathy, and inclusivity can help cultivate an environment conducive to social glue (Gittell et al., 2020).

Over the past decade's study has increasingly focused on how social glue enhance teamwork assists professionals in overcome challenges such as discrimination and identity crisis and fosters resilience during crisis like covid 19 pandemic. This review examines these findings emphasizes the critical role of social glue in forming cohesive, supportive and effective health care team.

Figure 1
Conceptual Framework



Study Objectives

Following are the objectives of this study to investigate the impact of social glue on cohesion and collaboration among AHPS. It will significantly examine factors such as identity crisis, experiences with work place discrimination and professional inequality. By understanding these dynamics the study seeks to contribute to the development of strategies that enhance team work and improves patient outcomes in health care setting

Study Questions

1. How does social glue foster collaboration and team cohesion among AHPs?
2. What are the essential elements of social glue from AHPs' perspectives?
3. How do these elements impact their interactions and collaborative behaviors?

Rationale

There has been a significant transition in the healthcare sector towards high-performance work systems (HPWS) which focus on relational cohesion, cooperation and trust between professionals in order to reflect the increase in HPWS in non-healthcare sectors (Boxall & Macky, 2022). In high-stress environments, like healthcare, building social glue defined as the shared values, trust and informal exchanges about shared interests and values within an organization that increase cohesion has become increasingly necessary (Ramarajan, 2020). This is especially true in the case of allied health professionals (AHPs) in Pakistan, a professional group that continues to face challenges in professional identity and recognition, as a result of rigid hierarchical structures within healthcare organizations (Iqbal, 2023).

In Western contexts, sociocultural determinants have been well studied in healthcare organizations including, but not limited to, professional identity, workplace culture, and informal social networks influencing team functioning (Schmalenberg & Kramer, 2019). Theoretical studies have shown that healthcare teams that are cohesive improve patient satisfaction, operational performance, and job performance (West et al., 2021). Yet, there is little research regarding the sociocultural aspects of healthcare organizations in Pakistan, a setting highly affected by collectivism in workplace interactions (Iqbal, 2023). In a health delivery system as hierarchical as Pakistan's, AHPs are challenged on professional front acceptance as well as ranking within multi-disciplinary teams requiring social glue to ensure unity, inter-professional trust and shared purpose (Malik & Hussain, 2022).

Social glue is key to work sustainability, especially in resource-limited health care systems. It helps in reducing job dissatisfaction, increasing team performance and limiting turnover intentions by promoting collaboration, mutual respect and working with professionals (Wilderom et al., 2020). Pakistani health care organizations should even actively promote social integration via inter-professional collaboration programs, standard training courses, and institutional acknowledgment of allied health professionals (AHPs) functions (Fatima et al., 2023).

Chapter-3

Methodology

The study aims to explore how social glue effect team work and collaboration among allied health professionals (AHP's) in Pakistan. To do this, a qualitative study approach, particularly phenomenological design, focusing on the personal experiences and views of APH's regarding social glue in their work places was used. The

methodology includes four key parts: study design, participant selection, data collection and data analysis.

Study Design

A qualitative approach to deeply understand AHPs' perceptions and experiences related to social glue. The study use (Interpretative Phenomenological Analysis) IPA as the main method for analyzing data. IPA is particularly effective for understanding how individuals interpret their experiences with in social context (Smith et al., 2019). Semi structured interviews were conducted which allows participants to express their thoughts freely while still focusing on important themes like social glue, team work, and professional identity. The study took an idiographic approach to look closely at individual experiences instead of making broad generalizations. This approach is along the goals of IPA, which help to know the special ways in which individuals understand and value their work experiences (Smith et al., 2009).

Sample Size

The study included (N=12) participants which is typical IPA studies that focus on small, similar groups to allow for in depth analysis (Smith et al., 2009).

Sampling Method

Purposive sampling is used to select participants who have relevant experiences and insights about the study topic. This sampling method is useful in qualitative study, as it provided deep insight and information from the experiences of individuals to fulfil study objectives.

Inclusion Criteria

Participants have to be AHP's working in government health care settings in Pakistan and have least two year of work experience. The AHP's categories included psychologists, physical therapy (DPT).dental hygienist, nutritionists and pharmacists etc.

Exclusion Criteria

This study did not include AHP's working in private health care facilities are those who did not have direct collaboration roles with other health care providers.

