

**THE ROLE OF SOCIAL SUPPORT IN ASTHMA SELF-MANAGEMENT AMONG ADULTS
IN THE UNITED KINGDOM: A SYSTEMATIC REVIEW**

Research Proposal

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1. Prevalence of the Problem

1.1 Overview of Asthma

Asthma is a condition that occurs when your airways narrow, swell and produce extra mucus which makes it difficult to breathe. Asthma causes breathing problems and results in coughing, wheezing and shortness of breath. When poorly controlled can lead to a long-term condition which is common in the general populations that affect day-to-day functioning and quality of life. The current guidance in the UK highlights that effective management requires ongoing monitoring, appropriate medication and supported self-management (NICE, 2024). According to Asthma + Lung UK, approximately 7.2 million people in the UK have asthma, or around 8% of the population. Previous nationwide epidemiological research in the UK estimated that the annual clinician-diagnosed and treated prevalence of asthma was 9.6% of the population, equivalent to about 6.0 million people, highlighting the considerable burden of the disease (Mukherjee et al. 2016).

1.2 Prevalence and Burden in the UK

The financial and health impacts of asthma are enormous. According to analysis of official mortality data, some 12,700 deaths occurred in England and Wales during 2008 to 2018 due to asthma with asthma deaths have increased by 33% over that period (Iacobucci, 2019).

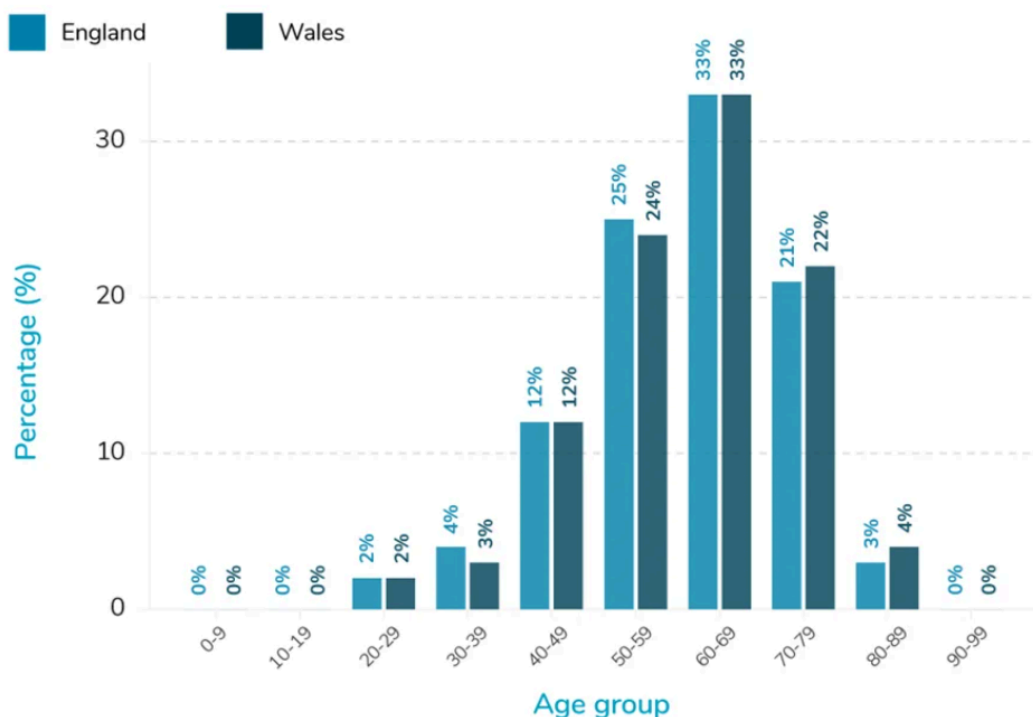


Figure 1: Prevalence of asthma as per age

(Source: chemis4u, 2025)

It has been noted that prevalence of Asthma is high among the older adults in both the UK as well as Wales (chemis4u, 2025). According to recent UK clinical literature, 4.3 million adults are treated for asthma, and NHS spend on asthma is believed to be approximately £1.3 billion each year (Foster, 2025). Previous national economic assessments also showed significant healthcare and social costs from asthma (Mukherjee et al., 2016).

