

Perception of family functionality during social confinement by Coronavirus Disease 2019

*Percepção da funcionalidade familiar durante o confinamento social devido ao
Coronavírus 2019*

*Percepción de la funcionalidad familiar durante el encierro social debido al
Coronavirus 2019*

Fernandes, Carla Sílvia¹; Magalhães, Bruno²; Silva, Sílvia³; Edra, Beatriz⁴

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ABSTRACT

Objective: to assess the perception of family functionality in times of social confinement by Coronavirus 2019 pandemic. **Method:** it's a descriptive, correlational and cross-sectional study with Portuguese population regarding sociodemographic characteristics, vital cycle phase and application of the Family Assessment Scale Adaptation, Partnership, Growth, Affection and Resolve. **Results:** the sample consisted of 376 people. The Scale average score is 8.18. Despite the average value indicates a highly functional family, 18.9% of the participants' present values below, compatible with a family with moderate dysfunction or with severe dysfunction. **Conclusions:** the pandemic can stimulate awareness about the important role of the family in people's lives and nurses to think of the family as the focus of care and their intervention.

Descriptors: Pandemics; Family relations; Coronavirus; Family

RESUMO

Objetivo: avaliar a percepção da funcionalidade familiar em momentos de confinamento social devido à pandemia por Coronavírus 2019. **Método:** estudo descritivo, correlacional e transversal, com população portuguesa, referentes às características sociodemográficas, fase do ciclo vital e aplicação da Escala de avaliação familiar Adaptation, Partnership, Growth, Affection and Resolve. **Resultados:** a amostra foi composta por 376 pessoas. A pontuação média da escala é de 8,18. Apesar do valor médio indicar uma família altamente funcional, 18,9% apresentam valores abaixo, compatível com uma família com disfunção moderada ou grave. **Conclusões:** a pandemia pode estimular a conscientização sobre o importante papel da família na vida das pessoas e os enfermeiros a pensarem na família como foco dos cuidados e de intervenção.

Descritores: Pandemias; Relações familiares; Coronavírus; Família

1 Nurse. Doctorate in Nursing. Nursing School of Porto, Portugal (PT). E-mail: carlasilviaf@gmail.com <http://orcid.org/0000-0001-7251-5829>

2 Nurse. Doctorate in Nursing. Santa Maria Health School, Portugal (PT). E-mail: bruno.magalhaes@santamariasauade.pt <https://orcid.org/0000-0001-6049-8646>

3 Nurse. Doctorate in Public Health. School of Health, Polytechnic Institute of Leiria, Portugal (PT). E-mail: sylviatavares@hotmail.com <http://orcid.org/0000-0003-4166-9803>

4 Nurse. Doctorate in Health Sciences. Santa Maria Health School. Portugal (PT). E-mail: beatriz.edra@santamariasauade.pt <https://orcid.org/0000-0001-5967-9634>

RESUMEN

Objetivo: evaluar la percepción de la funcionalidad familiar en tiempos de encierro social por la pandemia de Coronavirus 2019. **Método:** estudio descriptivo, correlacional y transversal con población portuguesa sobre características sociodemográficas, fase del ciclo de vida y aplicación de la Escala de Evaluación Familiar Adaptation, Partnership, Growth, Affection and Resolve. **Resultados:** la muestra estuvo conformada por 376 personas. La puntuación media de la escala es de 8,18. Si bien el valor medio indica una familia altamente funcional, el 18,9% tiene valores inferiores, compatibles con una familia con disfunción moderada o grave. **Conclusiones:** la pandemia puede estimular la consciencia sobre el importante papel de la familia en la vida de las personas y los enfermeros a pensar en la familia como el foco de atención y intervención. **Descriptores:** Pandemias; Relaciones familiares; Coronavirus; Familia

INTRODUCTION

Family support is more, not less, important during time of crisis.¹ Despite the possible family structural diversity, it is still in the family that the person receives psychological support in situations of greater personal and social stress,²⁻³ namely in pandemic times. The Coronavirus Disease 2019 (Covid-19) pandemic outbreak is strongly impacting individuals and families, who are going through a very difficult period.⁴⁻⁶