Data Collection

Interview Process

Semi-structured interviews were conducted, that included both open and close ended questions. Participants were asked about their experiences related to;

- Identity crises in the workplace
- Professional inequality
- Workplace discrimination
- Collaboration and teamwork in healthcare settings

Ethical Considerations

Participants were fully informed about the study's purpose and procedures before the interviews. Written consent was obtained from all participants and confidentiality was maintained throughout the study process. Audio recordings of the interviews were transcribed verbatim for accuracy, and observational notes were taken to document non-verbal cues and emotional expressions.

Data Analysis

Interpretative Phenomenological Analysis (IPA)

The IPA approach was used to identify and analyze themes emerging from the interviews. The analysis followed a systematic process:

Familiarization. Listening to and transcribing interviews verbatim to immerse in the data.

Initial Coding. Noting key phrases, emotions, and patterns in participants' responses.

Developing Themes. Identifying recurring themes related to social glue, collaboration, and professional identity.

Interpreting Themes. Analyzing how participants experienced and constructed meaning around social glue in their work environment.

Comparative Analysis. Comparing themes across different AHP's professions to identify commonalities and differences.

Outcomes of Analysis

- Identification of barriers to professional identity and collaboration.
- Understanding the role of social glue in fostering workplace cohesion.
- Exploration of how social identity influenced team dynamics among AHPs.

Chapter-4

Results

This chapter describes the results of qualitative in-depth interviews of allied health professionals in Pakistan. The semi-structured interviews with a mean duration 20 min were carried out between Decembers (2024) and January (2025). The three male and two female participants (n = 12) with age ranging 28 to 37y were interviewed. In the analysis of participant interviews several themes emerged that provide insight into the experience of Doctor of Physical Therapy (DPT), Nutritionist, Pharmacist, Psychologist, Dental Technologist professionals etc within interdisciplinary healthcare teams. Participants highlighted challenges in establishing professional identity and navigating inequality in interaction with other. Despite the challenges, strategies for enhancing cohesion and collaboration were identified, emphasizing the importance of mutual respect and team building initiative. The findings are organized under the

following themes: Master theme, Superordinate theme and Subordinate theme, each subordinate theme with its supporting participants quotes.

Results of Phase-1 of the study

Table 1

Demographics of Sample

Participants	Age	Gender	Education	Experience (Years)
Participant 1	30	Male	DPT (Doctor of Physical Therapy)	2
Participant 2	32	Female	M.Phil. (Nutrition)	8
Participant 3	37	Male	PhD (Pharmacy)	14
Participant 4	34	Male	ADCP (Advanced Diploma in Clinical Psychology)	8
Participant 5	30	Female	BS (Dental Technology)	6
Participant 6	36	Male	DPT (Doctor of Physical Therapy)	5
Participant 7	32	Male	Lab technician	4
Participant 8	28	Female	Radiologist	3
Participant 9	31	Female	Psychologist	5
Participant 10	36	Male	Ultrasound specialist	8
Participant 11	31	Male	Anesthesiologist	2.5
Participant 12	34	Female	Speech therapist	5

Table 1 shows the age, gender, education, and experience (years) of twelve participants. The oldest participant was 37 and had been experienced for fourteen years, while the youngest was 28 for three years' experience.

Table 2

Sub-ordinate Themes, Super-Ordinate Themes, and Master Themes of the Participants

Master Theme	Superordinate Theme	Subordinate Theme	Supporting Quotes
Professional Challenges and Growth	Educational Journey	Pursuing healthcare out of personal interest	I chose this field myself. It was my interest, so I continued with it. I completed my BS in Psychology, MS in Clinical Psychology and an ADS diploma in Clinical Psychology. I completed my BS from Fatima Lahore University and then started working in MS Dental Clinic for 2 years before joining a government hospital.
	Initial Struggles	Adapting to a new field in healthcare	When we entered the health sector, there were no pre-existing positions for us. Psychology was a new field in DHQs; people weren't aware of its scope. After graduation, I faced significant difficulties in finding a job, as dental hygiene is still a new field in Pakistan.
	Building Expertise	Hands-on training and skill development	Students graduating from universities often have extensive theoretical knowledge but very limited practical experience. Consistent hands-on practice is necessary to build capacity. Our professors guided us about the international scope of dental hygiene, especially in Europe, New York, Australia, and New Zealand.
	Navigating professional identity	Overcoming misconceptions about roles	In our field, many are unaware of what psychotherapy sessions are or their benefits. Patients and their families don't always understand the scope of psychology. Initially, seniors didn't understand our role and made us feel out of place, but over time, we proved our capabilities.
	Interdepartmental Coordination	Improving referrals and communication	When coordination is lacking, patients don't benefit from appropriate referrals. Weekly or monthly meetings and interdepartmental events can foster better collaboration.