1.3 Asthma Self-Management as a Public-Health Issue

Therefore, effective self-management is critical. Mastering inhaler technique is only one component of the treatment. It includes medication adherence, correct inhaler technique, recognising symptoms, avoiding individual triggers, following personalised action plans and seeking appropriate healthcare (Eakin and Rand, 2012). The BTS/NICE/SIGN guideline recommends checking adherence and inhaler technique at asthma-related reviews and making tailored self-management programmes incorporating education and action plans. Greatly increased healthcare utilisation, evidence also (Dina et al., 2015). Therefore, enhancing a support for effective self-management constitutes a significant public-health priority for reducing preventable asthma morbidity and healthcare demand.

2. Introduction and Literature-Based Background

2.1 Understanding Asthma Self-Management

Asthma self-management involves the knowledge and skills that a person uses to relieve symptoms, manage medication and react appropriately to changes in his or her condition. Symptoms must be monitored regularly, medication must be taken as prescribed, inhalers must be used correctly, triggers must be avoided and a personalised asthma action plan must be used, and the right health care must be sought. According to Hodkinson et al. (2020) conducted a systematic review and network meta-analysis to demonstrate the importance, which included 105 randomised controlled trials involving 27,767 participants. Hodkinson et al. (2020), the regularly supported self-management led to decreased usage of health care (SMD -0.30 , 95% credible interval -0.46 to -0.15) and better quality of life (SMD 0.54 , 95% credible interval 0.11 – 0.96). Evidence indicates that patients develop self-management strategies using experience, use of things and information on the UK. Daines et al. (2020) interviewed 45 patients and four parents/carers. It was found that patients developed habitual management behaviours. However, greater knowledge and decision-making was needed when faced with unexpected symptoms.

2.2 Social Support

Social support refers to the assistance, in the form of resources, received through relationships and social networks. Support received through people's relationships and

social networks helps individuals to be able to manage a chronic illness. People with asthma may need different types of emotional support. For adults, this may involve reassurance and encouragement. For children it may involve pleasant distraction or helping with breathing techniques. Informational support may provide advice about their asthma symptoms, medication and management. Assistance with medication routines, appointments or avoiding of environmental triggers is practical or instrumental support. Support can come from family members, friends, peer groups, community networks, and health professionals. Nevertheless, having support does not assure better self-management outcomes.

2.3 Relationship Between Social Support and Asthma Management

Social support is thought to influence medication adherence, symptoms control and quality of life by positively encouraging an individual to persist in behaviours recommended among experts. Dima et al. (2015) carried out a systematic review of 51 observational studies of inhaler adherence in adult asthma. The authors found consistent evidence to associate adherence with stronger beliefs about necessity. However, the evidence for other determinants was limited and heterogeneous. Direct evidence on social support is notably inconsistent. Inhaled corticosteroid adherence was tested using an online social-support community in a UK randomised controlled trial involving 216 adults. In this study, only 103 participants completed the intervention; adherence was not significantly different for the intervention and control groups (intention-to-treat $P=0.92$) (Koufopoulos et al., 2016). On the other hand, broader evidence supporting self-management improves quality of life and usage of resources.

2.4 Current Evidence and Research Gap

As reflected in the literature, supported self-management can contribute to better important asthma outcomes; however, the specific role of social support is not yet known. The evidence depends on the kind, source and strength of support and outcome measured. In addition, social support is sometimes not beneficial.

