



## Psychosocial Impact on Families during the COVID-19 Pandemic: A Scoping Review

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### ABSTRACT

Background: COVID-19 pandemic did not only give rise disorder on COVID-19 confirmed patients, but also the patients' family, thus it brought various psychosocial impacts. Objective: This article was aimed to explain psychosocial impacts on family during pandemic of COVID-19. Methods: This article used systematic review method through scientific article identification on four databases: PubMed, ProQuest, Ebsco, ScienceDirect in 2019-2021. The articles were selected through PRISMA based on both inclusion and exclusion criteria determined. The next step was analysis and result determination. The last step was consultation to experts of mental health. Results: Psychosocial impacts that appeared on family due to pandemic of COVID-19, for instance sleep disorder, anxiety, need for an increased social support, financial toxicity, lack of food supply, abandonment, depression, lonesome, mourning, post-traumatic stress, isolation, anticipative grief, worry, fear, stigma, discrimination, anger, stress transmission, risk of family welfare disturbance, confusion, parenting stress and domestic violence. The form of intervention that could be given to family such as cooperation with health service, health education, virtual social support, public complaint, maintenance of physical health, involvement among family members, limitation of information and mental health therapy. Conclusion: Identification of the family as an at-risk group could trigger mental health services to understand more about causes and consequences of psychological morbidity on this group of people

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### Kata kunci:

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### ABSTRAK

Pendahuluan: Pandemi COVID-19 tidak hanya menimbulkan gangguan pada pasien yang terkonfirmasi positif COVID-19 namun juga terjadi pada keluarga sehingga menimbulkan berbagai dampak psikososial. Tujuan: Artikel ini bertujuan untuk memaparkan dampak psikososial pada keluarga saat pandemi COVID-19. Metode: Metode yang digunakan pada artikel ini adalah sistematika review dengan melakukan identifikasi artikel ilmiah pada empat database yaitu Pubmed, ProQuest, Ebsco, ScienceDirect tahun 2019-2021. Artikel diseleksi dengan PRISMA berdasarkan kriteria inklusi dan eksklusi yang ditetapkan. Tahap selanjutnya yaitu analisis dan menetapkan hasil. Tahap terakhir melakukan konsultasi kepada pakar kesehatan jiwa. Hasil: Dampak psikososial yang muncul pada keluarga akibat pandemi COVID-19 antara lain adalah gangguan tidur, kecemasan, kebutuhan peningkatan dukungan social, toksisitas financial, kekurangan pasokan makanan, pengabaian, depresi, kesepian, berduka, stress pasca trauma, pemisahan, kesedihan antisipatif, kekhawatiran, ketakutan, stigma, diskriminasi, marah, penularan stress, resiko gangguan kesejahteraan

keluarga, kebingungan, stress pengasuhan dan kekerasan dalam rumah tangga. Intervensi yang dapat diberikan pada keluarga meliputi kerjasama dengan pelayanan kesehatan, pendidikan kesehatan, dukungan social melalui virtual, aduan masyarakat, menjaga kesehatan fisik, keterlibatan antar sesama anggota keluarga, pembatasan informasi dan terapi kesehatan jiwa. Kesimpulan: Identifikasi keluarga sebagai kelompok berisiko dapat memicu layanan kesehatan jiwa untuk lebih memahami penyebab dan konsekuensi morbiditas psikologis pada kelompok ini

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## INTRODUCTION

Corona Virus Disease 2019 (COVID-19) that started in Wuhan has spread across China since December 2019 and threatened human health (Huang et al., 2020). Pandemic of COVID-19 has brought a lot of negative impacts on human daily life, threatened public health mentally and physically, and harmed both social and economic development (Ma, 2020). Those impacts are suffered evenly and directly by medical officers, public society, and all patients of COVID-19 (Z. Liu et al., 2020). The negative impacts are affected by lockdown, physical distancing, and other health protocols which are rarely practiced by everyone previously (Asmundson & Taylor, 2020). The impacts of COVID-19 can affect either individually or the family of patients (Gallagher & Wetherell, 2020).