Client Relationships and Ethical Practice			There should be a platform where professionals from various disciplines can meet periodically to discuss their issues.
	Understanding Clients	Building rapport and addressing low compliance	Some patients or their families do not coordinate because they lack knowledge of the subject. Compliance is low; follow-up sessions are rarely attended. We often encounter patients who report jaw or tooth pain but have no apparent dental issues. In such cases, we refer them to psychologists or physiotherapists.
	Ethical Challenges	Ensuring proper referrals for accurate treatment	It is crucial to identify the relevant domain and refer the patient accordingly. Misguidance can lead the patient in the wrong direction, delaying proper treatment. Proper awareness and referrals are essential to address psychological concerns in patients presenting with dental complaints.
Personal Fulfillment and Motivation		Countering societal stigma and misinformation	Mental health is very important for a proper healthy life. Awareness about psychological interventions needs to increase significantly. The concept of dental nurses, crucial internationally, is still missing in Pakistan.
	Professional Rewards	Witnessing transformative impacts	Seeing patients improve their mental health and quality of life is deeply fulfilling. Proving our knowledge and skills over time led to recognition and appreciation from senior professionals.
	Societal Impact	Raising awareness for broader change	Awareness seminars and training sessions can help convey critical messages to the public and health professionals. Breaking the stigma around mental health is a long journey, but it's one worth pursuing. Highlighting the importance of dental hygiene can uplift the field's status.

Future Aspirations	Expanding Professional Influence	Capacity building through practical training	Proper training in management and interventions is necessary to ensure that diagnosed problems receive appropriate psychological interventions. Focused work is required to strengthen the intervention domain. Revisiting the syllabus to remove irrelevant content can enhance training.
	Innovating within the field	Promoting interdisciplinary collaboration	Psychologists, speech therapists, and nutritionists must be consulted based on the specific needs of a case. Collaboration ensures accurate diagnosis and treatment for patients. Explaining the difference between technologists and technicians is essential to foster understanding.
	Improving healthcare systems	Suggestions for enhancing Pakistan's healthcare	Awareness seminars and public gatherings can spread important messages to the community. Stakeholder meetings can help identify gaps in services and provide better suggestions for improving healthcare delivery. Ensuring lawmakers have expertise can improve policy and implementation.

