

# **“It’s Delightful Banter”: Community Group Friendships and Self-Management Support for Vascular Ill Health**

Amy Mathieson, Research Assistant, Centre for Primary Care, University of Manchester

Mark Jeffries, Rebecca Morris and Anne Rogers

# Overview

- GM CLAHRC project
- Background
- Data collection
- Findings
- Discussion and future work

# GM CLAHRC and VOCALS Project

Focus on patient context and networks to implement new forms of self-management support for people with vascular conditions.

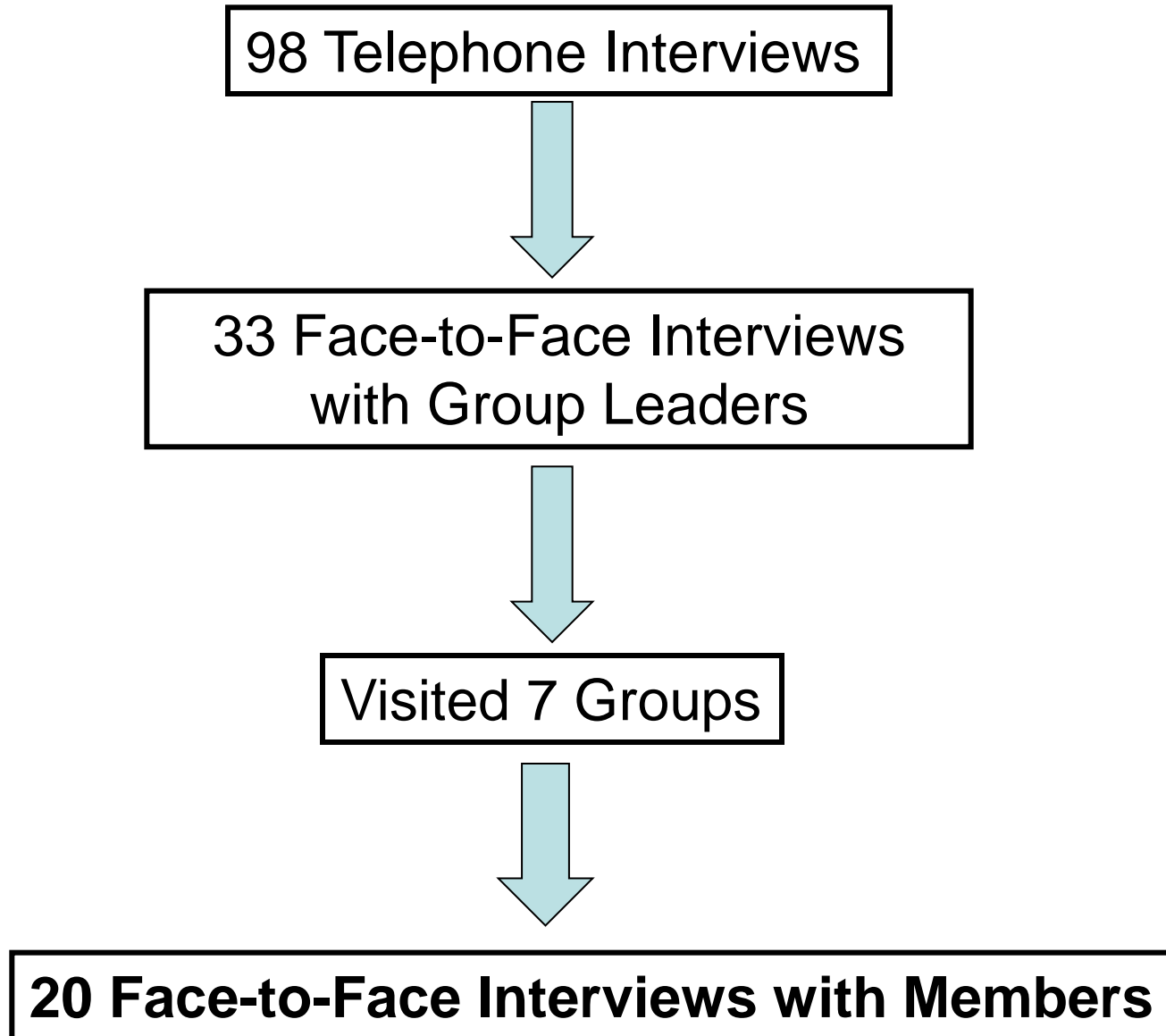
**Aim:** To explore the role of third sector organisations in supporting individuals to manage long-term vascular conditions

# Background

- The responsibility for long-term condition management has been placed upon the individual, ignoring how health may be shaped by broader social contexts (Kendall & Rogers, 2007).
- Growing shift towards an understanding of the importance of context when managing health and wider support through social networks (Vassilev et al., 2013).
- Research has begun to explore social support provided by the community.