Social disturbances occur because of pandemic situation will increase psychological pressure for primary caregivers (family) and affect the quality of relationship among caregivers (marriage) (Prime, H., Wade, M., & Browne, 2020). The family is the one who will provide a longterm nursing care for the family members who are confirmed of COVID-19. The family is an internal part that is medically and psychologically vulnerable, especially when their own needs are not fulfilled (Holmes et al., 2020). The family gets endless demands like provision of personal, health, and social treatment that can lead either physical or emotional stress burden (Lovell & Wetherell, 2011). The capability of providing treatment and support to family members is often obstructed due to their own health crisis (Phillips et al., 2020). Even though, the stress can increase vulnerability to physical disease and create a greater risk of COVID-19 for the family.

In many cases, the one who receives treatment is only the group members with a high risk (Health Service Executive, 2020) and at risk of serious disease if they are infected with COVID-19. As the consequence, the family should give more support, while the families are also under increasing pressure in order to protect themselves from infection and prevent transmission from the patient they took care of (Phillips et al., 2020). The identification of family as the group at risk can trigger mental health service to understand more about causes and consequences of psychological morbidity on this group (Gallagher & Wetherell, 2020). Therefore, it really needs to handle family needs, make sure for appropriate treatment, and get a fast access of support services; the services include medication or psychosocial support (Luykx et al., 2020). The attempts to decrease nursing burden has a clear implication for both physical and psychological health of family, welfare of service recipients, and cost potential (Mann et al., 2017; Trail et al., 2020). Based on the problems found, this article is aimed to define psychosocial impacts and intervention

recommendation that can be implemented to the family during pandemic of COVID-19.

## METHODS

This systematic review study discussed about psychosocial impacts experienced by family during pandemic of COVID-19. The protocols in this study used PRISMA checklist in order to select scientific literatures that have been found from databases, so it could be adapted to the objectives of article.

### *Inclusion and Exclusion Criteria*

Searching of scientific articles was restricted according to the criteria of articles that should discuss problems relating to psychosocial impacts on family during pandemic of COVID-19. The articles collected from searching process were then selected according to inclusion and exclusion criteria. The inclusion criteria of systematic review: (1) the articles were published online during December 2019 – August 2021; (2) the researches that discussed about psychosocial impacts of COVID-19 pandemic on family; (3) the complete text was available; (4) the scientific literatures were not limited on research articles, but all forms of article such as correspondence, responding, letter of editor, short communication, report, review, and original research. Meanwhile, exclusion criteria of systematic review: (1) the articles were not in English; (2) the articles were focused on instruments.

### *Strategies of Literature Searching and Selection Process*

The use of strategies in scientific literature searching in this study was in accordance with PRISMA guidelines. This article exerted scientific literatures which discussed about psychosocial impacts on family during COVID-19 pandemic and could be developed with systematic process. The database reputable literature searching was reviewed systematically in order to obtain empirical evidences. The searching instrument used ScienceDirect, ProQuest, EBSCO, and PubMed by inserting combination of keywords “psychosocial” and “impact on family” and “COVID-19” and Boolean searching AND, OR, and NOT in order to get concerned articles and according to the objectives of systematic review. The scientific articles were screened by reviewers who independently assessed abstract and full text that might fulfill requirements to be reviewed and resumed as the guideline.

## RESULTS

The result of review from databases, we have collected about 2229 relevant articles from four databases: ScienceDirect (601), EBSCO (580), PubMed (24), and ProQuest (1024). We have identified about 71 articles for full-text screening in order to assess the eligibility. Next, we found about 18 articles that were in accordance with inclusion criteria and eligible to be reviewed. The process of literature screening was explained in diagram 1, classification of finding in diagram 2, summary of research result in table 1, and summary of intervention recommendation in table 2.

The type of participant in this scientific article was varied: the family with members who have been confirmed for COVID-19, the family with specific category (needed a long term treatment, children, infant, autism, and older people) and public society that the family was affected by pandemic of COVID-19. A lot of psychosocial impacts that appeared on family due to pandemic of COVID-19 were sleep disorder, anxiety, need of the increase of social support, financial toxicity, lack of food supply, neglect, depression, lonesome, mourning, post-traumatic stress, isolation, anticipative grief, worry, fear, stigma, discrimination, anger, stress transmission, risk of family wellbeing disturbance, confusion, parenting stress, and domestic violence. The interventions that could be given to the family, for instance cooperation with health service, health education, virtual social support, public complaint center, maintenance of physical health, involvement among family members, limitation of information and mental health therapy.

