Integrative Review
doi: https://doi.org/10.1590/1983-1447.2018.20170303

Characteristics of the ineffective social support network: integrative review

Características da rede social de apoio ineficaz: revisão integrativa

Características de la red social de apoyo ineficaz: revisión integradora

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How to cite this article:
França MS, Lopes MVO, Frazão CMFQ, Guedes TG, Linhares FMP, Pontes CM. Characteristics of ineffective social support network: integrative review. Rev Gaúcha Enferm. 2018;39:e20170303. doi: https://doi.org/10.1590/1983-1447.2018.20170303.

ABSTRACT

Objective: To evaluate the characteristics of the ineffective social support network evidenced in its structure, functionality and dynamics.
Method: Integrative review, carried out in December 2017, in the bases Scopus, CINAHL, Web of Science, CUIDEN, BDENF, Lilacs and SciELO library by means of combinations between keywords/descriptors - Social Network, Social Networks, Social Support, Social Support Networks and the term "ineffective", finding 2012 publications and 24 composed the sample. The analysis of the results was based on the dimensions of the Social Support Network.
Results: In the structural dimension, it was observed characteristics related to the amplitude, density of the network and fragility of the bonds; in the functional, the non-fulfillment of the function of social support in different occasions; and in the dynamics, conflicts and unexpected situations interfered negatively.
Conclusion: The evaluation of the characteristics of the ineffective social support network allows a better understanding of their relationships and instrumentalizes nurses in the mobilization of these networks directed to the well-being of the person, family and community.
Keywords: Social networking. Social support. Nursing. Nursing diagnosis. Nursing process. Health education.

RESUMO

Objetivo: Avaliar as características da rede social de apoio ineficaz evidenciadas em sua estrutura, funcionalidade e dinâmica.
Método: Revisão integrativa, realizada em dezembro de 2017, nas bases Scopus, CINAHL, Web of Science, CUIDEN, BDENF, Lilacs e biblioteca SciELO por meio de combinações entre descritores — Rede Social, Redes Sociais, Apoio Social, Redes de Apoio Social e o termo "ineficaz"—, encontrando-se 2.012 publicações e 24 compuseram a amostra. A análise dos resultados foi alicerçada nas dimensões da Rede Social de apoio.
Resultados: Na dimensão estrutural, observaram-se características referentes à amplitude, densidade da rede e fragilidade dos laços; na funcional, o não cumprimento da função de apoio social em diferentes ocasiões; na dinâmica, conflitos e situações inesperadas interferiram negativamente.
Conclusão: A avaliação das características de rede social de apoio ineficaz permite melhor compreensão das relações e instrumentaliza enfermeiros na mobilização dessas redes direcionada ao bem-estar da pessoa, família e coletividade.
Palavras-chave: Rede social. Apoio social. Enfermagem. Diagnóstico de enfermagem. Processo de enfermagem. Educação em saúde.

RESUMEN

Objetivo: Evaluar las características de la red social de apoyo ineficaz evidenciadas en su estructura, funcionalidad y dinámica.
Método: Revisión integradora, realizada en diciembre de 2017, en las bases Scopus, CINAHL, Web of Science, CUIDEN, BDENF, Lilacs y biblioteca SciELO, por medio de combinaciones entre descriptores - Red Social, Redes Sociales, Apoyo Social, Redes de Apoyo Social y el término "ineficaz" -, encontrándose 2012 publicaciones y 24 compusieron la muestra. El análisis de los resultados se basó en las dimensiones de la Red Social de apoyo.
Resultados: En la dimensión estructural, se observaron características referentes a la amplitud, densidad de la red y fragilidad de los lazos. En la funcional, el no cumplimiento de la función de apoyo social en diferentes ocasiones fue evidenciado. En la dinámica, conflictos y situaciones inesperadas interfirieron negativamente.
Conclusión: La evaluación de las características de red social de apoyo ineficaz permite una mejor comprensión de sus relaciones e instrumentaliza a los enfermeros en la movilización de esas redes dirigidas al bienestar de la persona, familia y colectividad.
Palabras clave: Red social. Apoyo social. Enfermería. Diagnóstico de enfermería. Proceso de enfermería. Educación en salud.