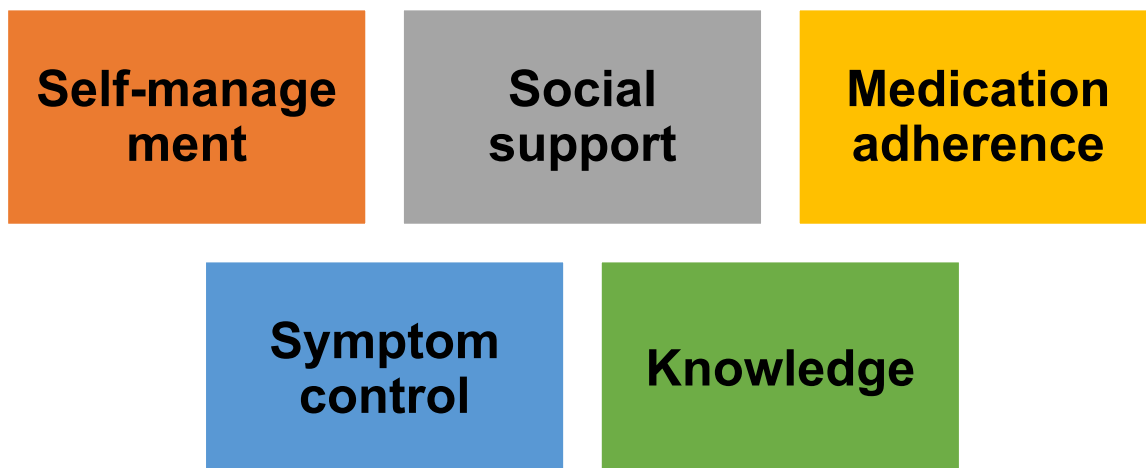


Figure 2: Ways to control asthma

(Source: Greenfield et al., 2023)

An investigation involving 359 older adults indicated an association of greater received social support with poorer asthma control and quality of life. This association may vary with self-efficacy (Greenfield et al., 2023). The contrasts in the above findings highlight a fragmented evidence base and underline the need for a systematic review in UK adults that focuses on the relationship of social support with medication adherence, inhaler technique, symptom control, asthma knowledge, quality of life and health care utilisation.

3. Rationale, Research Question, Aim and Objectives

3.1 Rationale

Asthma self-management is one of the important areas to investigate, as effective management can reduce avoidable deterioration, health-care utilisation and limitation on quality of life. A systematic review conducted by Hodkinson et al. (2020) which included 105 randomised controlled trials involving 27,767 participants found that regularly supported self-management compared to usual care significantly reduced healthcare use (SMD -0.30) and benefited quality of life (SMD 0.54). Attention must also be given to social support. Relationships and social networks are included in current UK asthma guidance as psychosocial factors that affect uncontrolled asthma.