## DISCUSSION

### Psychosocial Impacts on Family with Family Members Who Were Confirmed for COVID-19

Psychosocial impacts experienced by the family with members who were confirmed for positive COVID-19 was varied into three forms: physical, psychological, and social

impact. The physical impact which appeared on family was sleep disorder due to anxiety because of sick family members (Lemmon et al., 2020). The lack of food supply which could affect physical health occurred when the head of family was confirmed for COVID-19 (Prime et al., 2020). Sometimes, the family also neglected the health of other healthy family members, because they might put more focus on the sick family members (Gallagher & Wetherell, 2020).

The psychological impact that appeared on the family with members who were confirmed for positive COVID-19 was depression (Dhiman et al., 2020; Gallagher & Wetherell, 2020; Hamadani et al., 2020). The pandemic of COVID-19 could bring negative impacts on mental health of family with one of family members who was undergoing a prolonged care, so lonesome appeared as the main factor of depression symptom (Gallagher & Wetherell, 2020). However, distancing with the other family members which was aimed to protect from COVID-19 transmission brought unexpected consequence like lonesome (Holmes et al., 2020). This situation would worsen psychological state of family and cause depression on the family (Phillips et al., 2020).

The next impact was grief on the family members who were not infected with COVID-19 (Morris et al., 2020). The grief was closely connected with traumatic incident on the family. During pandemic of COVID-19, to maintain the safety, society must implement physical restriction of family presence for the hospitalized patient infected with COVID-19 (Hart et al., 2020). The COVID-19 patient in critical state was then treated in an isolation or ICU room (Keliat, 2020). Various factors could cause trauma on the family such as inability to see the loved person, treatment surrounding, member of treatment team who made the family at doubt that their loved one got a comfortable and good treatment, difficult decision making because of the information was delivered via call, thus it needed a repetitive explanation until the family understood about the action given on the patient and inability of family to accompany the patient's last moments (Montauk & Kuhl, 2020). This isolation also increased potential of post-traumatic stress disorder and grief on the family with the dyed members of confirmed COVID-19 (Morris et al., 2020; Rosa et al., 2020).

