

CHALLENGES FOR FAMILIES DURING THE COVID-19 PANDEMIC: NURSES' PERCEPTIONS

Desafios das famílias no decorrer da pandemia por covid-19: percepções de enfermeiros

Desafíos de las familias durante la Pandemia de COVID-19: percepciones de los enfermeros

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ABSTRACT

Background: the COVID-19 Pandemic has brought challenges to families, potentially representing a threat to the functionality of the family system, implying changes in the family structure and functioning, namely in the routines and patterns of interaction. **Objectives:** to analyse the perception of primary health care nurses about the resources and weaknesses of the families' internal environment, as well as the threats and opportunities arising from the external environment, related to the effects of the Pandemic on family functioning. **Methodology:** cross sectional study based on a qualitative approach. An online questionnaire was applied, with questions of sociodemographic and professional characterization and open questions about the perception of nurses and about the factors that influence family functioning during the COVID-19 Pandemic. We used a "Snowball" sampling process obtaining 51 responses. Content analysis was used as technique for data analysis. **Results:** participant's perceive families as owning more strengths than weaknesses in their internal environment to cope with changes imposed by the pandemic, and also more opportunities in the external environment, than threats. **Conclusion:** strengths are opportunities and resources for nurses to empower families' skills to overcome weaknesses, supporting an important strategy for provide care centred on the family as a unit.

Key words: family nursing; COVID-19; family relations

RESUMO

Enquadramento: a Pandemia por COVID-19 trouxe implicações às famílias, podendo representar uma ameaça à funcionalidade do sistema familiar, potenciando mudanças na estrutura e no funcionamento familiar, nomeadamente nas rotinas e padrões de interação.

Objetivo: analisar a percepção de enfermeiros de cuidados de saúde primários sobre os recursos e fraquezas do ambiente interno das famílias, assim como as ameaças e oportunidades procedentes do ambiente externo, relativos aos efeitos da Pandemia, no funcionamento familiar. **Metodologia:** estudo qualitativo descritivo. Aplicou-se questionário on-line, com questões de caracterização sociodemográfica e profissional e questões abertas sobre a percepção dos enfermeiros à cerca dos fatores que influenciam o funcionamento familiar, no decorrer da Pandemia por COVID-19, obtendo-se uma amostra de 51 participantes. Processo de amostragem em "bola de neve". Utilizada técnica de análise de conteúdo para o tratamento de dados. **Resultados:** na percepção dos participantes as famílias possuem mais recursos do que fraquezas, no seu ambiente interno, e também mais oportunidades, do ambiente externo, do que ameaças para se adaptarem às mudanças impostas pela Pandemia. **Conclusão:** as forças constituem oportunidades e recursos para os enfermeiros capacitarem as famílias no sentido da superação das fragilidades, constituindo uma estratégia importante para o cuidado centrado na família como unidade.

Palavras-chave: enfermagem familiar; COVID-19; relações familiares

RESUMEN

Marco contextual: la Pandemia por COVID-19 tiene implicaciones para las familias y puede representar una amenaza para la funcionalidad del sistema familiar, facilitando los cambios en la estructura y el funcionamiento de la familia, es decir, en las rutinas y patrones de interacción. **Objetivo:** analizar la percepción de enfermeras de atención primaria sobre los recursos y debilidades del entorno interno de las familias, así como las amenazas y oportunidades derivadas del entorno externo relacionados con los efectos de la Pandemia, en el funcionamiento familiar. **Metodología:** edescriptivo cualitativo. Se aplicó un cuestionario en línea, con preguntas que incluían características sociodemográficas y profesionales y preguntas abiertas sobre la percepción de las enfermeras acerca de los factores que influyen en el funcionamiento familiar durante la Pandemia por COVID-19, obteniendo una muestra de 51 participantes. El muestreo fue por efecto de "bola de nieve". Se utilizó la técnica de análisis de contenido para el procesamiento de datos. **Resultados:** en la percepción de los participantes, las familias tienen más fortalezas que debilidades, en su entorno interno, para adaptarse a los cambios impuestos por la Pandemia y también más oportunidades, del entorno externo, que amenazas. **Conclusión:** las fortalezas son oportunidades y recursos para que las enfermeras capacitaran las familias a hacia la superación de las debilidades, constituyendo una importante estrategia de atención centrada en la familia como unidad.