Social isolation requires families to remain in their homes, resulting in intense and restless contact and exhaustion of existing support networks, namely the extended family, and social or community support networks.⁷ The pandemic and the state of social isolation, currently experienced, presents itself as a moment of non-normative crisis for the family. Therefore, applying the general systems theory, it is understood that the experience of each family member affects the entire family system.⁸

The fear and uncertainty associated with the pandemic can exacerbate or trigger various forms of conflict.⁷ Actions such as social distance, the obligation to stay at

home, restricted traveling and closure of the main community resources, contributes to increase drastically the risk of family imbalance.⁹ However, time can also help to sustain family connections, which is crucial to keeping the support system strong.¹⁰

In response to these imbalances, health systems, particularly nurses, must quickly adapt family-centred care and tools to get around this impact on family health.¹

Remember that the family is something that accompanies us throughout life, from birth to death, fundamental to human development.⁸ Human beings are social creatures, and social health is an essential part of general well-being. Family well-being is fundamental to each family member health and, on the other hand, personal health promotes family well-being.¹⁰

However, families that practically did not meet day by day, due to the countless activities that each one develops, are now forcibly together for whole weeks, 24 hours a day, confined in the same space. If, on the one hand, this is a situation capable of bringing back the long-forgotten family relationship, on the

other hand, it is also a time when the differences stand out. Especially because the concept of the elements that are part of “our family” ends up widening, and the mandatory distancing of some elements (such as extended family and friends) causes, by itself, stress.

Reactions to the Covid-19 pandemic represent an international social experiment in family life, perhaps the most widespread social experiment of all time.¹¹ On the other hand, if we are 24 hours a day with some family members, we are apart from others and we suffer the absence of these people in our lives, as is the case with health professionals who leave their families for fear of contagion. All families are experiencing a phenomenon that has never been experienced before in our times, in a non-normative forced crisis on our country and in the world.

Aware of this need and this problem, the authors intend to analyse the effects of the Covid-19 pandemic in Portuguese families' dynamics. During the declared state of emergency, it is important to understand the extent to which the health of Portuguese families and their different subsystems, namely the conjugal, parental and fraternal, is maintained. In this context, it is important to understand what the main changes are in the family dynamics resulting from this measure. That is, to be “family”, operating 24 hours a day in social isolation.

Therefore, several questions rise up: how does the functioning of families in times of pandemic work? Is this isolation similar from family to

family? It is important to assess the family context, in a stage where its impact will go far beyond this isolation, in aspects such as security, freedom, relationships, affectivity and on the economy of our families. It is important to intervene, for the health of our families!

Aware of the complexity of this theme, this is the first stage of a larger investigation project to be published in future articles, the present study aims to assess the perception of family functionality in times of social confinement by Coronavirus 2019 pandemic.

METHOD

Descriptive, correlational and cross-sectional study with a convenience non-probabilistic sample, in which participated 376 people. For the sample the inclusion criteria are 18 years or more of age.

The instruments for data collection were organized and sent through Google® forms, with the virtual Free and Informed Consent Form (FICF), composed of a page explaining the research, and the request for data authorization use. The invitation to participate was announced through the social networks Facebook®, WhatsApp® and Twitter® and e-mail. The questionnaires were applied during the state of emergency in Portugal (2020 March 20 to May 2). A questionnaire was answered by household.

The data collection instrument is structured with: questions regarding the sample sociodemographic characteristics; questions regarding family characterization, housing and

family cohabitation during pandemic period; phase of Duvall Vital cycle (1976) and questions related to Adaptation, Partnership, Growth, Affection and Resolve (APGAR) Family Scale application.¹² The APGAR instrument can be a strong ally in the evaluation of family relationships and in the detection of risk factors that deserve a serious intervention.¹³ This scale allows to characterize the fundamental components of the family function through five questions, analyzing the following domains: Adaptability, Partnership, Growth, Affection and Resolve, is validated for the Portuguese population.¹⁴ The instrument consists of five questions. Each question allows three types of answer: almost always, sometimes and hardly ever, with quotes of two, one and zero points, respectively.