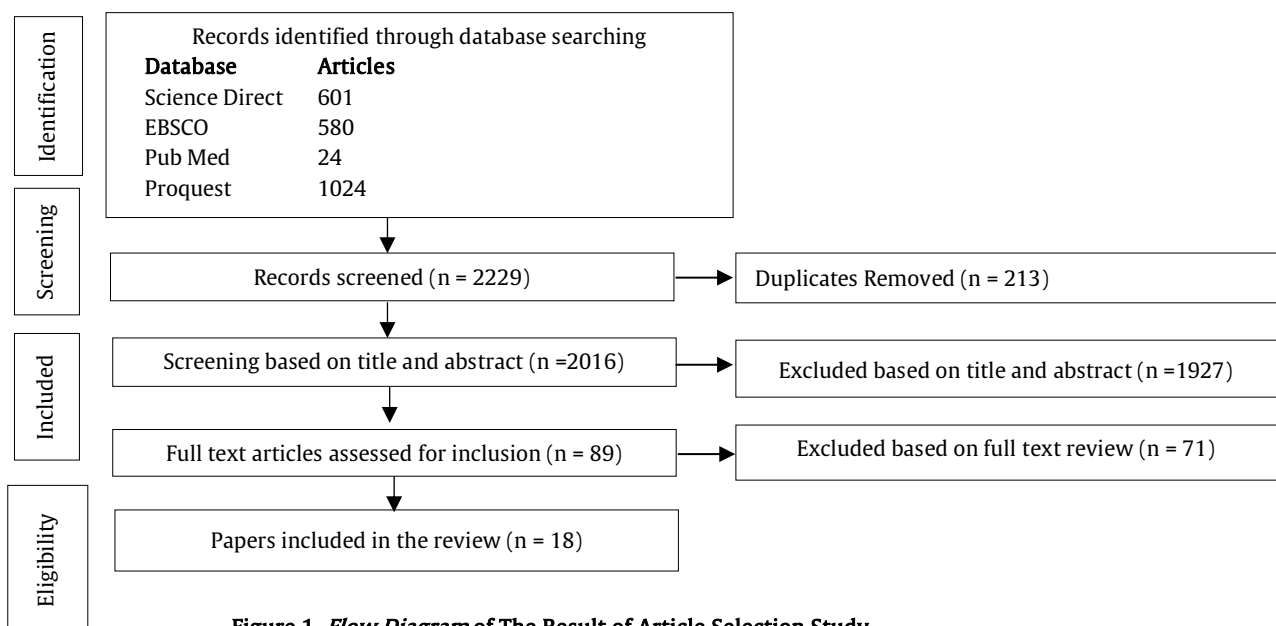


Figure 1. Flow Diagram of The Result of Article Selection Study

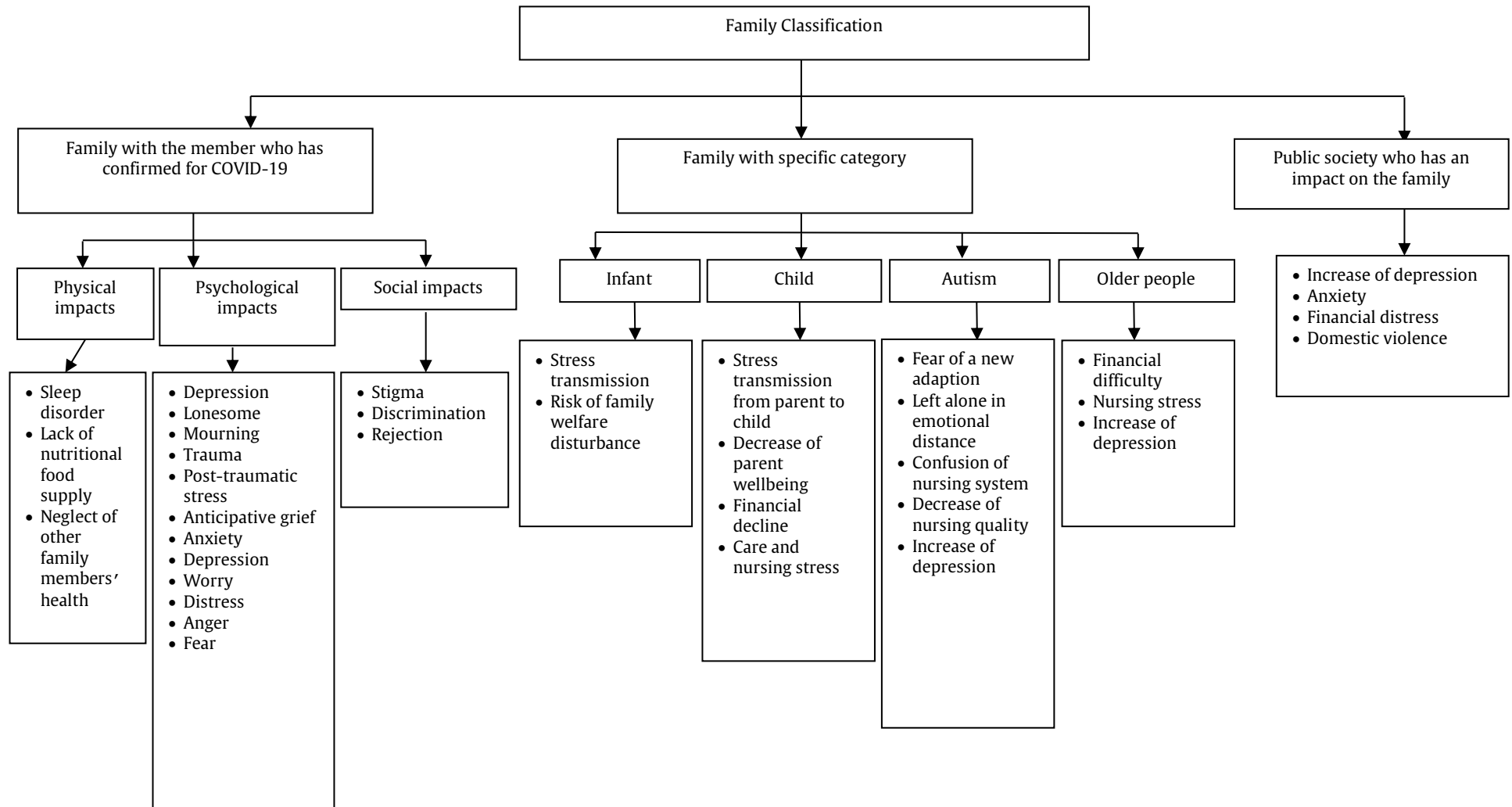


Figure 2. Illustration of COVID-19 Pandemic Impacts on Family

**Table 1. Summary of Research Result**

No	Author and Year	Kind of Disorder	Participant
1	Lemmon et al., 2020	<ul style="list-style-type: none"> <li>• Sleep disorder</li> <li>• Anxiety</li> <li>• Need of social support increase</li> <li>• Financial toxicity</li> </ul>	Family with family members who have been confirmed positive for COVID-19 and specific family category (infant)
2	Prime, H., Wade, M., & Browne, 2020	<ul style="list-style-type: none"> <li>• Lack of food supply</li> </ul>	Family with family members who have been confirmed positive for COVID-19
3	Gallagher & Wetherell, 2020	<ul style="list-style-type: none"> <li>• Neglect</li> <li>• Depression</li> <li>• Lonesome</li> </ul>	Family with family members who have been confirmed positive for COVID-19
4	Dhiman et al., 2020	<ul style="list-style-type: none"> <li>• Depression</li> </ul>	Family with family members who have been confirmed positive for COVID-19 and specific family category (older people and autism)
5	Holmes et al., 2020	<ul style="list-style-type: none"> <li>• Lonesome due to distancing protocol</li> </ul>	Family with family members who have been confirmed positive for COVID-19
6	Phillips et al., 2020	<ul style="list-style-type: none"> <li>• Depression</li> </ul>	Family with family members who have been confirmed positive for COVID-19
7	Morris et al., 2020	<ul style="list-style-type: none"> <li>• Mourning</li> <li>• Post-traumatic stress</li> </ul>	Family with family members who have been confirmed positive for COVID-19
8	Montauk & Kuhl, 2020	<ul style="list-style-type: none"> <li>• Trauma</li> </ul>	Family with family members who have been confirmed positive for COVID-19
9	Rosa et al., 2020	<ul style="list-style-type: none"> <li>• Distancing</li> <li>• Post-traumatic stress</li> </ul>	Family with family members who have been confirmed positive for COVID-19
