Understanding how networks work to engage resources and support for long term condition management

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Social networks as personal communities

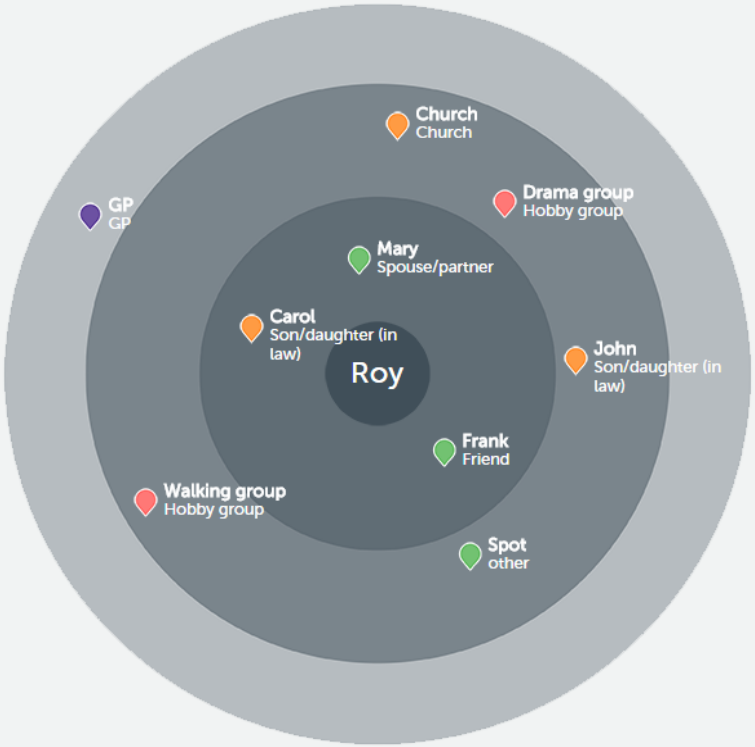
- Social networks: focus on types of relationships, communities of place or belonging, individual structural characteristics of networks
- Social networks as personal communities
- Personal communities are…

Activities | Health | Learning | Support | Independent living | Volunteering

Close

EU-GENIE Questionnaire

My Network



- Daily
- At least once a week
- At least once a month
- Less often

Drag your pin over the trash icon above to delete it.

Please tell us about your network of friends, family and others you're in contact with, to help us supply you with the most useful results.

	At least once a month	Group	Hobby group
Their name, or just a nickname if you prefer.	*How often are you in contact with them?*	*What type of relationship do they have to you*	*Who are they?*

Two questions to address

- Is there something specific about personal communities that makes them not reducible to the relationships that constitute them? Is the whole more than its parts?
- Are some types of personal communities better for long-term condition management and which are they?

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RESEARCH ARTICLE Open Access

The influence of social networks on self-management support: a metasynthesis

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Abstract

Background: There is increasing recognition that chronic illness management (CIM) is not just an individual but a collective process where social networks can potentially make a considerable contribution to improving health outcomes for people with chronic illness. However, the mechanisms (processes, activities) taking place within social networks are insufficiently understood. The aim of this review was to focus on identifying the mechanisms linking social networks with CIM. Here we consider network mechanisms as located within a broader social context that shapes practices, behaviours, and the multiplicity of functions and roles that network members fulfil.

Methods: A systematic search of qualitative studies was undertaken on Medline, Embase, and Web for papers published between 1st January 2002 and 1st December 2013. Eligible for inclusion were studies dealing with diabetes, and with conditions or health behaviours relevant for diabetes management; and studies exploring the relationship between social networks, self-management, and deprivation. 25 papers met the inclusion criteria. A qualitative metasynthesis was undertaken and the review followed a line of argument synthesis.