The final result of the scale is obtained by the sum of the scores attributed to each question and varies between zero and 10 points. The total of the scores allows you to classify the type of family relationship: 7 to 10 points suggests a family highly functional; 4 to 6 points suggests a family with moderate dysfunction, and from 0 to 3 points suggests a family with severe dysfunction.

Ethical-legal procedures involved a positive opinion from the ethics committee (Approved by ethics committee of the Santa Maria Health School nº2020/12). Anonymity was guaranteed with the respective data coding. All participants accepted to participate in the study on a voluntary basis through electronic validation of the informed consent that appears as a pre-response.

For the statistical treatment of the data, were used Statistical Package for the Social Sciences® (SPSS) 24 for Windows. An analysis of descriptive and inferential statistical data was performed. As an abnormal distribution of the sample occurred, non-parametric tests were used. The 95% confidence interval was adopted, with a p-value <0.05 to assume the hypothesis that there was an association between the variables studied.

RESULTS

The sample consisted of 376 people and, in Table 1 below, there is a summary of participants' characteristics data. With regard to gender, female gender predominates with a percentage of 82.7% (n=311). The average age was 40.40 (Standard Deviation - SD = 11.9), with a range between 18 and 74 years. Most are married (53.5%), from the North region of Portugal (77,8%), with a licensed degree (48,9%), intellectual and scientific experts (61,1%) and with a house or floor that is spacious without being luxurious (55,6%). The average of household members is 3.3 (SD= 1.23) and 3,2 during pandemic season (SD= 1.28). The majority are legal couples with children (Marriage) (55,3%), and are mainly families with adolescent children (21,8%) or families with young adults (21,3%). Finally, in relation to the employment situation, most were face-to-face working (44,9%) or in telecommuting (24,7%) and, in most cases, one of the family members was not in social isolation (43,6%).

Table 1: Participants' characterization. Portugal, 2020.

Variables	n	%
Gender (N=376)		
Male	65	17,3
Female	311	82,7
Age Groups (N=376)		
18-29	62	16,4
30-41	136	36,2
42-53	129	34,3
54-65	36	9,6
66-77	13	3,5
Marital Status (N=376)		
Single	102	27,1
Civil Union	51	13,6
Married	201	53,5
Divorced	17	4,5
Widowed	5	1,3
Residence Region (N=376)		
North	292	77,8
Center	34	9,0
Lisbon area	28	7,4
Alentejo	5	1,3
Algarve	6	1,6
Azores	3	0,8
Madeira	8	2,1
Educational Level (N=376)		
Basic (1 to 4 years)	2	0,5
Basic 2 (5 to 6 years)	1	0,3
Basic 3 (7 to 9 years)	14	3,7
Secondary school (10 to 12 years)	69	18,3
Bachelor degree	10	2,7
Licensed degree	184	48,9
Master degree	74	19,7
PhD	22	5,9
Profession (N=376)		
1. Occupations in the armed forces	1	0,3
2. Representative of legislative power and executive organs	21	5,6
3. Intellectual and scientific experts	230	61,1
4. Technicians and intermediary-level occupations	48	12,8
5. Administrative staff	8	2,1
6. Workers of personal, protection, and safety services and salespeople	15	3,9
7. Workers skilled in farming and agricultural trades	7	1,9
8. Workers skilled in industrial. construction and operational trades	7	1,9
9. Workers not qualified	19	5,1
10.Students	20	5,3
Employment situation during the COVID-19 pandemic (N=376)		
Retired	19	5,1
Domestic	7	1,9
Unemployed	12	3,2
Active worker (face-to-face)	169	44,9
Active worker (telecommuting or similar)	93	24,7
Worker on vacation	10	2,6
Worker in lay-off situation	24	6,4
Student	42	11,2

