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Social support and social control in type 2 diabetes: an interview study

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The social networks of people with type 2 diabetes (T2DM) can play a significant role, both positive and negative, in their diabetes self-management. Health-related social support and social control have been identified as two of the key pathways accounting for the ways in which social networks (primarily marital relationships) influence self-management and coping. However, few studies have examined these pathways within a wider social network (e.g. friends, work colleagues).

We aimed to explore how adequately the social support and social control frameworks “fit” with the wider social network. We conducted an interview study with 25 adults with T2DM (12 (48%) women; mean age: 59±14 years; mean diabetes duration: 7±7 years). Interviews averaged 55 minutes and were audio-recorded. Transcriptions were imported into NVivo 10 for deductive thematic analysis.

Instrumental and emotional social support, and positive and negative social control were identified themes. Positive social control referred to control actions (e.g. being told to exercise, or not to eat certain foods) being perceived as helpful by the person with T2DM, whereas negative social control involved such actions being regarded as unhelpful. Most interviewees reported feeling supported by their social network, with almost half reporting that the control was helpful. However, one third interpreted their social networks’ control actions as intrusive and critical. In addition to these four key domains, non-involvement was identified as an important theme. For many, non-involvement by the social network was interpreted as a positive indicator of their successful T2DM management; for others it was neglectful and upsetting.

It is evident that the wider social network, not just the immediate family, can impact both positively and negatively on diabetes self-management. Furthermore, while active social support and control can be both helpful and harmful, lack of involvement from others can also be perceived negatively by the person with T2DM.

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Background

- Management of type 2 diabetes (T2DM) involves regular medical reviews and the daily performance of a wide range of self-care activities¹
- Living with T2DM impacts negatively on emotional well-being,^{2,3} and quality of life⁴
- Family, friends and significant others of those with T2DM are drawn inextricably into the 'self-care' process. They can have both a positive and negative influence upon T2DM self-care^{5,6}
- The most common frameworks for understanding the ways a social network can influence self-care and coping are:
 - health-related social support: the provision of encouragement and positive feedback to those perceived to be coping effectively with their illness⁷
 - health-related social control: attempts to correct or improve the health behaviours of individuals perceived to be self-managing their condition sub-optimally⁸
- Previous research has focused largely on the social interactions of the close social network (e.g. spouses⁹ or adult children⁷). Less is known about the influence of those in the wider social network (e.g. friends and work colleagues)

Aim

- To explore how adults with T2DM perceive the interactions of their close social network (e.g. family, partners, children) and wider social network (e.g. friends, work colleagues) in relation to their diabetes self-care
- To explore how the health-related social control and social support models "fit" with this wider social context

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Method

Design and participants

- Semi-structured interviews with 25 Australian adults with T2DM
 - 12 (48%) women
 - age: 59±14 years (range: 22-79 years)
 - diabetes duration: 7±7 years (range: 0-29 years)
- Participants were recruited through:
 - the membership list of Diabetes Victoria (the peak consumer body representing people affected by diabetes in the state of Victoria, Australia)
 - diabetes related-media (e.g. diabetes magazines) and social media (e.g. Facebook)
- The study was promoted as a general exploration of the social experience of living with T2DM, with no specific reference to the impact of diabetes on relationships or family to avoid biasing participant self-selection

Data collection and analysis

- Participants were asked a series of open-ended questions about interactions about diabetes self-care among their social network, i.e. their family (e.g. spouse, children, parents, siblings), friends, and work colleagues
- All interviews were audio-recorded and transcribed verbatim, with transcripts imported into NVivo v.10 to facilitate data coding, retrieval and analysis
- Thematic analysis using a deductive (theory driven) approach was used to facilitate the interpretation of identifiable themes for pre-determined, specific research questions
- Two themes – 'Social Control' and 'Social Support' – were predetermined and the remainder were generated from the data
- Two researchers (TNJ & AV) read and re-read the data, conducted independent coding, and came to 100% agreement through discussion on the final coding framework