Results: The main themes identified were: 1) sharing knowledge and experiences in a personal community; 2) accessing and mediation of resources; 3) self-management support requires awareness of and ability to deal with network relationships. These translated into line of argument synthesis in which three network mechanisms were identified. These were *network navigation* (identifying and connecting with relevant existing resources in a network), *negotiation within networks* (re-shaping relationships, roles, expectations, means of engagement and communication between network members), and *collective efficacy* (developing a shared perception and capacity to successfully perform behaviour through shared effort, beliefs, influence, perseverance, and objectives). These network mechanisms bring to the fore the close interdependence between social and psychological processes in CIM, and the intertwining of practical and moral dilemmas in identifying, offering, accepting, and rejecting support.

Conclusions: CIM policy and interventions could be extended towards: raising awareness about the structure and organisation of personal communities; building individual and network capacity for navigating and negotiating relationships and CIM environments; maximising the possibilities for social engagement as a way of increasing the effectiveness of individual and network efforts for CIM.

Keywords: Social network, Self-management, Chronic illness, Network mechanisms, Metasynthesis

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Contributions of SNMs through three generative mechanisms

- *network navigation*

  when and who to contact; use previously un-used ties and resource; conceal the selection of some ties over others

- *negotiation within networks*

  relationships, roles, expectations, means of engagement and communication between network members

- *collective efficacy*

  shared perception and capacity to successfully perform behaviour through shared effort, beliefs, influence, perseverance, and objectives

What individuals and personal communities do? Self-efficacy and collective efficacy

View on Wiley Online Library → doi: 10.1111/hex.12306

Dynamics and nature of support in the personal networks of people with type 2 diabetes living in Europe: qualitative analysis of network properties

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Keywords: diabetes, qualitative, self-management support, social networks

Abstract

Background Living with and self-managing a long-term condition implicates a diversity of networked relationships. This qualitative study examines the personal communities of support of people with type 2 diabetes.

Methods We conducted 170 biographical interviews in six European countries (Bulgaria, Greece, the Netherlands, Norway, Spain and UK) to explore social support and networks. Analysis was framed with reference to three predetermined social support mechanisms: the *negotiation* of support enabling engagement with healthy practices, *navigation* to sources of support and *collective efficacy*. Each interview was summarized to describe navigation and negotiation of participants' networks and the degree of collective efficacy.

Results Analysis highlighted the similarities and differences between countries and provided insights into capacities of networks to support self-management. The network support mechanisms were identified in all interviews and losses and gains in