10	Grover et al., 2020	<ul style="list-style-type: none"> <li>• Anticipative grief</li> <li>• Anxiety</li> <li>• Concern about impossibility to carry out funerals according to culture and belief</li> </ul>	Family with family members who have been confirmed positive for COVID-19
11	Abudi et al., 2020	<ul style="list-style-type: none"> <li>• Deep condolence</li> <li>• Fear</li> <li>• Anger</li> <li>• Stigma</li> <li>• Discrimination</li> </ul>	Family with family members who have been confirmed positive for COVID-19
12	Erdei & Liu, 2020	<ul style="list-style-type: none"> <li>• Stress transmission</li> <li>• Risk of family welfare disturbance</li> </ul>	Family with specific family category (infant)
13	C. H. Liu & Doan, 2020	<ul style="list-style-type: none"> <li>• Stress transmission from parents to their child</li> </ul>	Family with specific family category (child)
14	Mirlashari et al., 2021	<ul style="list-style-type: none"> <li>• Fear of a new adaption</li> <li>• Left alone in emotional distance</li> <li>• Confusion of nursing system and nursing quality decrease</li> </ul>	Family with specific family category (autism)
15	Spinelli et al., 2020	<ul style="list-style-type: none"> <li>• Decline of parent and child welfare</li> </ul>	Family with specific family category (child)
16	Xu et al., 2020	<ul style="list-style-type: none"> <li>• Financial difficulty</li> <li>• Nursing stress</li> </ul>	Family with specific family category (older people and child)
17	Hamadani et al., 2020	<ul style="list-style-type: none"> <li>• Depression system</li> <li>• Anxiety</li> <li>• Domestic violence on woman</li> </ul>	Public society who affects the family
18	Rhodes et al., 2020	<ul style="list-style-type: none"> <li>• Increase of domestic violence rate</li> </ul>	Public society who affects the family



The family might worry because of their family was hospitalized, psychological pressure due to self-isolation at home, anticipative sadness, anxiety, depression, worry of not being able to do funerals according to culture or belief (Grover et al., 2020). Besides, the family felt sad and scared which triggered the family of patient getting angry when being asked about contact history of patient (Abudi et al., 2020).