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INTRODUCTION

A person's social networks correspond to the interpersonal contacts, responsible for maintaining his or her social identity. They also shape social relationships and are classified into primary networks — represented by family, kinship, friendship, neighborhood and work bonds — and into secondary networks. They may be formal — made up of bonds with institutions and organizations — and informal — created by the bond between people to respond to an immediate need[1].

Primary or secondary social networks have three dimensions: structure, functions and dynamics. The structure consists of the set of bonds that are established among people and among networks. The activation of these bonds generates connections that impart the network format. In this dimension, one may observe: the size of the network, which refers to the number of individuals interacting with each other; the density of the network, which determines the degree to which relationships among social actors are interconnected; the composition of the network, which includes the classification of the type of bonds; and homogeneity, which represents the proportion of bonds. The functions performed by the network are intermediated by the structure and are defined as support and contention. The dynamics of the networks is carried out by the information movement and internal forces, which converge at points of greater charge and are redistributed[1-2].

The social support network may be evaluated by the nurse from a focal individual and, through it, social bonds may be identified – egocentric network; or a group of individuals and the relationships existing among them – complete network[3]. The nurse and/or health professional can distinguish social networks from the people they care for in both ways; however, an egocentric network analysis may allow for a broader understanding of both the structure and the support function of these networks.

This social support is essential in care, since the human being needs interpersonal relationships, integrates a social support network and triggers it to face and solve various situations in life[4]. Such help can be understood in its character of received support and perceived support. The received support is that provided by the network to the recipient, but the perceived support reflects the recipient's perception of availability and satisfaction with the support[5] and is more closely related to health outcomes[6]. Therefore, nursing involvement is needed in the pursuit of this objective.

The social support network does not always have the expected effect, since a network with few members may have limited possibility of meeting the needs of the person[7]; the social network that offers inadequate support through advice and inappropriate information can bring risks to the person[8]; and in situations in which members of the network do not recognize their role as supporters[9]. The nurse should be alert to identify situations such as the ones mentioned above and develop strategies for establishing and strengthening bonds and actions for shared health education.

Understanding the interactions of the social support network also allows the nurse to perform a self-analysis of his or her skills and abilities, such as being part of the person's secondary social network. This provides the co-responsibility translated into a comprehensive and continuous care, triggering, when necessary, the different institutional sectors to meet the needs of their clients.

Although it is necessary to consider the positive characteristics of the social support networks, the structure of these networks, as well as the social relationships and interactions, can work negatively, causing stress and conflicts in providing ineffective help[10]. In this sense, learning situations in which the social network is described as ineffective in the structural, dynamic and functional dimensions can contribute to the planning of effective strategies to diagnose and intervene in these cases. Thus, the present review aims to assess the characteristics of the ineffective social support network evidenced in its structure, functionality and dynamics.

METHOD

The integrative review is a research method that facilitates the incorporation of scientific evidence into the practice[11]. The methodological framework followed was proposed by Whittemore and Knafl[12], consisting of six steps: 1- identification of the theme and selection of the hypothesis or question of research for the creation of the integrative review; 2- definition of inclusion and exclusion criteria of studies/sampling or search in the literature; 3- definition of the information to be extracted from the selected studies/categorization of the studies; 4- assessment of the studies included in the integrative review; 5- interpretation and discussion of the results; 6- presentation of the review.

In the first step, the following research question was defined: "How has the ineffective social support network been described in the literature regarding its structure, functions and dynamics?"The inclusion criteria determined in the second step were: original articles available in full in Portuguese, English and Spanish, addressing the ineffective social support network and answering the research

question. Narrative, systematic or integrative articles, editorials, letters to the reader, news, theses, dissertations and annals of scientific events were excluded. There was no time cut for capturing more publications.

The cross-referencing of Health Sciences Descriptors (DeCS) and their correspondents in English and Spanish, Social Network / Social Networks / Social Support / Social Support Networks was performed using the Boolean operator "OR", and they were crossed with the term "Inefficient" using the Boolean operator "AND" in the databases CUIDEN, BDENF, Lilacs; and in the SciELO library. In the search of the CINAHL, Scopus and Web of Science databases, the MeSH Terms Social Network OR Social Networks OR Social Support AND Ineffective crossing was performed.