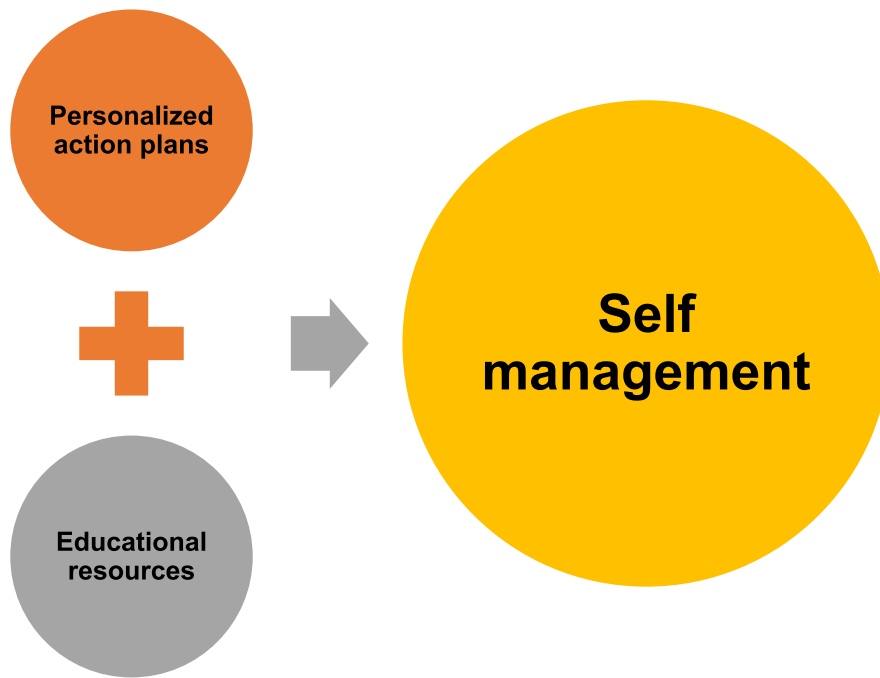


Figure 3: Asthma self-management

(Source: NICE, 2024)

Asthma self-management entails developing personalized action plans and educational resources (NICE, 2024). Existing evidence does not clarify which types of social support are most effective, for whom they work, or how they impact specific outcomes such as adherence, inhaler technique, symptom control and quality of life. Evidence specific to the UK is vital due to the variation between countries in healthcare systems, clinical guidance and available support services.

3.2 Research Question

How does social support influence asthma self-management among adults in the United Kingdom?

3.3 Research Aim

To evaluate how social support influences asthma self-management among adults in the United Kingdom.

3.4 Research Objectives

The objectives are:

1. To explore the social support available to adults with asthma self-management in the UK.

2. To examine how social support influences key asthma self-management outcomes, including medication adherence, inhaler technique, symptom control, asthma knowledge, quality of life, and healthcare utilisation.
3. To identify barriers and facilitators affecting access to and engagement with social support for adults managing asthma.
4. To synthesise evidence on gaps within current research and highlight implications for asthma care, policy, and future research in the UK.

4. Research Methodology

4.1 Methodological Approach

Using systematic review as a secondary research method will be adopted in this study to synthesise existing evidence regarding social support and asthma self-management among adults in the UK. Since there is often a lot of evidence on a topic, a systematic review helps identify what works, for whom and in what circumstances similar to a clinical trial.