Palabras clave: enfermería de la familia; COVID-19; relaciones familiares

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INTRODUCTION

Families and their routines have faced changes resulting from the lockdown during the COVID-19 pandemic and are now in a phase of adjustment and adaptation (Silva et al., 2020). These changes, namely related to teleworking, intensified the interactions among family members. Changes also occurred in social interactions and support systems (Dickerson et al., 2021; Ramos & Silva, 2021; Souza et al., 2021), with less frequent leisure activities and increased difficulty activating support networks.

These transformations tend to increase the complexity of maintaining family balance in the structural, developmental, and functional dimensions (Figueiredo, 2012). The accidental transition resulting from the COVID-19 pandemic seems to produce fluctuations that generate crisis and entropy, requiring mechanisms of morphogenesis from the family system for the co-evolution of its members from a transformative perspective. On the other hand, considering the principle of the wholeness of family systems, functional transformations may imply changes in family members, namely changes in their health potential. Pereira et al. (2020) found that individuals experiencing social isolation are more vulnerable to mental disorders and psychological suffering, namely stress, anxiety, and depression, due to social deprivation and containment measures. From this perspective, although the lockdown allowed family members to spend more time together, it also created social isolation due to the lack of social interactions (Dickerson et al., 2021; Ramos & Silva, 2021; Souza et al., 2021).

Nurses' perceptions of the changes in family functioning can influence clinical decision-making

during the family assessment and intervention process. Thus, nurses' perceptions are guiding principles for decision-making that are articulated in a set of social relationships, with the consequent organization of symbolic processes involved in actions that promote the appropriation and development of nursing care in general and specifically of family health nursing (Ferreira et al., 2021; Kodato, 2016).

Therefore, this study aimed to analyse primary health care (PHC) nurses' perceptions of families' strengths, weaknesses (in their internal environment), threats, and opportunities (in their external environment) associated with the COVID-19 pandemic.

BACKGROUND/THEORETICAL FRAMEWORK

Two major implications of the COVID-19 pandemic are the lockdown and social distancing, which had economic consequences worldwide and influenced citizens' daily lives, family life, and health.

Families' functioning patterns have suffered economic, social, and professional changes associated with the fragility of social support networks due to imposed social distancing measures (Silva et al., 2020). This situation forced families to maintain an often-synchronous balance between work and family life without prior preparation or support networks. Full lockdown with closed kindergartens, schools, and daycare centres forced parents to take care of children and provide educational support at home while trying to meet work challenges under the threat of unemployment (Ficher et al., 2020). Families had less support from extended family for safety reasons, often related to age-related vulnerabilities, and became distant and isolated.

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Families also faced other social challenges, such as increased unemployment and worsened poverty and social inequality (Ramos & Silva, 2021).

The social and economic consequences may constitute threats from the external environment that increase families' vulnerability in identifying and implementing coping strategies that facilitate restructuring processes (Silva et al., 2020).

The COVID-19 pandemic seems to have brought new forms of care organization and management to PHC nurses.

Nurses' perceptions of the changes in families' functioning may influence their decision-making in family intervention. In turn, these changes may pose challenges to the delivery of family-centred care, increasing the difficulties in implementing the theoretical knowledge (Silva, 2016).

METHODOLOGY

A descriptive qualitative study was conducted with a sample of 51 PHC nurses.

For data collection, an online self-completion questionnaire was applied using Google Forms. The questionnaire consisted of two parts. The first part included questions for sociodemographic and professional characterization. The second part included four open-ended questions, two of which were related to the internal environment, namely families' strengths and resources that facilitated adaptation to the changes in the family functioning resulting from the COVID-19 pandemic, as well as the weaknesses that made it more difficult. In the two questions about the external environment, participants were asked to indicate families' opportunities in the external environment that

facilitated their adaptation to the changes resulting from the COVID-19 pandemic, as well as the threats that hindered this adaptation.

The sample was obtained through the researchers' social network using the snowball technique, in which participants invited other individuals by sharing the questionnaire link in their social network.

The ethical and deontological principles of data anonymity and confidentiality were ensured, and informed consent was obtained through an item at the beginning of the questionnaire. The study was approved by the Ethics Committee of the Research Unit in which it was registered (P769_04_2021).

Data were analyzed using Bardin's content analysis technique (Bardin, 2013). The analysis was divided into three phases: pre-analysis, material exploration (enumeration by frequency, coding, and categorization), and interpretation and inference. The categories and their content were validated by two researchers external to the three phases of analysis.