The search and selection of the studies occurred in December 2017, resulting in 2012 publications found in the six databases and in the virtual library mentioned. In all of them, the titles and abstracts were read, excluding those that did not meet the inclusion criteria. One hundred and twelve publications were pre-selected to be read in full. From them, at the Scopus database, 19 publications were excluded because they addressed other themes, one due to unavailability of access in one of the languages determined for this study, and three were duplicated in more than one database; in CINAHL, 13 studies did not answer the research question; all articles from the BDENF database and SciELO Library did not correlate with the question of this review; in the Web of Science and CUIDEN, 36 and 16 articles were eliminated, respectively, for not answering the research question. At the Lilacs database, no studies were found matching the search. In this way, 24 articles formed the final sample (Chart 1). For the sake of clarity as to the search and reasons for exclusion of publications, a flowchart, adapted from the PRISMA Recommendation — Main Items for Reporting Systematic Reviews and Meta-analyzes[13] (Figure 1), is presented.

Data base	Studies found upon cross-referencing	Pre-selected studies for full reading	Selected studies to form the review sample
Scopus	375	23	03
CINAHL	51	15	02
Web of Science	1046	40	04
CUIDEN	532	31	15
BDENF	06	02	00
Lilacs	00	00	00
SciELO	02	01	00
TOTAL	**2012**	**112**	**24**

Chart 1 – Selection of studies for the integrative review
Source: Research data, 2017.

The 24 studies were thoroughly read, and, for data extraction, an elaborated and refined tool was used by means of the assessment of its clarity, comprehensiveness, comprehensibility, extension and form of presentation by three judges with experience in the integrative review method[14]. The tool consists of a list of relevant data to be extracted from the studies, with items referring to article identification, theoretical/methodological reference, methodological characteristics, data analysis, results, conclusions, implications for nursing, presence of bias and level of evidence according to the classification of Melnyke Fineout-Overholt[15].

The methodological rigor was also verified using the Critical Appraisal Skills Program (CASP) tool[16] specific to each study type, which contains ten items scored from 0 to 1. The 24 articles were classified according to the score obtained: A (6 to 10) has reduced bias, indicated to form the final review sample; B (0 to 5) characterized by low methodological rigor.

The organization and discussion of the information evidenced in the studies on ineffective social support network were centered in the following dimensions: structural, which refers to the set of bonds generated among people and that confers the format of the network; functional, which represents the exchanges of support and containment happening; dynamics, which includes the circulation of information and redistribution of forces at the points of greatest tension — referenced by Sanicola's Social Network Theory[1]. These dimensions will be discussed separately, so that all the evidenced characteristics are assessed in the light of the chosen theoretical framework.