continuation

Variables	n	%
Housing type (N=376)		
Luxurious, spacious home or floor, offering its residents maximum comfort	50	13,3
House or floor that is spacious without being luxurious	209	55,6
Modest house or floor, well-built and in good condition, well lit, airy, with kitchen and WC.	112	29,8
House with kitchen and WC, but: - Degraded and/or - Without essential appliances.	5	1,3
Number of household members: (N=376)		
1 member	21	5,6
2 members	75	19,9
3 members	124	33,0
4 members	106	28,2
5 members	35	9,3
6 members	8	2,1
≥7 members	7	1,9
Situation of household members during social isolation (N=376)		
All elements of the household are in isolation	150	39,9
One of the family members is not in social isolation	164	43,6
All family members are not in social isolation	34	9,0
More than one element is not in social isolation	28	7,5
Type of Family (N=376)		
Father with at least one child	1	0,3
Mother with at least one child	28	7,4
Civil union couple without children	16	4,3
Married couple without children	21	5,6
Married couple with children	208	55,3
Civil union couple with children	49	13,0
Couple without children with other people	3	0,8
Couple with children with other people	12	3,2
Families with two nucleuses without children	2	0,5
Families with children in only one of the nucleus	9	2,4
Families with children only in one nucleus with other people	2	0,5
Families with children in both nucleus	4	1,1
Families with children in two nucleuses with other people	1	0,3
Single-person families	20	5,3
Vital cycle phase (N=376)		
Couples without children	46	12,2
Families with newborn (oldest child: birth - 30 months)	29	7,7
Families with preschool children (eldest child: 5 to 6 years)	38	10,1
Families with school children (oldest child: 6 to 13 years old)	82	21,8
Families with teenage children	80	21,3
Families with young adults (departure of first child - departure of last child)	72	19,2
Middle-aged couple (empty nest - retirement)	26	6,9
Aging (retirement - death of one spouse)	3	0,8

Source: research data, 2020.

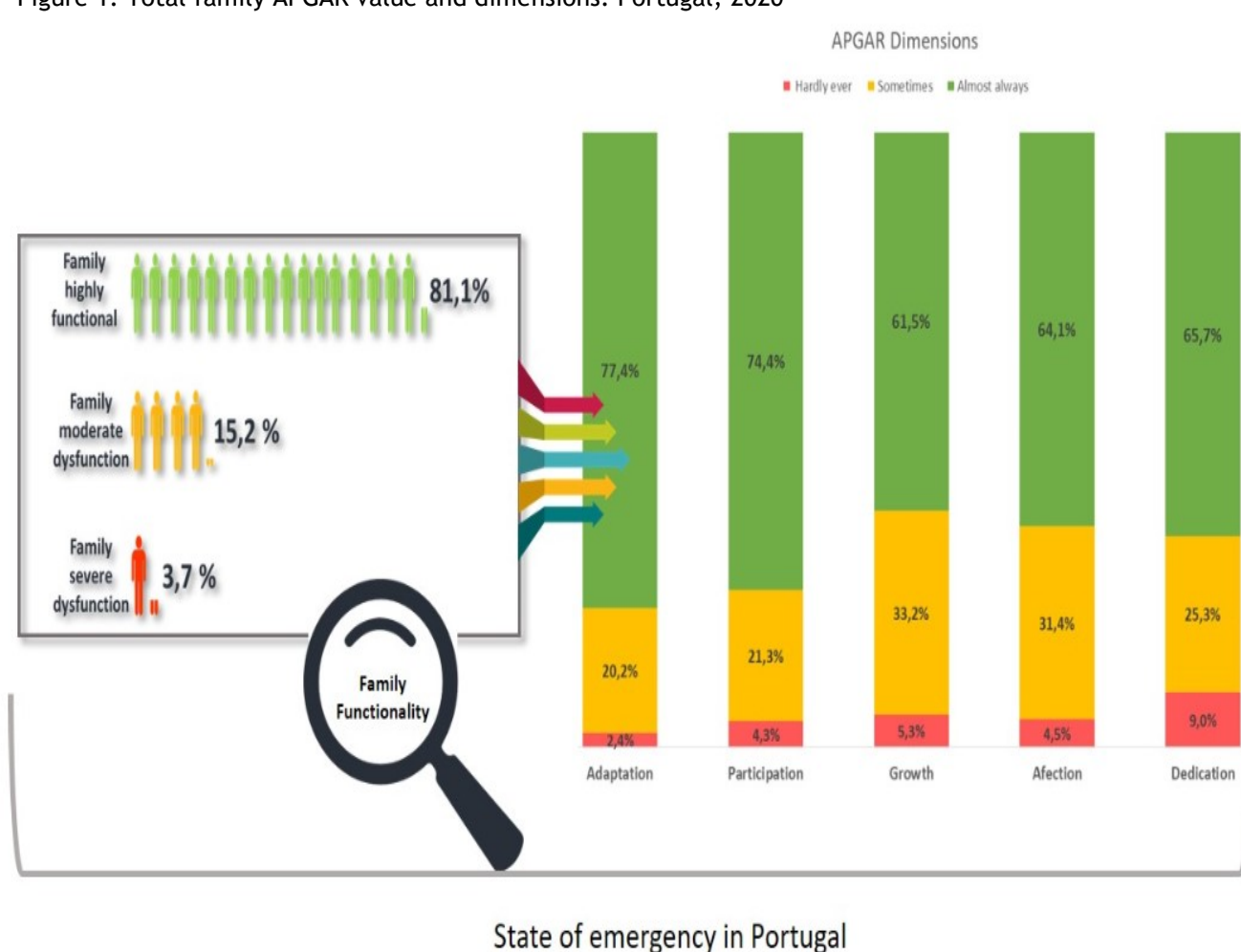
The total value of the family APGAR obtained an average of 8.18 (SD= 2.10), with a maximum limit of 10 and a minimum limit of 0. Although the average value is congruent with a