Meanwhile, the social impacts experienced by the family were stigma and discrimination against the patient and family, this impact caused many of patient's family hesitated to reveal the patient history because of stigma against the patient of COVID-19 and public social condition (Abudi et al., 2020). To overcome potential of disease threat, people tended to increase avoidance behavior (for instance, contact avoidance from the people who seemed to have pneumonia-like symptoms), and obey a strict social norm (Li et al., 2020), so it brought possibility that the family with patient of COVID-19 were evaded by their social environment. The stigma on family who took care of patient during self-isolation was considered as dangerous and potential to be infected with COVID-19. This impact was proven by rejection from the society, lie, or burial rejection (Abudi et al., 2020).

### **Psychosocial Impacts on Family with Specific Category**

Specific category in this article was referred to the family members who needed a long term treatment (palsied, older people, chronic disease), infant, autism, and child. The parent with autistic child, during pandemic of COVID-19 was more vulnerable to depress because they found difficulty of health service access due to lockdown policy (Dhiman et al., 2020). Moreover, some rules that the parent with autistic child was not allowed giving assistance during treatment (Virani et al., 2020). Also, the parent with autistic child might have psychosocial stress (Mirlashari et al., 2021). The parent believed that the child were at a higher risk of infection than the other healthy children (Darlington et al., 2020).

The parents who have child or infant tended feeling stress because of distancing from their child during the treatment. This distancing might also occur in parent visit whose the child was hospitalized and without family assistance during nursing intervention on the infant (Virani et al., 2020). The other impact was psychosocial distress on parents who have baby, particularly when the baby was hospitalized in NICU (Lemmon et al., 2020; Mirlashari et al., 2021). The pandemic of COVID-19 could affect the treatment of new born baby with a high risk, including the policy of distancing from the parent and treatment at NICU which might give rise stress and anxiety on the parents (Lemmon et al., 2020). NICU was a place that could trigger stress and anxiety on the parents of premature baby, NICU was considered as a location that might be one of the most traumatic experiences within family life (Sabnis et al., 2019). Symptoms of anxiety, depression, and post-traumatic stress on the parents could exceed beyond the length of stay at NICU and bring big impacts on the relation, communication, and child nursing (Lemmon et al., 2020). The crisis of COVID-19 pandemic would most likely have other substantial effects on the causal factor of stress experienced by the patient's family at NICU and in surrounding environment.

This situation not only brought psychosocial stress, the baby nursing and treatment at NICU during pandemic of COVID-19 also cause stress transmission from the parent to the child (Erdei & Liu, 2020; C. H. Liu & Doan, 2020). In this context, pandemic of COVID-19 was currently being the

major environmental stress trigger that appeared suddenly and caused a high level of psychological pressure of family with child hospitalized at NICU (Erdei & Liu, 2020). The parents' experience to adapt with the change of health treatment system, combined with their financial potential and other problems during pandemic of COVID-19 could spread to the way they get involved and connected with their baby, this was called as stress transmission (C. H. Liu & Doan, 2020). The effect of COVID-19 pandemic was also fear on the parents of child with cancer; this fear was aroused because they must have a new normal adaptation, being alone in emotional state and confusion of treatment system and decrease of treatment quality (Mirlashari et al., 2021).