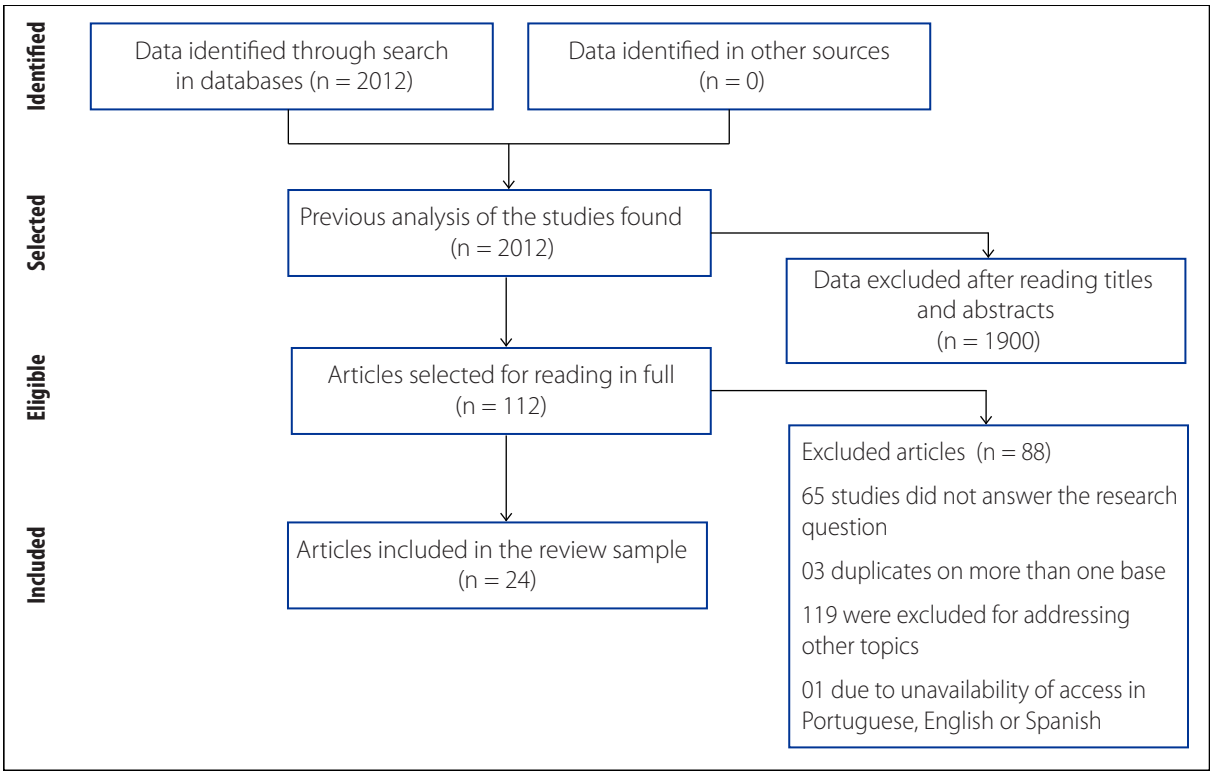

Figure 1 – Flowchart of search and selection of articles, adapted from PRISMA[13]

Source: Research data, 2017.

RESULTS

Most of the articles selected (15) were found in the CUIDEN database[17-31]; in Scopus, three[32-34]; in Web of Science, four[35-38] and in CINAHL, two[39-40]. The predominant language was Portuguese (16), all of which were originated in Brazil[18-31,39-40]. The other eight studies were written in English[17,32-38], with two publications[34-35] from The United States; South Africa[36], New Zealand[32], England[33], Chile[17], Canada[37], and Turkey[38] had one article each.

The year of publication ranged from 1984 to 2017, most of them (20) published as of 2010[17-29,31-32,35-36,38-40] and the years with the greatest number of articles were 2014[21-24] and 2015[18-20,32] with four studies each. The training area of most of the main authors of the studies was Nursing[17-31,37,39-40] (18), followed by psychology[34-35,38] with three studies. There was also one author from the medical field[36], one from social sciences[33], one from communications[32].

The articles selected, predominantly, followed the qualitative method[18-28,30-33,35-40] (21), and three of them, the quantitative method[17,29,34]. The level of evidence[15] of all of them was 6[17-40]. All articles were classified as A because they presented good methodological rigor[16], whose score resulted in 10 points for seven of the articles[17-19,21,24,37,39], nine points for eleven of them[20,22,25-26,28-30,32,35-36,40], and the other six studies[23,31,33,34,37-38] scored eight points.

Most studies (20) addressed both the primary and secondary networks[18-26,29-37,39-40]. Other three studies reported events regarding only the primary network[17,28,38] and one study exclusively addressed the secondary network[27].

The structural dimension of the networks was contextualized in ten studies[17-18,21-22,25,28,31,34-35,37]; 15 presented characteristics related to the functional dimension[20,24-27,29-33,36-40]; and 14 showed indicators of the dynamic dimension[19,23,25-26,29,31-35,37-40]. The most frequent characteristics were related to fragile, ruptured or non-existent relationships[22,27,34-35,37], present in the structural dimension; inadequacy between the offer of support and the demand[26,30,36-37] of the functional dimension.

Among the studies, only three showed characteristics involving the three dimensions of the social network[25,31,37]. Others addressed only one of the dimensions, five of them exclusively addressed the structural dimension[17-18,21-22,28], five addressed the functional dimension[20,24,27,30,36], and two addressed only the dynamic dimension[19,23]. From the other studies, seven related factors belonging to functional and dynamic dimensions[26,29,32-33,38-40], and two related factors belonging to structural and dynamic dimensions[34-35] (Chart 2).