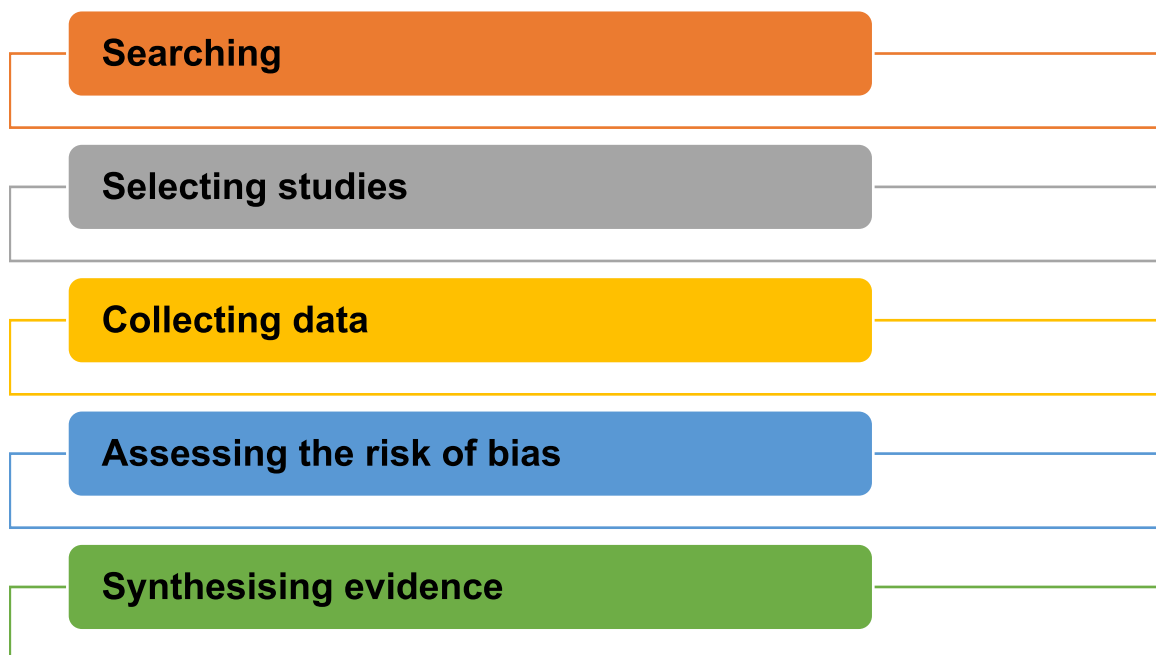


Figure 4: Steps under Cochrane framework

(Source: Cochrane, 2024)

According to the Cochrane Framework, searching, selecting studies, collecting data, assessing the risk of bias, and synthesising evidence are key steps in systematic review methodology (Cochrane, 2024).

4.2 Search Strategy

A comprehensive literature search will be performed using PubMed/MEDLINE, CINAHL, Scopus, Web of Science, PsycINFO and the Cochrane Library. Accessing multiple databases can facilitate a greater scope of literature in relevant areas. The search will be systematically documented as a transparent search process is essential for the validity and reproducibility of evidence syntheses.

4.3 Search Terms

Search terms will combine four concepts: “asthma” AND “social support” AND “self-management” AND “United Kingdom”. Synonyms like adult asthma, social network, peer support, family support, self-care, adherence and inhaler technique will be combined using Boolean operators AND/OR.

4.4 Review Reporting

The review will be completed in compliance with PRISMA 2020 which provides a 27-item checklist and modified flow diagrams to aid transparency of reporting of study identification, selection, appraisal and synthesis (Page et al., 2021).

5. Research Design

5.1 Design

This study proposes an systematic literature review design to investigate how social support influences asthma self-management in adults in UK. A systematic review, because it uses pre-defined procedures for identifying, selecting, appraising and synthesising relevant evidence, rather than an unsystematic selection of the literature. According to the Cochrane Handbook (Higgins et al., 2024), core stages of systematic review theory and practice include determining eligibility, searching and selecting studies, collecting data, assessing risk of bias and preparing evidence for synthesis.

5.2 Justification

The proposed design is appropriate as social support and asthma self-management evidence may vary in research design and discipline. A systematic review can help consolidate this evidence and examine consistent findings, areas of disagreement and remaining research needs. According to Page et al. (2021), PRISMA 2020 enhances the transparent reporting of the reasons behind systematic reviews.

5.3 Evidence to be Included

Quantitative, qualitative and mixed-method studies will be considered in the review where they meet eligibility criteria. Quantitative studies can provide evidence concerning

measurable outcomes such as medication adherence and healthcare utilisation. Meanwhile, qualitative studies can provide insight into patients' experiences, barriers and facilitators. Evidence from both types of studies can be integrated using mixed evidence. According to Phillips (2026), quantitative and qualitative evidence can be integrated through fitting synthesis methodologies.

5.4 Strengths and Limitations of the Design

Strengths	Limitations
Structured, transparent and reproducible evidence synthesis; identifies research gaps and future priorities.	Study heterogeneity, methodological differences, publication bias and limited UK evidence may restrict comparison and generalisability.

6. Recruitment, Sampling and Study Participants

Area	Proposed approach
Target population	Adults ≥ 18 with asthma living in the UK.
Recruitment	No direct recruitment; secondary research using existing studies.
Study selection	Titles/abstracts and full texts screened using predefined criteria and PRISMA 2020.
Inclusion criteria	Adults, asthma, UK setting, social support, self-management, peer-reviewed studies.
Exclusion criteria	Children, non-UK studies, irrelevant topics, and non-research publications.
Sampling	Purposive selection of studies meeting the eligibility criteria.
Quality Appraisal tool	The CASP checklist will be used because it provides study-design-specific criteria to assess the methodological quality, validity, risk of bias and relevance of the included studies. This is appropriate for the review because it may include different types of qualitative and quantitative research evidence.

