

Introduction and Aims: Asthma is one of the most important chronic and non-communicable diseases. Different people are involved in the treatment of these patients. . It can be said that determining the status of people with professional competence in the social network of patients and patients' viewpoints towards these people is an important issue in all care programs, disease management and self-care, which has not been largely considered. Regarding this issue, the present study was conducted to determine the viewpoints of patients with asthma from service providers using social network analysis of patients.

Methods: This combined study was conducted on ۲۲۱ asthmatic patients who had been referred to the lung clinic and clinic of Bessat, Kerman. In the quantitative phase, three questionnaires of asthma control With ۶ questions, the score is less than ۱ poor, ۱ - ۲ average and more than ۲ strong, perceived care With ۱۱ questions, the score is less than ۲۰ poor, ۲۰ - ۳۶ average and more than ۳۶ strong and participation in health With ۱۲ questions less than ۱۲ weak, ۱۲ - ۲۰ average and more than ۲۰ strong were used. In the qualitative phase, it was also tried to identify a social network effective in managing and self-care patients using a semi-structured interview with patients. Descriptive statistics such as percentage, mean and standard deviation and analytic statistical tests such as linear regression analysis were performed using SPSS software version ۲۱. In the qualitative aspect, the content analysis of the interviews was done using a seven-step Klize model. Then, by entering interview data in NETDREAW software, the social network affecting patient care from the perspective of patients and determining the share of each component of the social network was obtained from the perspective of patients in the treatment of patients with the disease.

Findings: In the present study, the mean perceived management score was ۴۲,۲۲ in a strong range, the mean scores of all dimensions of the asthma control questionnaire in the average rangeand, the mean score in the health partnership questionnaire were also related to knowledge about disease management and disease recognition (۲۱, ۴۷). There was a significant relationship between sex, occupation, marital status and educational level with perceived asthma management. Midtime for getting sick was also associated with asthma control. Also, the relationship between marital status, educational level, place of residence, duration of illness, occupation, gender, and number of children with a status of participation in health were significant. In the qualitative section, ۴ original codes and ۲۸ sub-codes were obtained.

Discussion and conclusion: It is essential that medical and self-care education be provided to patients and patients' companions. Doctors' self-care training should be taken very seriously to patients. Also, given that most of these trainings are in the work area of health centers, they should be associated with the patient's treatment process. Service Providers To improve their position in the social network of patients, they must provide programs to strengthen the staff's ability to achieve this. In order to empower patients, they should improve the health of other people with the disease by improving their training. Performing the needs assessment from the perspective of health professionals and experts to meet the needs can help meet the challenges facing patients.

Keywords: Asthma, Service Provider, Social Network Analysis, Asthma Care Team, Kerman