Author Year Data base	Purpose of the study	Social network type	Ineffective social network support features		
			Structure	Functions	Dynamics
Flores González et al.[17] 2016 CUIDEN	To determine social support in family caregivers of dependent elderly people and its relationship with sociodemographic characteristics.	Primary	- Restricted social network (few actors)		
Vieira et al.[18] 2015 CUIDEN	To analyze the help/support possibilities by mapping and recognizing the social network of women who report violence experienced in a Police Station for Women.	Primary and Secondary	- Low network density - Low network amplitude		
Alvarenga et al.[19] 2015 CUIDEN	To know the social network and the social support made available to the caregiver of the child exposed to HIV in the postnatal period.	Primary and Secondary			- Prejudice of network members towards the person in need of care
Costa et al.[20] 2015 CUIDEN	To analyze adolescents' perceptions about the networks that support their health needs.	Primary and Secondary		- Neglects the needs presented by the person	
Silva et al.[21] 2014 CUIDEN	To know the influence of social networks in the therapeutic itinerary of people affected by venous ulcer.	Primary and Secondary	- Network scattering - Absence or distance from relatives		
Braga et al.[22] 2014 CUIDEN	To analyze adolescents' perceptions of social support in maternity.	Primary and Secondary	- Reduced size network maps - Fragile density - Significant gaps of dispersion - Fragile, broken or non-existent relationships		
Polita et al.[23] 2014 CUIDEN	To analyze the structure and formation of families with children with cerebral palsy and to identify the existence of support and social network that they have.	Primary and Secondary			- Prejudice

Mazza et al.[24] 2014 CUIDEN	To investigate the influence of social support networks in the breastfeeding process of adolescent mothers.	Primary and Secondary		- Provision of inadequate guidance - Attempts to coerce a person into a certain behavior	
Araújo et al.[25] 2013 CUIDEN	To analyze the fragilities of the social network of families of children with chronic disease.	Primary and Secondary	- Incipient organization of the network of health care services	- Provision of information support in a wrong way, hampering the coping of the disease - Disinterest in the demand of the other - Unavailability of network actors to provide social support	- Main caregiver overload
Sanchez et al.[26] 2012 CUIDEN	To understand the meaning that the family in situations of social vulnerability attributes to social support and social network in their experience with cancer.	Primary and Secondary		- Insufficient instrumental support of health services - Lack of home visit by health professionals - Inadequacy between the support offer and the support demand - Support provided non-spontaneously	- Family rejection after diagnosis - Overload of the family member caregiver
Faquinello et al.[27] 2010 CUIDEN	To identify the perception of hypertensive patients about the actions of the Basic Health Unit (***Unidade Básica de Saúde***) in their social support network in relation to coping with the chronic condition of the disease.	Secondary		- Lack of embracement by the health services	
Di Primio et al.[28] 2010 CUIDEN	To know the supporting bonds and the social network of the families with a child with cancer.	Primary	- Lack of actors in the network that can be a source of support - Fragmentation of previously established bonds		
Sousa et al.[29] 2010 CUIDEN	To identify the perception of availability and offer of informal and formal social support among the elderly women of a low-income location in the City of Rio de Janeiro.	Primary and Secondary		- The person offers much more support for his or her network than he or she receives from the network actors	- The support provided by the person to the network is not valued by the actors

Simioni et al.[30] 2008 CUIDEN	To know the perception of the mothers of premature children regarding the social support received in their home to care for them.	Primary and Secondary		- Distancing by health professionals regarding community care - Lack of someone to talk and tell their fears, a person who made one feel loved and supported - Non-fulfillment of the expectations of the person by the social network	
Albuquerque Netto et al.[31] 2017 CUIDEN	To analyze the social isolation of women in situations of violence by the intimate partner.	Primary and Secondary	- Social isolation	- Poor quality of network members	- Social vulnerability
Brown et al.[32] 2015 Scopus	To explore, under the light of relational dialectic theory, the communication tensions experienced by men on a waiting list for prostate biopsy and their management concerning these tensions through their communication networks.	Primary and Secondary		- They prefer to be independent and do their own things than to accept help	- Understand the concern of others or must tell about their illness as an invasion of privacy
Hubert[33] 2006 Scopus	To identify the types and adequacy of services received by caregivers of family members of black people with learning disabilities and ethnic minority groups; To identify key services in meeting the needs of these caregivers; To verify the social, cultural and possible communication barriers when accessing the services offered.	Primary and Secondary		- Lack of time of network members to help	- Network members who were also sources of instrumental support previously and currently can only offer emotional support - Network members who have moved away after the illness because the person's situation became depressing and they do not want to have contact with him or her