highly functional family, 71 (18,9%) participants have values below, compatible with a family with moderate (15,2%) or severe dysfunction (3,7%).

The Figure 1 shows the dimensions of the scale, observing lower values in the dimensions of growth, affection and dedication, with the highest value obtained in the adaptation.

The Table 2 shows the association between the perception of family functionality and the variables under analysis, standing out the association with the profession and the type of housing.

Figure 1: Total family APGAR value and dimensions. Portugal, 2020



Source: research data, 2020.

Table 2: Family APGAR and variables. Portugal, 2020

Variables	Family with severe dysfunction			Family with moderate dysfunction			Family highly functional			p-value	APGAR Total Mean (SD)
	N (%)	Mean (SD)	Mode	N	Mean (SD)	Mode	N (%)	Mean (SD)	Mode		
Gender (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,879	
Male	3 (21,4)			9 (15,8)			53 (17,4)				8,4 (2,2)
Female	11 (78,6)			48 (84,2)			252 (82,6)				8,1 (2,0)
Age Groups in years (N=376)	14 (3,7)	36,4 (14,4)	21	57 (15,2)	38,1 (8,1)	36	305 (81,1)	41,0 (12,2)	34	0,070	
18-29	6 (42,9)			7 (12,3)			49 (16,1)				7,9 (2,5)
30-41	2 (14,3)			29 (50,8)			105 (34,4)				8,1 (1,9)
42-53	3 (21,4)			18 (31,6)			108 (35,4)				8,2 (1,9)
54-65	2 (14,3)			3 (5,3)			31 (10,2)				8,8 (1,9)
66-77	1 (7,1)			0			12 (3,9)				8,4 (2,7)
Marital Status (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,420	
Single	7 (50,0)			18 (31,6)			77 (25,2)				7,7 (2,4)
Civil Union	2 (14,3)			7 (12,3)			42 (13,8)				8,6 (1,9)
Married	5 (35,7)			31 (54,3)			165 (54,2)				8,2 (1,9)
Divorced	0			1 (1,8)			16 (5,2)				9,2 (1,3)
Widowed	0			0			5 (1,6)				9,0 (1,4)
Residence Region (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,707	
North	10 (71,4)			46 (80,7)			236 (77,4)				8,2 (2,1)
Center	1 (7,1)			2 (3,5)			31 (10,2)				8,4 (2,1)
Lisbon area	2 (14,2)			6 (10,5)			20 (6,5)				7,9 (2,5)
Alentejo	0			2 (3,5)			3 (1,0)				8,2 (2,0)
Algarve	0			1 (1,8)			5 (1,6)				8,2 (1,9)
Azores	1 (7,1)			0			3 (1,0)				8,7 (1,2)
Madeira	0			0			7 (2,3)				8,0 (3,1)
Educational Level (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,048	
Basic (1 to 4 years)	1 (7,1)			0			1 (0,3)				4,0 (5,7)
Basic 2 (5 to 6 years)	0			0			1 (0,3)				9,0 (2,3)
Basic 3 (7 to 9 years)	1 (7,1)			2 (3,5)			11 (3,6)				7,3 (2,1)
Secondary School (10 to 12 years)	8 (57,2)			11 (19,3)			50 (16,4)				7,6 (2,6)
Bachelor Degree	0			0			10 (3,3)				9,1 (1,2)
Licensed degree	4 (28,6)			30 (52,7)			150 (49,2)				8,2 (2,0)
Master degree	0			10 (17,5)			64 (21,0)				8,6 (1,5)
PhD	0			4 (7,0)			18 (5,9)				8,7 (1,7)