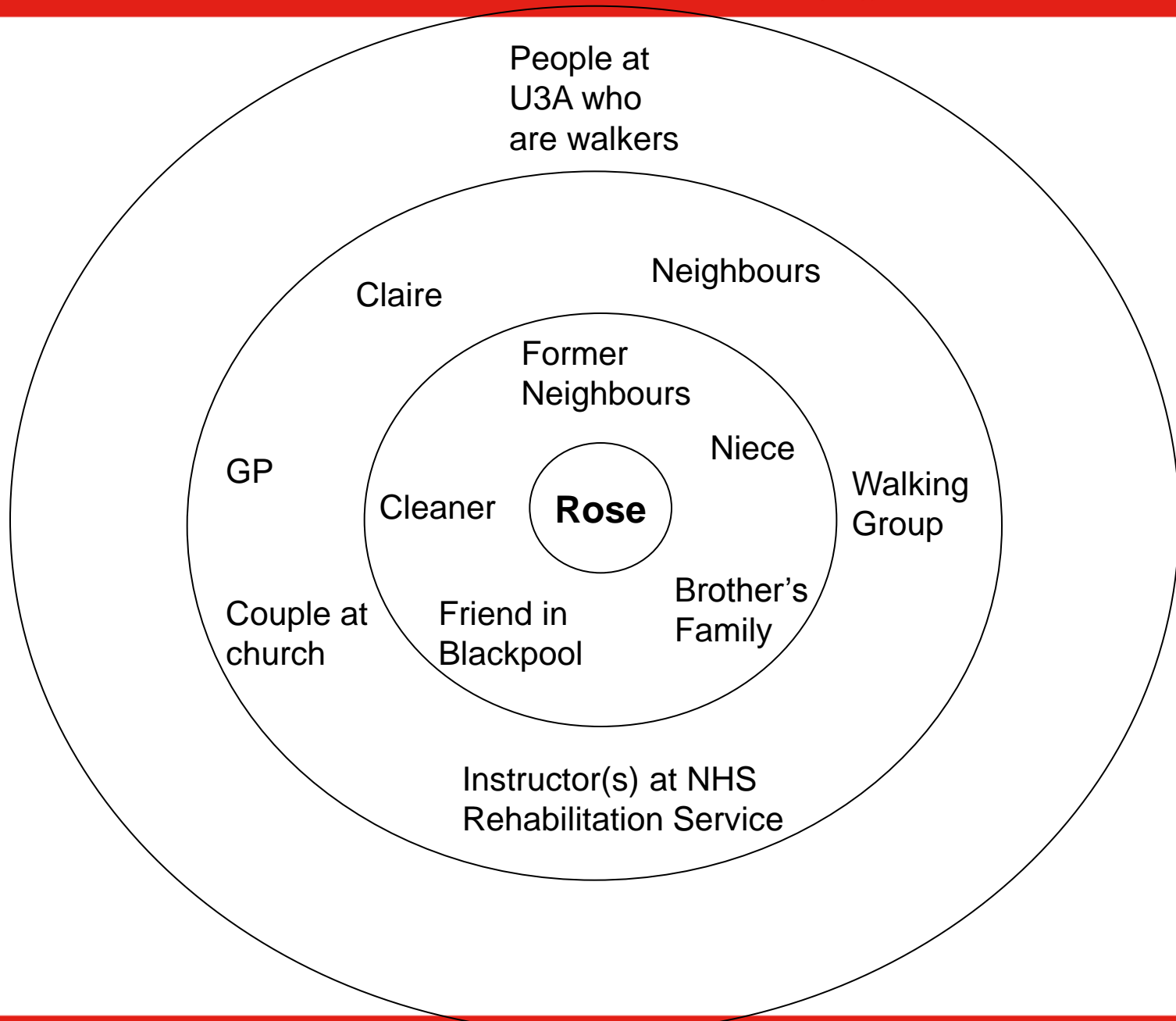
# Friendship

- Less sociological attention than research on ‘the family’ (Spencer and Pahl, 2006). Now a need to de-centre the family and explore sources of support that go beyond it.
- Spencer and Pahl (2006) argue there has been a shift between relationships that are ‘given’ and ‘chosen’ and uses the concept of ‘personal communities’.
- Growing body of work that focuses on ‘new’ friendships developed through peer support group arrangements (Ward et al., 2012)
- Social enquiry however has ignored other forms of connectedness such as acquaintanceship.
- Our research explores friendship forming within a specific context and the role of these friends in supporting self-management.