Mcfarlane et al.[34] 1984 Scopus	To examine samples of individuals with useful and useless social support, identified in a longitudinal study of stressful events, social supports and health.	Primary and Secondary	- More frequent contacts with less intimate relationships (friends, co-workers, professionals) and less contact with the more intimate (family) - Larger networks - Few reciprocal relationships		- Difficulty of relationship with some important member of the network core (family)
Roos et al.[35] 2012 Web of Science	To explore the experiences of solitude of the elderly in institutionalized care.	Primary and Secondary	- Lack of significant interpersonal interactions - Physical distance of the actors of the social support network		- Invasion of privacy
Wong et al.[36] 2010 Web of Science	To analyze the perceived social support among children of parents diagnosed with cancer	Primary and Secondary		- The person's support needs are not met by the social network - Discrepancy between expected and received social support - The support is offered without connection with the needs of the person	
Neufeld et al.[37] 2007 Web of Science	To describe types of non-support interactions perceived by 59 female family caregivers in four different situations. (Prematurity/children with chronic diseases/adults with cancer/adults with dementia)	Primary and Secondary	- Lack of connection with friends and family	- Undesirable counseling - Expected support that was not materialized - Consumption of material resources - Efforts to help, but perceived as worthless - Inadequate reciprocity - Refusal of network members to offer support - Provision of inadequate information - Inappropriate advice	- Invasion of privacy - Excessive ineffective or non-supportive interactions - Conflicts - Omission of information - Lack of cultural sensitivity - Conflicting interactions - Prejudice - The care service is restricted or non-existent

Karanci et al.[38] 2017 Web of Science	To examine what is perceived as useful and useless support of members of natural social networks in Turkish people with schizophrenia	Primary		- Intrusive behavior	- Prejudiced attitudes - Conflicts
Borges et al.[39] 2016 CINAHL	To know the network and the social support of the person who experiences the process of illness and kidney transplant.	Primary and Secondary		- Lack of information support	- Impersonality of professional-patient relationships
Pandini et al.[40] 2016 CINAHL	To learn the experiences of families in relation to the family member user of drugs and to know aspects of his or her social network.	Primary and Secondary		- Great demand for support - Lack of knowledge about the person's problem - Banalization of the person's problem	- Prejudice - Caregiver overload

Chart 2 – Characteristics of ineffective social support network found in the studies

Source: Research data, 2017.

DISCUSSION

The analysis of the selected articles shows that methodological quality studies have been carried out in Brazil about social network, and these studies were in the CUIDEN database, in which relevant nursing periodicals of the mentioned country are indexed, enabling the dissemination of scientific knowledge produced based on the nurses' performance in this theme area.

Most of the articles used the qualitative method, as expected, since the interpersonal relationships within the networks are better understood in studies that allow understanding and interpreting phenomena related to experiences and social action[41]. It should be emphasized that the qualitative research responds to hermeneutical questions and does not intend to offer exact explanations of numerical order. The qualitative scientific evidences are centered in the apprehension of the shared individual and collective experiences, which allow to explain to the praxis of the person, revealed in the complex human task of trying to understand the other one to be able to help him or her[42] — this is the purpose of researches with social networks.

The studies dealt with the investigation of both primary and secondary networks, however, the amount of ineffective social network characteristics in the secondary networks was less numerous, probably since the most significant social relationships are usually established with the primary network; thus, its ineffectiveness is felt more intensely by the person. The evidenced secondary networks were the health services and institutions, in view of not meeting the needs presented by the clients.

The assessment of the characteristics of the ineffective social support network concerning the three dimensions of the social network described by Sanicola[1] — structural, functional and dynamic — will be discussed below.