Profession (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	<0,001	
Occupations in the armed forces;	0			0			1 (0,3)				10,0 (0)
Representative of legislative											
power and executive organs;	3 (21,5)			4 (7,0)			14 (4,6)				6,9 (2,7)
Intellectual and scientific											
experts;	3 (21,5)			32 (56,1)			195 (63,9)				8,5 (1,9)
Technicians and intermediary-											
level occupations;	1 (7,1)			10 (17,5)			37 (12,1)				8,1 (2,1)
Administrative staff	2 (14,2)										
Workers of personal, protection,											
and safety services and				2 (3,5)			4 (1,3)				6,5 (2,6)
salespeople;	0										
Workers skilled in farming and				6 (10,5)			9 (3,0)				7,4 (2,2)
agricultural trades;	0										
Workers skilled in industrial				0			7 (2,3)				9,0 (0,6)
construction and operational				0			7 (2,3)				8,4 (1,5)
trades	0			0			7 (2,3)				8,2 (2,6)
Workers not qualified	1 (7,1)			1 (1,8)			17 (5,6)				7,9 (2,0)
Students	4 (28,6)			2 (3,6)			14 (4,6)				7,2 (2,9)
Employment situation during the	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,357	
Covid-19 pandemic											
Retired	1 (7,1)			0			18 (6,0)				8,9 (2,4)
Domestic	0			0			7 (2,3)				8,6 (1,1)
Unemployed	2 (14,3)			1 (1,8)			9 (2,9)				7,3 (3,1)
Active worker (face-to-face)	4 (28,6)			25 (43,8)			140 (45,9)				8,3 (1,9)
Active worker (telecommuting or	1 (7,1)			24 (42,1)			68 (22,3)				7,9 (2,0)
similar)											
Worker on vacation	1 (7,1)			0			9 (2,9)				8,3 (2,1)
Worker in lay-off situation	1 (7,1)			4 (7,0)			19 (6,2)				8,4 (2,1)
Student	4 (28,6)			3 (5,3)			35 (11,5)				8,1 (2,3)
Housing type (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,018	
Luxurious, spacious home or floor,											
offering its residents maximum	0			7 (12,3)			43 (14,1)				8,6 (1,5)
comfort;											
House or floor that is spacious	9 (64,3)			27 (47,4)			173 (56,7)				8,3 (2,1)
without being luxurious;											
Modest house or floor, well-built	5 (35,7)			22 (38,6)			85 (27,9)				7,8 (2,3)
and in good condition well lit, airy,											
with kitchen and WC;											
House with kitchen and WC, but: -											
Degraded and or - Without	0			1 (1,7)			4 (1,3)				7,6 (2,5)
essential appliances.											
Number of household members:	14 (3,7)	3,6 (1,2)	4	57 (15,2)	3,4 (1,4)	3	305 (81,1)	3,3 (1,2)	3	0,259	
(N=376)											
1 member	0			5 (8,8)			16 (5,2)				7,8 (2,4)
2 members	0			10 (17,5)			63 (20,7)				8,4 (2,1)
3 members	2 (14,3)			14 (24,6)			105 (34,4)				8,4 (1,9)
4 members	5 (35,7)			14 (24,6)			86 (28,2)				8,0 (2,1)
5 members	0			11 (19,2)			24 (7,9)				7,7 (1,8)
6 members	6 (42,9)			3 (5,3)			5 (1,6)				7,6 (2,1)
≥7 members	1 (7,1)			0			6 (2,0)				8,5 (3,7)