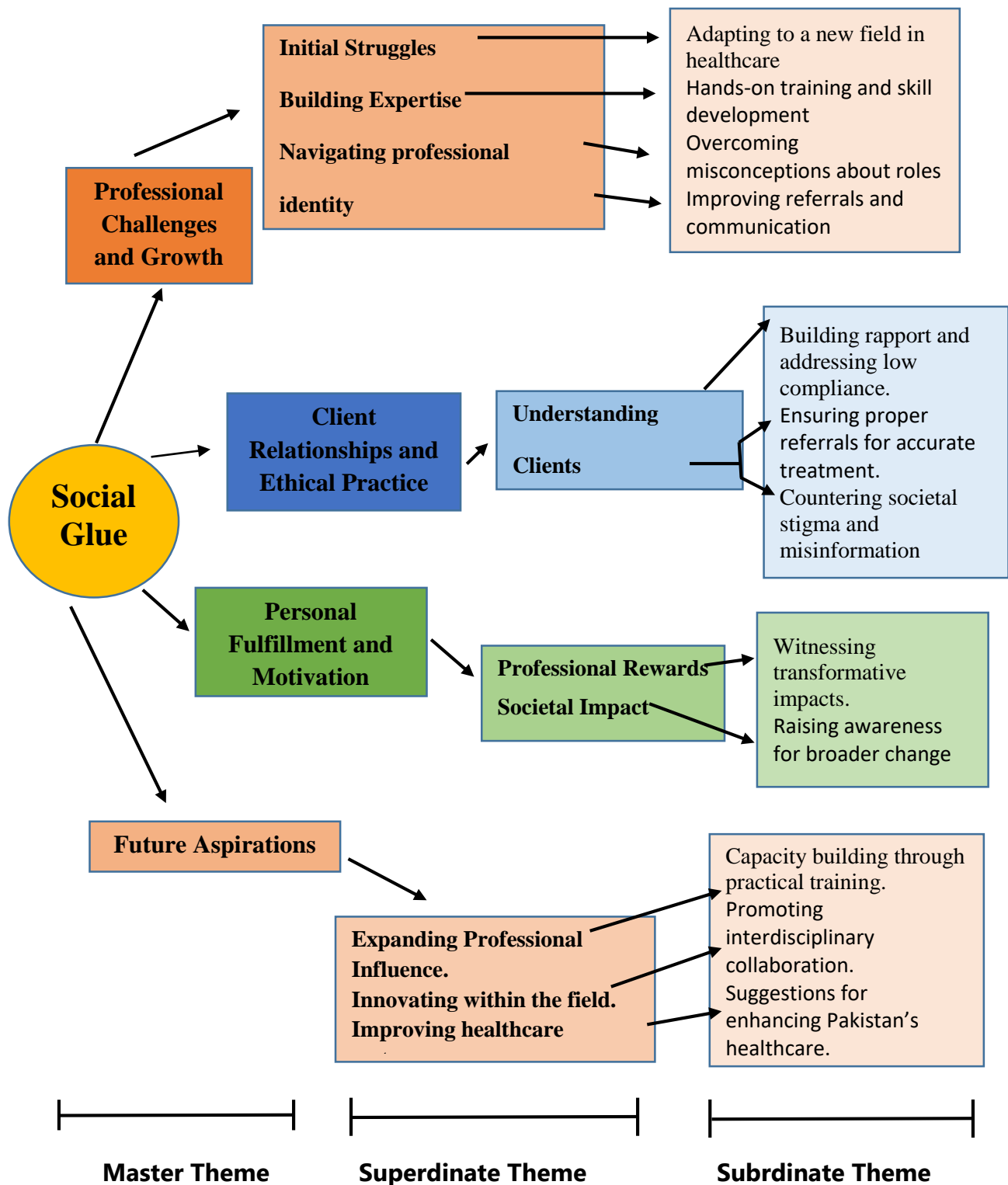
Master Themes

This study's qualitative part (first phase) subsumed four master themes on Social Glue. Following are the master themes of these findings.

- I. Professional Challenges and Growth
- II. Client Relationships and Ethical Practice
- III. Personal Fulfillment and Motivation
- IV. Future Aspirations

Figure 2

Master themes of Social Glue



Chapter-5

Discussion

The aim of this study was to explore the lived experiences of Allied healthcare professionals (AHPs) in Pakistan regarding the concept of social glue, the factors that promote cohesion and collaboration within interdisciplinary teams. The data revealed four overarching themes. Professional Challenges and Growth, Client Relationships and Ethical Practice, Personal Fulfillment and Motivation, and Future Aspirations that underscore the diversity of healthcare professionals' experience. These themes give a deeper understanding of the health care practice and its multifactorial context in moving fields of practice, such as dental hygiene to mental health. The first theme of the qualitative study is "Professional Challenges and Growth" which means healthcare workers are often presented with challenges in their capacity as they work within an ever-changing system. Getting into a relatively new and misunderstood field is challenging and that can be observed by witnessing the struggles of professionals in dental hygiene and psychology in Pakistan. Compounding these challenges is a lack of public and peer awareness about their roles (Singh et al., 2023). The early challenges were finding a footing within a new domain, overcoming stereotypes, and filling gaps in cross-department coordination.

Furthermore, the development of professional expertise necessitates on-the-job training and mentorship. The participants reinforced the idea that the development of practical skills should be meant to be in parallel to theoretical knowledge, which echoes findings in healthcare literature of the tangible contribution of experiential learning to professional development (Frank et al., 2010). Nevertheless, the lack of organized collaboration between AHPs has been proverbial in delivering appropriate healthcare. First, a lack of opportunities for informal interdisciplinary conversations can result in parallel service delivery, which D'Amour and Oandasan (2005) stated also happens without team-based integrated teamwork in healthcare. The first second of the qualitative study is "Client Relationships and Ethical Practice". In healthcare delivery, cultivating a solid client relationship with the client is essential. By building rapport and respecting client concerns, participants noted that compliance and trust could be achieved and maintained. But low rates of compliance and pervading societal stigma can impede effective care. For instance, clients are either no-show for follow-up sessions or are hesitant to seek psychological assistance due to rampant misconceptions around mental health. This is in line with previous studies, which highlight the detrimental effect of stigma on service access (Corrigan et al., 2014). Ethical practice is also required for proper diagnosis and referral. The participants highlighted the need to understand the psychological elements of client complaints, especially in situations where mental health challenges might underlie

physical symptoms. This underlines the demand for comprehensive care paradigms, in line with Engel's (1977) biopsychosocial model, which promotes the integration of corporeal, mental, and social factors in addressing patient needs.