# Methods

- 20 semi-structured interviews with members of voluntary and community groups.
- Groups ranged from health relevant (e.g. walking groups and cardiac rehab) to hobby or interest groups (e.g. craft clubs).
- Interviews explored participants' involvement in the group; their reason for participation; the impact of their health upon participation; and their long-term condition management.
- Hierarchical Mapping technique (Antonucci, 1986) was used.
- Thematic Analysis





# Findings

1. Friendship Forming
2. Guilt-free Sharing
3. Limitations to These Friendships

# 1. Friendship Forming

- Time
- Need to 'Fit in'
- Separation of Friends and Friendship Groups

*“...no new members are really joining, they don't seem to be interested, or if they do come they just come the once and then they don't come again, but I mean as with all clubs it's no use just coming the once, because you do feel like the odd one out, you've got to come several times and get in with the group and people don't seem to want to do that” – (Ingrid, Afternoon club)*

*“[I] never really have consciously gone out to make a new friend, if you follow me. I have sufficient and with the family as well, and now we've got grandkids who have grown up. Um, but I'd help anybody” – (Carl, NHS Rehabilitation Service)*

*“Mmm, well I think Joan I I could tell things to that I wouldn't want to tell other people. You know I think that's the difference there of...course she's so close...as well.” – (Elizabeth, Craft Club)*

## 2. Guilt-Free Sharing

- Don't Want to Burden Family
- Importance of Humour
- Distraction from Health Concerns
- Peer Support
- Social Comparison

*“...you feel that you’re a burden [...] patience has never been me strongest point, and now I’m...it’s even, even worse, so like, you know, there’s a tendency to snap at your family [...] it’s like doing some little jobs round the house or something and your wife’s doing it and she’s doing it wrong, you know, it’s, it’s...screwdriver, whatever...I, I want to get up and, and do something that gets me...I get so frustrated ‘cos I can’t do it myself [...] and I find then like when we’re going to the group I, I switched off from all this and I’m going and have a bit of a laugh and, and fun [...] your mind’s taken off the day to day mundane things” – (Neil, Health Support Group)*

***“I: Yes what, what do you, like what is it about the group that helps you?***

*It's the friendliness and the feeling that you can say what you want and it doesn't really matter, not, not rude, but you know, not being nasty at all in any way, but, erm, just, just say what you want, it's so free and easy in a way it's like being a child again, you know, because we have fun and nothing is serious which, which I like.” – (Ingrid, Afternoon Club)*

*“Er, well, it kind of reinforces the fact, you know, you don’t feel alone, that you’re the only one in the world that’s got to have these blooming tablets for the rest of your life, er, that we all, er, er, we all do them. And that you’re not the only one that forgets whether he’s had them [laughter] in, in the morning [...] So it’s, it’s the kind of reinforcement that, you know, other people in the same boat [...] It’s a very cheerful group, you know, this is not a group, a group of kind of people saying, oh, you know, well, anyone got the local undertaker’s phone number, you know, I want [laughter] I want to make an advanced booking” – (Bernard, NHS Rehabilitation Service)*



# 3. Limitations to These Friendships

- Boundaries and Respect
- Striving to be Independent
- Context
- Limited Practical Support

*“I know...I mean they didn't just walk away from me because, as I say, [crying] I can't stand anybody asking how I am, I get upset. And, you know they didn't force themselves on me and, you know, start fussing, you know, 'cos sometimes when people start fussing over you, you...” – (Ann, Craft Club)*

*“I mean obviously, er, you, you see even though I’ve, I’ve a lot of good friends and close friends within the walking group...I’m not sure where they would fit in, in a, from a health point of view. I mean you could be out walking, er. I mean most of us carry a little first aid kit out walking. Er, people have had accidents out there [...] so somebody’s always there with a bandage, a plaster. Erm, a wet wipe erm, a mobile phone to ring somebody up [...] Yeah. Er, because they would only come into the, erm, the health equation...on the ten hours you’re walking with them at the weekend. You wouldn’t, I wouldn’t contact these people if I had a problem at home.” – (Patrick, Walking Group)*

# Discussion

- Importance of wider context and networks in the self-management of a long-term health condition.
- Participation in and support from the group relieves frustration and difficulties associated with a limited social network.
- “NHS cured” but well being maintained by group activities and social interactions.
- More research is needed on the importance of ‘contextual friendships’ and acquaintances in terms of health and future work could explore how people form other non-traditional relations and seek alternative sources of support for self-management.

# References

Antonucci, T.C. (1986) Hierarchical Mapping Technique, *Generations: Journal of the American Society on Aging*, 10(4): 10-12

Kendall, E., & Rogers, A. (2007) Extinguishing the social?: state sponsored self-care policy and the Chronic Disease Self-management Programme, *Disability & Society*, 22, 129-143

Spencer, L. and Pahl, R. (2006) *Rethinking Friendship: Hidden Solidarities Today*, Oxford: Princeton University Press

Vassilev, I., Rogers, A., Blickem, C., Brooks, H., Kapedia, D., Kennedy, A., et al. (2013) Social Networks, the Work and Work Force of Chronic Illness Self-Management: A Survey Analysis of Personal Communities, *Plos One*, 8.

Ward, R., Howorth, M., Campbell, S., and Keady, J. (2012) 'Supporting the Friendships of People with Dementia', *Dementia*, 11(3): 287-303

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For more information on our work and to find healthy activities (in Greater Manchester) please see: <http://www.plansforyourhealth.org/>

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# For Further Information Please Contact:

Amy Mathieson

Amy.mathieson@manchester.ac.uk