Continuation

Variables	Family with severe dysfunction			Family with moderate dysfunction			Family highly functional			N	APGAR Total Mean (SD)
	N (%)	Mean (SD)	Mode	N	Mean (SD)	Mode	N (%)	Mean (SD)	Mode		
Situation of household members during social isolation	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,061	
All elements of the household are in isolation	5 (35,7)			22 (38,6)			123 (40,3)				8,2 (2,1)
One of the family members is not in social isolation	7 (50)			27 (47,4)			130 (42,7)				8,2 (2,1)
All family members are not in social isolation	0			4 (7,0)			30 (9,8)				8,5 (1,5)
More than one element is not in social isolation	2 (14,3)			4 (7,0)			22 (7,2)				7,6 (2,4)
Type of Family (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,903	
Father with at least one child	0			0			1 (0,3)				9,0 (0)
Mother with at least one child	1 (7,1)			4 (7,0)			23 (7,5)				8,2 (1,9)
Civil union couple without children	0			1 (1,8)			15 (4,9)				9,3 (1,1)
Married couple without children	0			4 (7,0)			17 (5,6)				8,5 (1,7)
Married couple with children	10 (71,6)			29 (50,8)			169 (55,4)				8,0 (1,7)
Civil union couple with children	1 (7,1)			8 (14,0)			40 (13,1)				8,6 (2,2)
Couple without children with other people	0			1 (1,8)			2 (0,7)				6,7 (1,8)
Couple with children with other people	0			5 (8,8)			7 (2,3)				7,2 (2,5)
Families with two nucleuses without children	0			0			2 (0,7)				10,0 (0)
Families with children in only one of the nucleus	1 (7,1)			1 (1,8)			7 (2,3)				7,7 (2,4)
Families with children only in one nucleus with other people	0			0			2 (0,7)				9,0 (1,4)
Families with children in both nucleus	1 (7,1)			0			3 (1,0)				7,8 (4,5)
Families with children in two nuclei with other people	0			0			1 (0,3)				10,0 (0)
Single-person families	0			4 (7,0)			16 (5,2)				8,2 (1,9)
Vital cycle phase (N=376)	14 (3,7)	-	-	57 (15,2)	-	-	305 (81,1)	-	-	0,239	
Couples without children	0			6 (10,5)			40 (13,1)				8,7 (1,6)
Families with newborn (oldest child: birth - 30 months)	1 (7,1)			2 (3,5)			26 (8,5)				8,6 (1,7)
Families with preschool children (eldest child: 5 to 6 years)	1 (7,1)			5 (8,8)			32 (10,5)				8,3 (1,9)
Families with school children (oldest child: 6 to 13 years old)	1 (7,1)			21 (36,8)			60 (19,7)				7,9 (2,1)
Families with teenage children											
Families with young adults (departure of first child - departure of last child)	4 (28,6)			18 (31,6)			58 (19,0)				7,8 (2,2)
Middle-aged couple (empty nest - retirement)	6 (43,0)			2 (3,5)			64 (21,0)				8,3 (2,1)
Aging (retirement - death of one spouse)	1 (7,1)			3 (5,3)			22 (7,2)				8,4 (2,4)
	0			0			3 (1,0)				8,0 (1,7)

Source: research data, 2020.

DISCUSSION

As nurses, trainers and researchers, the work should be based on the assumption that health and "illness are a family matter".¹⁵ The Covid-19 pandemic had a profound effect on the world in several ways.¹¹ The Covid-19 pandemic represents a threat to well-being of families due to challenges related to social disturbances, with financial insecurity, burden of care and stress related to confinement.¹⁶ Family assessment is based on a systemic understanding that illness and challenges affect the family unit and, reciprocally, the function of

the family unit influences the health and well-being of each family member. This is especially true for the current pandemic situation that has caused suffering in an alarming number of people and families around the world.¹⁵

The consequences of these difficulties in family functioning are likely to be long-lasting, partly due to the way the risk crosses the structures and processes of family systems.¹⁶ People are living in an intense period of family life, guided by a unique set of very strong external borders.¹¹ Social

disturbances caused by COVID-19, and by confinement, infiltrate the functioning of the family, through changes in conjugal relationships, parents-children and siblings.¹⁶ Family function is a determining factor for health preservation, according to their performance they can be classified as functional or dysfunctional families, understanding that the functionality of the family is the family capacity to face non-normative crises or specific to the life cycle.¹⁷ In this study, family functioning was measured using family APGAR. Family APGAR consists of just five questions, it is relatively easy and quick to administer, which has made it an easy tool for assessing perceptions about family functioning.