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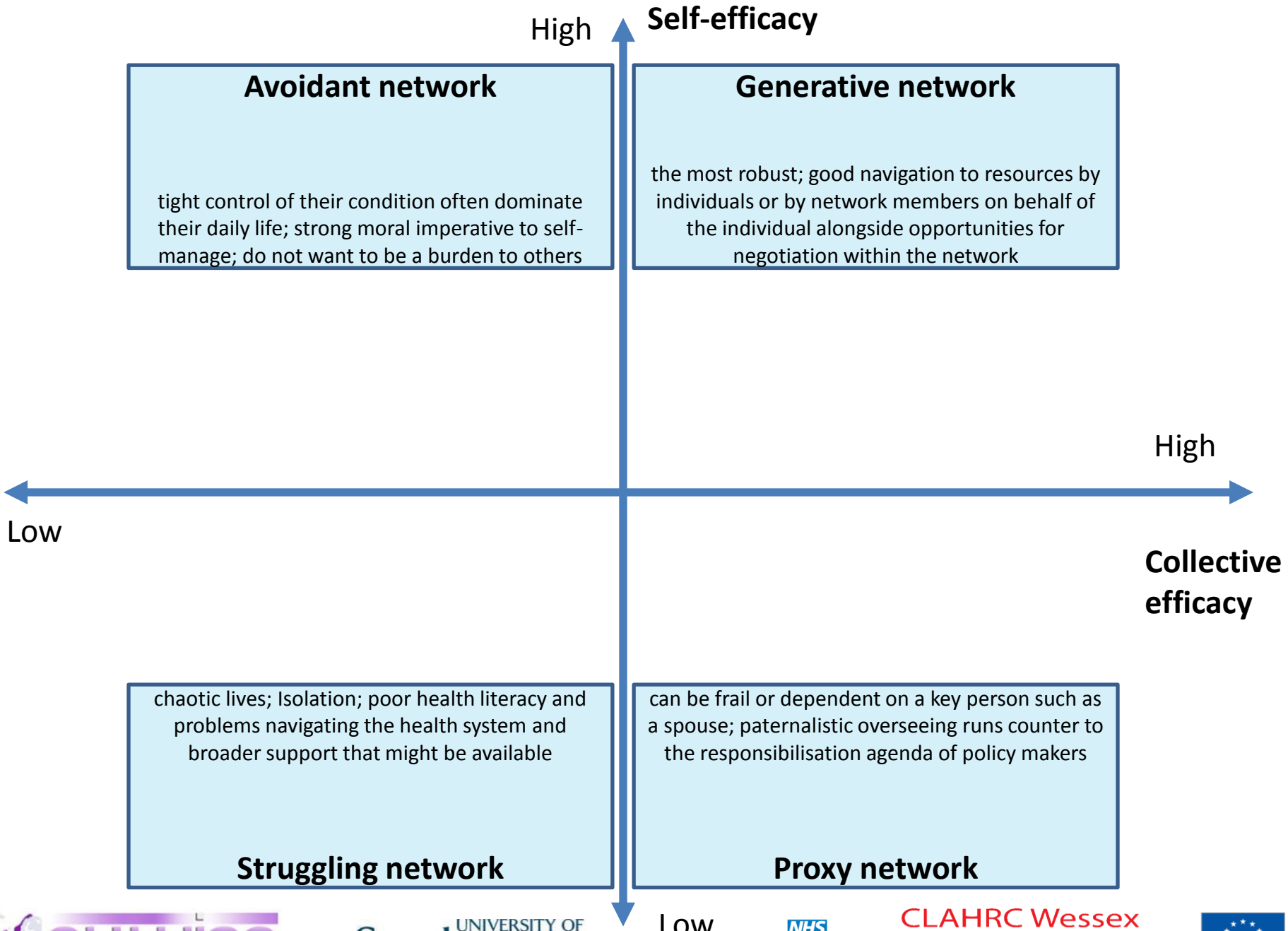

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Types of personal communities

- Explored in relation to ageing well
- Restricted, family, friend, diverse
- Associations found with health and well-being
- Potentially differences in relation to long-term condition management
- Outcomes relevant for long-term condition management

Aims and methods

- Identify types of personal communities
- Examine relationship with:
  - self-management
  - support by member of personal communities
  - well-being
- K-means cluster and regression analysis

Types of personal communities

- **Restricted**
  - Few or no network members; highly isolated;
  - Lower than average income and education;
  - Relatively good health
  - very low level of network member support
- **Family-supported**
  - About average number of network members;
  - mainly family and relatively low frequency of contact
  - lowest education and income;
  - poor health
  - minimal network support
- **Diverse**
  - Many and diverse members including friends and groups, frequent contact;
  - high education level and income; employed;
  - in good health
  - high levels of network support; very good self-management skills
  - least happy

Types of personal communities

- **Family-centred**
  - Many network members, frequent contact but mainly family;
  - the highest level of network support
  - Some of the happiest
- **Weak ties**
  - Average number of network members, but frequent contact;
  - frequent contact with all weak ties
  - high income; education; good health
  - happiest

Findings

- Restricted and family supported: the two largest groups across all partner countries

- Restricted networks least support by members of personal communities
- Practical support in family-centred networks
- Emotional support in diverse-friends networks

- Diverse networks were better at self-management than all other networks, while restricted networks were the worst

- Diverse and restricted networks had the lowest service utilisation costs, while family-supported networks had the highest

Conclusions

- social engagement offers a way of increasing the effectiveness of individual and network efforts for LTCM
- raising awareness about the structure and organisation of personal communities;
- building individual and network capacity for navigating and negotiating relationships and LTCM environments