Structural dimension

The inefficiency related to the size of the networks was addressed in some studies[17-18,22,27,31,34]; in four of them the negativity of the networks composed of a reduced number of participants was perceived[17-18,22,27], and in another[34], the largest network, with more members. In practice, the medium networks are more effective than the small ones and the numerous ones with regards to the number of people. In large networks, the large number of members can generate impersonality and the impression that someone may already have taken care of the person; in small networks, in turn, it is possible to overload the few members and the long-lasting tension, which distances people who do not want to get involved and support[43].

This involvement can also arise from the relationships among the other members of the network, independent of the person, being referred to as density, which reflects the network of relationships among the other actors of the network, and the low interaction among them can reduce their collating effect. This effect allows the network members to discuss situations in a person's life, such as a sudden habit

change that may need care[43]. This problem with low density networks was verified in the studies of Vieira[18] and Braga[22]. Another factor regarding the density of the network is the dispersion[21,35], which contemplates the geographical distance between the members, affecting access to support, as well as the effectiveness of rapid action in crisis situations.

The ineffectiveness of the social support network in terms of composition can be demonstrated through fragile, ruptured or non-existent relationships[22,27,34-35,37], and in cases in which there is a higher frequency of contacts with less intimate relationships[34,37] to the detriment of those established (or not) with friends and family. The diversification of this composition is important for better flexibility and more effective care regarding the needs[43]. It is essential that there is an exchange of information and forces between the circles of the network, therefore, having bonds made up only of people of homogeneous characteristics or of the same social group is a characteristic that defines it as ineffective.

This structural conformation of the social network, which involves the participating members and the quality of the bonds established between them; distance/affective and physical proximity; density; amplitude; homogeneity; existing relationships between the primary and secondary network, must be adequately identified and recognized by the nurse or other professional, who does not try to surpass their convictions to the network. This shared recognition provides the understanding of events and the possible attribution of these facts to the very conformation of the social network and can be a starting point in the search for joint solutions[1].

In the case of formal secondary networks, the incipient organization of the institutions to meet the clients' needs[25,30,33,37] was identified, since the networking of health services and other sectors to meet the demands of the population is necessary to ensure access and continuity of care for the client, family and community[44].

Functional dimension

The functions of the networks reflect the interpersonal interchange that occurs in the social relations, which can be verified when the exchanges of support are carried out and by actions that allow the opposite effect of what one wants to achieve through restraint[43]. Thus, to coerce a person into a certain behavior[24], even if it is apparently for their good, is classified as negative and ineffective support[45-46].

Pressuring certain behaviors considered positive may come from members of the primary social network, as well as nurses and other professionals responsible for care. One of the ways to overcome this behavior is to be willing to create bonds to know and respect the daily life and culture of families and social networks, identifying fragilities and potentialities. From this insertion in the context of the social network and the mutual responsibility between professional-user, one can seek welfare together with the other, without rules and impositions, but constructing humanized care[47].

Provision of information support — offering advice and suggestions regarding the performance of the person[48] — inadequate or insufficient[24,37,39] can make it difficult to understand the real situation and hamper facing the adverse situation[25,49]. Such support, as a function of the network, can be decisive in people's health outcomes, for example — a mother in the breastfeeding process of her first child needs information and advice from people in her network — when such actions contain myths and taboos, it may be turned into an ineffective support.

When the network neglects the needs of the person[20,25,40] or it is not available to offer social support[25,33,37], emotional in the primary network[30] with demonstrations of empathy that generate feelings of belonging or bonding in secondary networks[28], it can be characterized as ineffective because it reflects the weakening of personal and institutional bonds and the lack of interest in the demand of the other[50]. If support is offered in a non-spontaneous way[26], the person can abstract that situation as a nuisance and refuse to receive help, since from the interactions that occur individuals make decisions about their behavior[51].

The inadequacy between support supply and demand[25,30,36-37] is evidenced in situations in which the support offered does not meet the expectations of the person, either because there is no synchrony in the perception of the problem, and/or because of different support objectives. This can happen when a person wants to receive emotional support without criticism, but the social network insists on their behavior change[37]. Such a situation can lead to a deadlock that may even lead to a breakdown in relationships, because the person needs and expects the feeling of being supported and belonging to the group, but their network does not meet these expectations.