From the results, it stands out that 3,7% (N=14) of the participants have the perception of having a family with severe dysfunction and 15,2% have the perception of a family with moderate dysfunction. In the existing literature, no results were found in a global assessment that would allow us to compare APGAR in the Portuguese population. Studies with APGAR evaluation directed to specific groups are found,¹⁸ namely chronic health problems and the elderly. In the study carried out by these authors with 521 adult patients with multimorbidity seen in primary care in Portugal, the authors obtained severely dysfunctional 9,2% moderately dysfunctional 20,3% and highly functional 70,4%.¹⁸ In other study, with 210 elderly people, the authors obtained severely dysfunctional 8,5% moderately dysfunctional 28% and highly functional 63,4%.¹⁹

The participants who present the perception of a dysfunctional family are mostly female (78,6%), are between 18 and 29 years old (42,9%), 35,7% are married, 57,2% have secondary education, one of the family members is not in social isolation (50,0%), they are legal couples with children (71,4%) and have a large number of family members (42,9%). The participants with moderate dysfunction family perception, are mostly female (84,2%), between 30-41 years old (50,8%), 54,3% are married, 52,6% have a degree and are couples with teenage children (36,8%). However, from the analysed data, it was only possible to show an association between total APGAR with profession and type of housing.

The evaluation of the different parameters of the APGAR Scale highlights the high values in the adaptation dimension. Which characterizes the current situation by invoking the use of resources, inside and outside the family, to solve the problems that threaten the family's balance during a crisis.¹⁹ In fact, families experience the highest levels of adaptation when they are able to "understand" the disaster, incorporating events into their existing worldview or modifying their views, in order to promote health, union and a sense of coherence.¹⁸ On the other hand, and compatible with the state of social confinement experienced, the dimension dedication stands out with lower values, which reflects the commitment made to dedicate time to other family members, which also implies a decision in the sharing of goods and space.¹⁹ Physical contact and close emotional contact have been

forced in many places creating shared processes, but they also cause intentional, sometimes painful, choices about who is in close contact with who, who is included within the limits of close contact and who is excluded.¹¹

From the data presented in Table 2, it was only possible to show an association between total APGAR with the profession, level of education and with the type of housing. As already mentioned, it was not possible to compare these results with national data. However, in other studies, associations between family functioning and female sex, age and education are found.²⁰⁻²¹

A higher proportion of singles was found in the dysfunctional group in relation to the functional group (although without statistical significance), similar results are found by these authors.²¹ With regard to the level of education, a higher frequency, at the secondary level, is found in the dysfunctional group compared to the functional group. This is in line with the results obtained by these authors, where the highest level of education was a predictor for better family functioning.²⁰ Regarding the profession, there is a higher proportion of students in the dysfunctional group compared to the functional group. Family dysfunction is a known risk factor with a greater association among younger individuals.²²

This study has some limitations of data generalization, such as the absence of studies that would allow comparing the functionality of Portuguese families before the pandemic and such as studies that

were found are with populations with associated problems and have approximate values. There is a possible bias in the sample, given that the participants need some digital equipment with internet access to participate in the study. This sample bias is also visible in the largest number of participants in the North of the country, reflecting the group of researchers' contacts.

CONCLUSION

There is a wide concern regarding the impact of Covid-19 on families' well-being. With this study it was possible to observe the perception of family functionality in times of social confinement. The impact of the pandemic on family well-being is currently unknown. It would be interesting to consider the short- and long-term effects of social confinement experienced by Portuguese families. However, it is emphasized that about 20,0% of the participants perceive the family with severe dysfunction or with moderate dysfunction.

The pandemic and this experience make us more aware of the important role of the family in people's lives and the need for nurses to "think" about family as the focus of care and intervention.

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