Results

- Seven themes were identified relating to the immediate social impacts and experiences of people with T2DM (see Table 1)
- The interpretation of health-related social control was variable:
 - 11 participants (44%) made 14 references to their experience of positive and helpful social control behaviours by their social network
 - 1 reference was about the wider social network (i.e. friends)
 - 9 participants (36%) made 21 references to negative and critical social control behaviours by their social network
 - 7 were about the wider social network (i.e. 5 referenced friends and 2 referenced colleagues)
- Health-related social support was categorised into:
 - instrumental social support: 13 participants (52%) reported 22 occurrences
 - 5 were about the wider social network (i.e. friends)
 - emotional support: 12 participants (48%) reported 16 occurrences
 - 5 were about the wider social network (i.e. 1 referred to colleagues and friends; 3 referred to friends and 1 referred to colleagues)
- Of the new themes emerging from the data, 'non-involvement' was the strongest overall:
 - 11 participants (44%) made 24 references to their experience of positive non-involvement by their social network
 - 5 were made about the wider social network (i.e. 4 referred to friends and 1 referred to colleagues)
 - 5 participants (20%) made 7 references to their experience of negative non-involvement by their social network
 - 2 were about the wider social network (i.e. friends)
- The final theme to emerge was 'unintentional undermining':
 - 4 participants (16%) made 5 references to their perception that the social network was unintentionally undermining their efforts to self-manage their T2DM
 - 1 was about the wider social network (i.e. friends)

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Table 1. Themes and quotes regarding perceptions of close and wide social networks

Theme	Description	Close social network (i.e. family)	Wide social network (i.e. friends and colleagues)
Positive social control	Individual readily accepts, and often expresses appreciation for, social control behaviours	"I'm fortunate I have a very supportive husband and I think that makes a difference too... Clive will say 'You shouldn't have that.'" (woman, aged 79)	"Some of them [friends] are very, very good and quite often they will say to me 'Shouldn't you have had your insulin shot?' They remind me." (man, aged 67)
Negative social control	Individual regards social control behaviours as unhelpful, critical or intrusive	"They've always been on at me to lose weight and be healthier." (man, aged 46)	"If there is a bag of lollies on the counter, especially working in the birth suite and it gets hectic, sometimes people put lollies on the counter and I'll have a few and I have had people say 'Are you sure you're going to have another one of those?'" (woman, aged 59)
Instrumental social support	Individual perceives the social network to provide some form of practical assistance to help manage T2DM	"I've got a sister-in-law who's bought, with her own money, several books to give me and they're textbook-type prices. And you think 'That's very nice of you, thank you very much'. (She says) 'I saw this and thought of you and there's some good recipes in here' and that sort of thing." (man, aged 57)	"They'll [friends] try and make food if you go out, they will try to make something or bake something for you that you can eat." (woman, aged 60)
Emotional social support	Individual perceives the social network to offer emotional validation, understanding or support	"Well my partner is just very supportive in every way and he just tries to get me not to blame myself because I'm criticising everyone else for blaming or fearful of that but I sometimes do blame myself." (woman, aged 35)	"But another friend who became diabetic ... maybe 15 years ago ... he soldiers up to me and says to me 'How you going sugar?' So that's just sort of a thing between us." (woman, aged 59)
Positive non-involvement	Individual interprets the social network's lack of involvement as approval	"He [husband] doesn't make a big issue of it, just let's me do what I think is best for myself and I think I prefer it that way rather than having that constant reminder." (woman, aged 37)	"My friends, they hardly ever even acknowledge really, I mean there's no reason to." (woman, aged 59)
Negative non-involvement	Individual interprets the social network's non-involvement as disinterest	"They've never really said much. I think my dad, his comment was 'Oh well' that was about it." (woman, aged 42)	"Well they [friends] don't know you've got it. You tell them every couple of years and (they say) 'I never knew that' and you know you've told them before. They really don't know what the impact of that is." (man, aged 69)
Unintentional undermining	Individual perceives the social network to undermine his/her efforts in T2DM self-care but considers this unintentional and non-deliberate	"My daughter has a business, she makes cupcakes, so she's always forgetting and always bringing his/her efforts around to the house. I'm telling her all the time 'Learn to make them with sweetener and then I can eat them' but she forgets." (woman, aged 42)	"With that close friend, I was almost hurt. I put it into 'he's got his own issues' sort of thing but I think when that happened to him, I was a bit more supportive and you just think 'Oh well that's just the way it is with him.'" (man, aged 57)

Conclusion

- Health-related social control and social support interactions were perceived both positively and negatively by participants
- These models "fit" the data to an extent but new themes also emerged, indicating that the models did not completely account for participant experiences
- Non-involvement (perceived positively and negatively) and unintentional undermining behaviour by significant others (largely perceived sympathetically) were also identified as impacting upon diabetes self-care
- There were similarities between how participants perceived the interactions of their close and wide social networks in relation to their diabetes self-care
- However, the close social network was referenced more than the wider social network, indicating that participants may not discuss their T2DM as much with those outside the family, or that family feel more comfortable sharing their views about the person's diabetes
- Future research needs to focus on:
 - determining the factors that influence the interpretation of social interactions as either positive or negative
 - generating greater understanding of any differences in impact of the close and wider social networks on diabetes self-care