### **Psychosocial Impacts on Public Society Affecting the Family**

The enforcement of government regulation which was aimed to minimize the transmission of COVID-19 has generated disturbances in family. The impacts included financial distress and domestic violence (Hamadani et al., 2020; Prime et al., 2020; Xu et al., 2020). One of regulations implemented in many countries in order to decrease the transmission of COVID-19 was lockdown, lockdown due to COVID-19 pandemic gave rise to a lot of significant economic, psychosocial, and physical risks on woman and wellbeing and their family in all economic levels (Hamadani et al., 2020). Stay at home and inability to continue working have caused worried about the effects on economic condition, mental health, and violence against partner (Chandan et al., 2020). Moreover, lockdown also caused a decreased family income; such situation triggered the occurrence of violence against partner, however, the most common impact on woman was unreasonable violence, or violence triggered by financial crisis, while man said that their wife's disobedience was the main causal factor of domestic violence (Hamadani et al., 2020). The man did violence because of some precipitating factors such as stress of job and income loss which could give rise anxiety and also cause the loss of job identity, humiliation, rise of depressed mood, and helpless feeling about the situation happened (Rhodes et al., 2020). The stress in nursing also occurred to grandfather and grandmother who took care of the grandchildren, due to off-day school and lack of education of the grandfather and grandmother might also cause the appearance of nursing or parenting stress due to their incapability to provide education at home (Xu et al., 2020). This stress transmission would affect family wellbeing of both parent and child (Spinelli et al., 2020; Xu et al., 2020).

### **Recommendation of Psychosocial Intervention on Family during Pandemic of COVID-19**

Hospitals and other health institutions have offered a variety of treatments for patients who were confirmed of COVID-19, but many of them have not offered specific interventions for the family (C. H. Liu & Doan, 2020). The family was an integral part which was very vulnerable both physically and psychologically, especially when their own needs were not fulfilled (Holmes et al., 2020). One of mental health therapies offered in this situation was CBT which was used to decrease grief on the family with dyed family member due to COVID-19 (Morris et al., 2020). This family therapy could be given remotely through teletherapy (WSDH, 2020). Furthermore, the nurses should cooperate with the patient's family, so they were able to provide an integrated care, for example admission that this current

situation was still confusing, empathy for family, suggestion to the family to admit acknowledged the trauma, study on the stressors, and help improving the family-centered nursing and care (Erdei & Liu, 2020; Montauk & Kuhl, 2020).

Health officers and government also needed to conduct health education with various materials relating to COVID-19. The materials could be in the subjects of counseling for pregnant mother (Bank & Messages, n.d.), promotion of hand wash (Bank & Messages, n.d.), stress management (Support, 2020), information of COVID-19 impacts on the individual and family, and general handling or intervention of mental specialist (Support, 2020).

Due to the pandemic of COVID-19, people were urged to lessen face-to-face activities and even lockdown was also enforced (Hamadani et al., 2020), thus, more social support for the family could be given virtually (Support, 2020). This kind of support could be in form of video conference with the family members hospitalized at ICU (Montauk & Kuhl, 2020), telehealth in pediatrics (C. H. Liu & Doan, 2020), virtual peer support program (Lemmon et al., 2020), virtual social connectedness during work from home (Erdei & Liu, 2020), government support through coping strategy, stress management, and parenting via phone/ radio/ TV/ internet/ social media (Bank & Messages, n.d.), long-distance family support (Support, 2020), and role of doctor to link the patient to organizations relevant to psychosocial disorder (Lemmon et al., 2020).

The public complain center must be still opened during lockdown, regarding to the rise of domestic violence rate. This complaint center could be local with trained health personnel (Hamadani et al., 2020). This complaint center should be more focus on services for mother and children who were vulnerable to domestic violence (Bank & Messages, n.d.).

In addition to programs from either government or other health services, the family could also implement self-protection to decrease or prevent psychosocial impacts that might appear in the family (WSDH, 2020). To put in examples exercising according to a safe health protocol, adequate sleep time, and healthy diet (Erdei & Liu, 2020). The physical exercise could improve emotional and cognitive capacity for all families (C. H. Liu & Doan, 2020). The engagement to every family member to keep being connected could also be done by giving full attention among family members and mutual love and use of parenting roles (Erdei & Liu, 2020). The family must also limit how often they talk about virus or gain information from TV, online, or social media (C. H. Liu & Doan, 2020).

## CONCLUSIONS

Not only the individual who were confirmed positive for COVID-19 that got affected by COVID-19 transmission, but also family with the family member confirmed for COVID-19 or family with specific category could experience psychosocial impacts. The identification of family as a risky category could trigger mental health service to put more understanding about the causes and consequences of psychological morbidity on the category of family. Therefore, it needed adaptation or handling of needs, confirmation of proper care and treatment, and support services in form of medication or psychosocial support for the family members.

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## Conflict of Interest

The authors have no conflict of interest with the material presented in this manuscript. The authors declare that no ethical issues may arise after the publication of this manuscript.

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