The third theme of the qualitative study is "Personal Fulfillment and Motivation" which means though difficult; workers find a huge amount of personal satisfaction in their jobs. Along with strengthening their dedication to the profession, witnessing life-changing effects on clients' lives instills a sense of purpose. Many participants spoke of overcoming initial disinterest or discrimination, and earning their colleagues' respect through dedication and expertise. These experiences illuminate the inherent rewards of performing healthcare work, which have been widely documented in the literature on professional resilience and job satisfaction (McCann et al., 2013). Family support and personal determination to handle professional challenges were also emphasized by practitioners. This insight is consistent with the idea of a career calling, where people see their work as meaningful and in accordance with their values which increases motivation and persistence when they experience challenges and adversity (Duffy et al., 2024). Governing theme of the qualitative study 4, Future Aspirations They wanted systemic change in healthcare. They argued for a reform of academic and curricula systems in academia, embracing relevant actions-oriented knowledge while rejecting irrelevant or historical curricula. This aligns with broader trends around competency-based education in health professions education (Frank et al., 2010). Individuals called for improvement in teamwork of all those involved in the care of the patient. Building on the increased awareness of social determinants leading to the emergence of interdisciplinary teams focused on health delivery, several key elements need to be considered to enhance health systems delivery through systemic gaps in policy development and implementation. This included stakeholder engagement and awareness-raising initiatives, which were posited, alongside other settling challenges, as potential levers to achieve these aims in tandem with global calls for reform of PEOPLE-CENTRED health care systems that are inclusive and participatory (World Health Organization, 2016).

Conclusion

This study emphasizes the importance of using social glue to create a social bond that builds cohesion, trust and collaboration of allied health professionals in Pakistan. The study highlights the importance of informal conversations, faith, and common objectives in improving relationships in the workplace, particularly in collectivist cultures where relationships are an indispensable part of workplace dynamics. Using a mixed-method sequential study design provided an opportunity to both explore the phenomenon using qualitative methods as well as validate qualitative findings with quantitative analysis. The findings indicate that social glue positively affects job satisfaction, engagement and turnover intentions, providing

important implications for healthcare organizations that want to build high performance work systems.

Implications

The standoff has major implications for practice, policy and study. Healthcare management should create the conditions for informal and repeated contacts and develop mutual trust and horizontal collaboration, and patient outcomes will be better, too beneficially for your job satisfaction and performance! From a policy perspective, the evidence highlights the need for systematic solutions that target issues of professional identity encountered by allied health professionals. Step 1: Initiatives that acknowledge the role of these professionals and include them in multidisciplinary groups can help them feel more integrated and contribute. This study serves as a foundation for studiers to further investigate the sociocultural dynamics of healthcare organizations in under-studied contexts such as Pakistan. Also, this provides an opportunity to explore the overlap of social glue with constructs like organizational commitment and employee engagement.

Future Recommendations

- Future studies should include a more broad-based sample of healthcare professionals, including physicians, nursing staff, and administration staff, to improve generalization.
- Future researchers can develop a scale on social glue.
- More importantly, we need cross-cultural comparisons between collectivist and individualist societies to understand how social glue works at different levels of culture.
- Longitudinal studies could track how the social glue changes and accrues over time and whether and how it continues to inflect workplace experiences.
- Intervention-based study needs to be developed and tested (e.g. team-building activities, trust-building workshops) to assess pragmatic methods to build social glue.
- The concept has multidimensional aspects and studiers should integrate qualitative and quantitative methods more comprehensively.

Limitations

This study was limited to allied health professionals in Pakistan, which restricts the generalizability of the findings to other professions and in other settings. Second, given that the study was conducted in a collectivist society like Pakistan, its findings may not generalize to individualist cultures where social glue might operate differently. Third, the IPA design results also have low generalizability. These interviews were mainly conducted in only Punjab which may be the primary concern of the applicability of the findings. The Allied Health professionals have a variety of categories which can impact the homogeneity of the themes which contributes to the emerging themes.

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