RESULTS

Most participants were women ($n=46$; 90%), with a mean age of 44 years (± 6 years). The majority ($n=27$; 53%) had specialized training in Community Nursing, 69% ($n=35$) worked in Family Health Units, 16% ($n=8$) in Community Care Units, 12% ($n=6$) in Personalized Health Care Units, and 4% ($n=2$) in Public Health Units. The mean \pm standard deviation (*SD*) of the length of professional experience was 21 ± 6 years.

Regarding nurses' perceptions of families' strengths that facilitated their adaptation to the changes resulting from the COVID-19 pandemic, four categories were identified as common to the strengths and

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weaknesses: *Belief system, Communication patterns, Organizational patterns, and Resources.*

The results presented in table 1 refer to the described categories, their subcategories and registration units (RUs), with the respective frequency of RUs.

In descending order of registration units (RUs), the following categories emerged: *Organizational Patterns* (45), *Resources* (38), *Belief System* (28), and *Communication Patterns* (18).

The following subcategories emerged from the *Organizational Patterns* category: *Work-family reconciliation, Family Cohesion, and Flexibility of family members.* The *Cohesion* subcategory had the highest number of RUs (39), with “unity” (33) standing out. The

Flexibility subcategory had 5 RUs, divided into “sharing tasks” (4) and “Role flexibility” (1).

In the *Resources* category, the *internal* and *external* subcategories emerged, with the former registering the highest number of RUs (29), associated with “Good economic conditions” (14) and “Good IT/technology conditions” (7).

In the *Belief system* category, “resilience” had the highest number of RUs (10), followed by “spirit of collaboration” (4). In the *Communication patterns* category, “effective communication” had the highest number of RUs (8), followed by “affection/love/attention” (3).

Table 1

Distribution of the RUs by categories and subcategories related to families’ strengths (internal environment)

Categories	Subcategories	RUs	No. of RUs	
Belief system		<i>Resilience (10); Hope (3); Faith (1); Spirit of collaboration (4); Respect (3) Facilitating family beliefs (1) Motivation to adapt to the situation (1) Coping mechanisms (2); Duty to protect (1) Values and principles (1); Family ties and sharing (1)</i>	28	
Communication patterns		<i>Effective communication (8); Affection/love/attention (3) Parental skills (2); Good marital relationship (1) Trust (1); Patience (1); Friendship (1) More time at home with family members (1)</i>	18	
Organizational patterns	Work-family reconciliation	<i>Organization of schedules, household, school, and professional tasks (1)</i>	1	45
	Cohesion	<i>Unity (33); Understanding (3); Feeling of belonging (1); Good family relationship (1); Good functionality (1)</i>	39	
	Flexibility	<i>Sharing tasks (4); Role flexibility (1)</i>	5	
Resources	Internal	<i>Good health status (3) Good housing conditions (5) Good economic conditions (14) Good IT/technology conditions (7)</i>	29	38
	External	<i>Informal network (9)</i>	9	
Total			129	

The same categories were also analyzed in relation to the family's internal weaknesses (Table 2). The *Resources* category had the highest number of RUs (45), followed by the *Organizational patterns* (25), *Communication patterns* (13), and *Belief system* (5) categories.

In the *Internal* subcategory of the *Resources* category, "poor economic situation" had a high number of RUs (18). In the *External* subcategory, "isolation" (7) and "insufficient informal network" (6) stood out.

The following subcategories emerged in the *Organizational patterns* category (25 RUs): *Work-family reconciliation* with 10 RUs, *Cohesion* with 9 RUs, and *Inflexibility*, with 6 RUs. In the *Work-family*

reconciliation subcategory, the following RUs emerged: "Difficulty managing work time and time with children", with 4 RUs, "work overload", and "little free time", both with 3 RUs. Regarding the *Cohesion* subcategory, "end of marriage (divorce)" was the most frequent (8). In the *Inflexibility* subcategory, "no task sharing among family members" had 6 RUs.

In the *Communication patterns* category (13 RUs), the most frequent aspects were "conflict in family relationships" and "stress", with 4 RUs each, as well as "impaired communication pattern," with 3 RUs.

In the *Belief system* category, "hopelessness" had 2 RUs, "disbelief" had 2 RUs, and "limiting family beliefs" had 1 RU.