7. Materials, Data Collection Method and Procedure

Since this study is a systematic review, no primary data will be collected from patients. The primary component materials will include electronic academic databases, a screening strategy, pre-established eligibility criteria and a standardised data-extraction form. An extensive search will be carried out in the databases PubMed or MEDLINE, CINAHL, Scopus, Web of Science, PsycINFO and the Cochrane Library. The search terms will help combine keywords on asthma, social support, self-management and the United Kingdom using keywords as well as Boolean e.g. AND and OR.

Following database searching, retrieved records will be imported into reference-management software and duplicates removed. The titles and abstracts will be screened at the start, according to the inclusion and exclusion criteria. Then, full-text evaluation of potentially relevant articles will be made. Data from the eligible studies will be systematically extracted. This includes author and year of study, study design, sample characteristics, type of social support, self-management outcome, results of the study and limitation of the study. The review will follow the PRISMA 2020 principles for transparency and reproducibility (Page et al., 2021).

8. Proposed Data Analysis

The gathered data will be organized in a data-extraction table. The outcome of each investigation will then be compared. Where available, reported results, effect sizes and confidence intervals will be used to summarise data. The analysis will consider adherence to medications and inhalers, symptom control, asthma knowledge, quality of life and healthcare use. Qualitative findings will be categorized into similar themes. Themes that this literature review will assess are emotional support, information support, practical support, family support, support from peers and support from healthcare professionals. The review will then consider how these types of support influence self-management of asthma. The research could not all find people who had experienced the same types of traumas. Combining the results statistically could be difficult due to these differences. In cases where engaging in statistic manipulations would not be appropriate, a narrative synthesis will be used. It will help the paper in accessing the similar findings, difference among the studies and important gap in evidence.

9. Ethical Considerations

Area	Ethical consideration
Research integrity	Published findings will be reported accurately. Misinterpretation or selective reporting will be avoided.

Referencing	All sources will be properly acknowledged using Harvard referencing.
Publication bias	The review will recognise that published studies may not represent all completed research.
Researcher bias	Clear inclusion criteria and consistent screening and data extraction will be used to reduce researcher bias.
Confidentiality	No patients will be recruited and no identifiable personal information will be collected because the study uses secondary research.
Ethical approval	The required PG2 ethics form will be completed and submitted according to university requirements. Ethical approval will be obtained before the dissertation research begins.

10. Implications of the Research

The review may identify effective forms of social support that improve self-management, medication use, symptom control and quality of life for adults with asthma. In addition, it may help determine the support which enhance patients' confidence and ability to manage their asthma on a day-to-day basis. Research findings could help use strategies that improve asthma control, reduce preventable exacerbations and promote appropriate use of health care resources. Evidence may support community-based and peer-support programmes addressing practical and psychosocial needs for social care services. According to the findings, health professionals may provide more holistic care by being aware of how family, social networks and professional support influence self-management. It may support the individualized assistance for patients with diverse social needs. The findings can help policymakers in asthma-management strategies and allocating resources. In conclusion, future research highlighted by the review may expose evidence gaps around the UK and identify areas needing further scrutiny, especially as regards which social supports are more effective in different asthma self-management outcomes. This may also form a basis on which future social-support interventions in UK healthcare and community settings may be developed and evaluated.

11. Plan of Work and Time Schedule

Activity	W1-2	W3-4	W5-6	W7-8	W9-10	W11-12
1. Finalise research question and objectives	•					

2. Literature review and theoretical framework	•	•				
3. Develop search strategy and protocol		•	•			
4. Database searching			•	•		
5. Title/abstract and full-text screening				•	•	
6. Quality appraisal using CASP				•	•	
7. Data extraction				•	•	
8. Data synthesis and interpretation					•	
9. Dissertation writing and discussion					•	•
10. Final editing, referencing and submission						•

12. Reference List

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