In the context of the functional dimension of the ineffective social support network, it is up to the nurse to identify the members who provide help, or containment, and whether they can meet all the support demanded or are overburdened. It is also necessary to verify the degree of symmetry of the relationships, the types of support offered, their relevance and quality, as well as their effects on the person's self-esteem and psychological[1]. From this, the practitioner can plan the care to strengthen existing bonds, work together to overcome negative attitudes, and activate other possible sources of support.

Dynamic dimension

The dynamics of networks refers to the movement of forces that are distributed and redistributed in the mesh of social relations in the continuous flow of the points of greatest tension and are displaced due to events and conflicts[1]. Thus, the overload of the primary caregiver[25-27,40] causes a change in the dynamics of the networks that can come together to reorganize the forces so that other actors take responsibility with regards to the abandonment of the person in need of care.

Unexpected situations, such as a change in the function of a member, may occur when a person who provides emotional and instrumental support only offers emotional support[33]. Such a change can alter the dynamics of networks in the sense of not providing support that could be counted on earlier.

The invasion of privacy[32,35,37-38] and the prejudice[19,23,26,40] of network members related to the situation of the person who needs support may result from rejection after the diagnosis of the problem[26] or by intricate stigma to certain conditions. Such an attitude triggers the lack of commitment with the other, the distance of the people and dispersion of forces that should be directed to the resolution or mitigation of the presented problem.

Critical events that may occur — conflicts among members of the network[37-38] — lead to wear or rupture of relationships, which makes evident the interconnection of network dimensions, since a change in the dynamics modifies the structure that in turn models the functionality.

The analysis of the dynamics of the social network presupposes that the nurse has the sensitivity to understand the meaning attributed to the different relationships, and the understanding of the movements between individualism and the sharing of needs. By knowing the daily life of the network, he or she may identify the location and distribution of existing forces, which enable the redefinition of the network against possible critical events[1].

The daily and exceptional events that take place in the networks give it the changing, dynamic and circular character. Due to this characteristic, networks can be mobilized, and the bonds strengthened in search of new functionalities and co-responsibility for the demand of the other.

This attribute allows nurses to initially recognize themselves as members of the secondary social network of the person they care for, and to be active in offering the necessary support, contributing to their autonomy. More than a member of the network, the nurse can be a mobilizer of the primary and secondary networks. By identifying indicators of an ineffective social network in the structural, functional and dynamic dimensions, he or she may promote the interpersonal relationships of the person, family and community in the realization of integral care.

FINAL CONSIDERATIONS

The ineffective social network indicators, described in the analyzed literature, involved the structural dimension of the network, denoting situations related to its size, density, composition and homogeneity, fragility of the bonds and incipient organization of secondary networks; in the functional dimension, it was perceived the provision of inadequate social support, insufficient or not corresponding to the expectations of the person, as well as the lack of reception in the health services, and encouragement of risk behaviors; the dimension of ineffective social network dynamics presented characteristics of the caregiver's overload, prejudice, invasion of privacy and changes in the support functions of some members.

Nurses and other health professionals, when providing care to the person, family and community must be attentive to the ineffectiveness of the social network, which can lead to the worsening or prolongation of the negative condition of life. This study contributes by instrumentalizing them with key information so that, from the recognition of the ineffective social network, it can develop actions to strengthen bonds and educational interventions to achieve healthy results.

Such events found in the literature can be understood as antecedent or consequent of the nursing phenomenon called ineffective social support network, relevant for its interference in care, and necessary to be adequately recognized and qualified. The data of this review bring together characteristics that can serve as a basis for the teaching of the nursing process focused on the social context, and for future research on the subject, which also consider the negative character and repercussions of social networks.

Thus, studies that contribute to a proper identification of the nursing phenomenon are suggested as ineffective social support, such as research for diagnostic validation, which are essential to the nursing process by contributing to the second stage, which is the basis for the development of nursing interventions that are adequate and relevant to the real needs of the actors of the social support network.

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Received: 01.25.2018
Approved: 07.02.2018