Table 2

Distribution of the RUs by categories and subcategories related to families' weaknesses (internal environment)

Categories/subcategories		RUs	No. of RUs	
Belief system		<i>Limiting family beliefs</i> (1) <i>Hopelessness</i> (2) <i>Disbelief</i> (2)	5	
Communication patterns		<i>Impaired communication pattern</i> (3) <i>Conflict in family relationships</i> (4) <i>Stress</i> (4) <i>Emotional and psychological distress</i> (1) <i>Insecurity</i> (1)	13	
Organizational patterns	Work-family reconciliation	<i>Difficulty managing work time and time with children</i> (4) <i>Work overload</i> (3) <i>Little free time</i> (3)	10	25
	Cohesion	<i>End of marriage (divorce)</i> (8) <i>Poor marital and parental relations</i> (1)	9	
	Inflexibility	<i>No task sharing among family members</i> (6)	6	
Resources	<i>Internal</i>	<i>Previous illness</i> (7) <i>Lack of housing conditions</i> (1) <i>Poor economic situation</i> (18) <i>Limited technological and IT resources</i> (2)	28	45
	<i>External</i>	<i>Insufficient informal network</i> (6) <i>Insufficient formal network</i> (2) <i>Isolation</i> (7) <i>Lack of health resources</i> (2)	17	
<i>Total</i>			88	

The analysis of the strengths (resources) and weaknesses that influence family functioning during the COVID-19 pandemic concluded that nurses perceive families to have more strengths (129 RUs) than weaknesses (88 RUs). *Communication patterns* and *Resources* stand out as the categories with the highest number of RUs in both factors (strengths and weaknesses) of families' internal environment.

Some common categories were identified regarding the opportunities and threats of families' external environment to adapt to the changes imposed by the COVID-19 pandemic.

The categories that stood out about opportunities in the external environment (Table 3) were, in decreasing order of frequency: *Access to economic and social services* (34); *Access to health services* (16); *Access to teleworking and distance education* (10); *Access to information* (5); *Access to essential goods* (4); *Access to the informal network* (2); *Access to leisure spaces*, (2) and *Social and health policies* (1).

In the *Access to economic and social services* category, the analysis revealed the following aspects: "social responses for older people and children with special needs/food bank" (19 RUs) and "guaranteed income throughout the pandemic" (6 RUs).

The *Access to health services* category had a total of 16 RUs, with the highest frequency for "Availability of assistance from the family health team at the unit or at home" (10), followed by "access to information through IT and communication technologies" (4).

The *Access to teleworking and distance education* category had 10 RUs, where "teleworking" (6 RUs), "distance education" (2 RUs), and "access to IT and communication technologies" (2 RUs) stood out.

In the *Access to information* category (5 RUs), "social media" stood out with 4 RUs.

The *Access to essential goods* category registered 4 RUs distributed by "local supermarkets" and "easy access to personal hygiene and household products" and possibility of "Online shopping" (2) each with 2 RUs.

The *Access to informal network* category registered 2 RUs in "neighbours/extended family", and the *Access to leisure spaces* category registered 2 RUs in "green spaces near home".

Social and health policies were another category, although only 1 RU was found related to "DGS guidelines/standards".

Table 3

Distribution of the RUs by categories related to the opportunities of the external environment that influence family functioning

Categories	RUs	No. of RUs
Access to health services	<i>Availability of assistance from the family health team at the unit or at home</i> (10) <i>COVID-19 vaccination opportunity</i> (1) <i>Mental Health Helplines</i> (1) <i>Accessibility through IT and communication technologies</i> (4)	16

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Access to economic and social services	<i>Social responses for older people and children with special needs/food bank (19)</i> <i>Guaranteed income throughout the pandemic (6)</i> <i>Support from municipalities (4)</i> <i>Job security (4)</i> <i>Increase in bank benefits for families with low income (1)</i>	34
Access to teleworking and distance education	<i>Teleworking (6)</i> <i>Distance education (2)</i> <i>Access to IT and communication technologies (2)</i>	10
Access to information	<i>Social network (1)</i> <i>Social media (4)</i>	5
Access to the informal network	<i>Neighbours/extended family (2)</i>	2
Access to essential goods	<i>Local supermarkets, Easy access to personal hygiene and household products (2)</i> <i>Online shopping (2)</i>	4
Access to leisure facilities	<i>Green spaces near home (2)</i>	2
Social and health policies	<i>DGS guidelines/standards (1)</i>	1
TOTAL		74

Participants perceived that families had fewer threats (62) than opportunities (74) in the external environment (Table 4).

The highest frequency was registered in the *Change in working conditions and cost of living* category, with 21 RUs. “Job loss” (11 RUs), “precarious jobs” (6 RUs), “work as a threat to the family environment” (3 RUs), and “increased cost of basic necessities” (1 RU) stood out.

The *Difficulty accessing health services* category had 11 RUs, where the following aspects stood out: “difficulty accessing health services” (6 RUs) and “cancellation of consultations and surgeries” (2 RUs).

In the *Difficulty accessing the informal network* category, “isolation” had 10 RUs. In the *Risk of infection* category (7 RUs), “crowded areas” (4 RUs) and “non-compliance with hygiene standards” (3 RUs) emerged.

The *Difficulty accessing education* category registered a frequency of 4 RUs in “closed schools and distance education”.

The *Difficulty accessing social services* category registered 3 RUs: “Closed daycare centres for older people,” “unconsolidated community networks,” and “Poor support from local structures such as local authorities and parishes”. With the same frequency (3) is the *Social and health policies* category, with the following RUs: “internal and external social inequality”, “poor national and international health policies,” and “imposition of restrictive rules”, each with 1 RU.

In the *Difficulty accessing leisure spaces* category (2 RUs), the following RUs emerged: “housing area (city center)” (1 RU) and “living in an apartment” (1 RU). The *Difficulty accessing essential goods* category had 1 RU: “difficulty accessing basic necessities”.

Table 4

Distribution of the RUs by categories related to the threats of the external environment that influence family functioning

Categories	RUs	No. of RUs
Difficulty accessing health services	<i>Difficulty accessing health services (6)</i> <i>Cancellation of consultations and surgeries (2)</i> <i>Lack of surveillance in quarantine (1)</i> <i>Lack of COVID-19 protective equipment (1)</i> <i>Lack of communication between health institutions and schools (1)</i>	11
Difficulty accessing social services	<i>Closed daycare centres for older people (1)</i> <i>Unconsolidated community networks (1)</i> <i>Poor support from local structures such as local authorities and parishes (1)</i>	3
Changes in working conditions and cost of living	<i>Job loss (11)</i> <i>Work as a threat to the family environment (3)</i> <i>Precarious jobs (6)</i> <i>Increased price of basic necessities (1)</i>	21
Difficulty accessing education	<i>Closed schools and distance education (4)</i>	4
Difficulty accessing the informal network	<i>Isolation</i>	10
Difficulty accessing essential goods	<i>Difficulty accessing basic necessities (1)</i>	1
Difficulty accessing leisure spaces	<i>Housing area (city center) (1)</i> <i>Living in an apartment (1)</i>	2
Health and social policies	<i>Internal and external social inequality (1)</i> <i>Poor national and international health policies (1)</i> <i>Imposition of restrictive rules (1)</i>	3
Risk of infection	<i>Crowded areas (4)</i> <i>Non-compliance with hygiene standards (3)</i>	7
Total		62

The opportunities perceived by the participants were *Access to economic and social services* (34) and *Access to health services* (16). The most frequently mentioned threats were *Changes in working conditions and cost of living* (21) and *Difficulty accessing health services* (11).

DISCUSSION

The results indicate that participants perceive families to have more strengths than weaknesses in their internal environment and more opportunities than threats in their external environment. Portuguese

families are perceived as resourceful in adapting to the changes resulting from the COVID-19 pandemic. This finding is highly relevant because the ability to mobilize internal and external resources contributes to maintaining the effective functioning of the family system (Silva et al., 2020).

The following factors from the internal environment had a higher impact on families' adaptation: *Organizational patterns*; *Internal and external resources*; *Belief system*; and *Communication patterns*. Based on nurses' perceptions, *Organizational patterns* and *Resources* included more families' strengths. In the

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Organizational patterns category, *cohesion* and *flexibility*, namely related to *sharing tasks*, stood out as family strengths.

The impact of the pandemic on conjugality was evident here and in other studies. While some found no changes or positive changes in the marital dynamics during the first months of the pandemic (Stanley & Markman, 2020), others revealed that the pandemic was an opportunity for couples to strengthen their intimacy (Silva et al., 2020). However, mental health issues such as depression and anxiety can be interpreted negatively by spouses and may lead to spousal distancing or violence (Schreiber et al., 2020). Home confinement required couples to reorganize their tasks, strengthening or breaking their bonds (Falcão, Nunes, & Bucher-Maluschke, 2020; Magalhães et al., 2021). Regarding organizational patterns, the feeling of unity and belonging and the ability to support family members through flexibility and sharing tasks are strengths that helped families face the challenges (Henry et al., 2015).

Regarding *Internal resources*, the families' economic conditions were highlighted, which can also be a weakness in case of poor conditions (Souza et al., 2021).

As for *External resources*, the existence of an informal network was highlighted as a strength and a weakness when it is insufficient, often related to isolation, as revealed by Magalhães et al. (2021). The informal network was deeply affected by the pandemic. *Resources* determine adaptation, which depends on the family's ability to mobilize them, taking into account the strengths of each of its members, the family system, and external resources (Figueiredo, 2012).

In the *Belief system*, resilience was the most frequent family resource, with hopelessness and disbelief perceived as weaknesses for adaptation. Koenig (2020) also argues that faith, spirituality, religious beliefs, and practices during the COVID-19 pandemic are essential resources for coping with stress and are associated with lower anxiety, renewed hope, and emotional, social, physical, and spiritual resilience. Prime, Wade, and Brown (2020) also found that resilience was an important resource for families adapting to this event. Family resilience is focused on family empowerment in crisis situations: provide meaning to adversity; hope and optimism; spirituality, flexibility, cohesion, family communication, shared recreation, routines, and rituals; support networks and family's ability to maintain them (Walsh, 1999; Anaut, 2005; Black & Lobo, 2008; Kraus et al., 2021).

In *Communication patterns*, the strengths are related to effective communication, affection, love, and attention. The most frequent weaknesses were conflict and stress in family relationships. Prime, Wade, and Brown (2020) argue that clear communication, constructive conflict resolution strategies, and problem-solving skills are essential resources for marital satisfaction during the COVID-19 pandemic, which will impact the family development dimension (Figueiredo, 2012).

The opportunities and threats arising from families' external environment also had a significant impact on families' adaptation. As for opportunities, the *Access to economic and social services* and the *Access to health services* categories were highlighted, namely through the availability of assistance from the family health team at the unit or at home. The threats highlighted were *Changes in working conditions and cost of living* and *Difficulty accessing health services* due to canceled

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consultations and surgeries. Geremia et al. (2020) also found that the availability of health professionals was a protective factor for families and an essential resource for family functioning during the pandemic. Regarding working conditions, the professional situation of many Portuguese citizens was affected not only by the changes in working methods and the loss of jobs but also by the fact that some families were forced to stop working to support their members after schools, kindergartens, and other services were closed (Mamede et al., 2020). The economic, social, and professional changes influenced families' functioning. Routines were drastically affected by the lack of a social support network (Ramos & Silva, 2021; Silva et al., 2020). However, the average value of ease of living with the household's net monthly income increased by 7.6%, and the average value of the degree of interest in saving money increased by 1.6% (Behavioral Insights Unit da CATÓLICA-LISBON, 2022), which may also reflect a reorganization of family income and an adaptation in the family's structural dimension.

CONCLUSION

Participants perceived that families have more strengths than weaknesses in their internal environment to adapt to the changes imposed by the COVID-19 pandemic and more opportunities than threats in their external environment. These findings will have important implications for clinical practice, education, and research with a view to enhancing nurses' work with family strengths. Participants perceived the family's *Organizational patterns* and *Resources* to adapt to the changes imposed by the COVID-19 pandemic as the most important influencing factors in both strengths and weaknesses.

Based on participants' perceptions, the opportunities in the external environment that most influenced families' adaptation to the changes imposed by the pandemic were the access to health services and the access to economic and social services.

The threats in the families' external environment that most influenced their adaptation to the changes imposed by the pandemic were the changes in working conditions and cost of living and the difficulty accessing health services.

Families' strengths thus constitute an opportunity for nurses to develop family strengthening strategies while delivering family-centered care.

A limitation of this study is that only nurses' perceptions were analyzed rather than those of other professionals and families, which suggests the need for further studies.

Future research should also explore the interventions and skills developed by nurses to meet families' needs in adapting to the changes in their internal and external environments.

Given the crucial role of PHC nurses in citizens' access to health care in general and specifically to nursing care, it is essential to consolidate a specialized practice that meets families' needs throughout the life cycle, considering them as a unit of care.

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