Family Resilience during COVID-19 Pandemic: A Literature Review

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Abstract

Introduction: The COVID-19 pandemic has spread rapidly in many countries. This pandemic has led to short-term as well as long-term psychosocial and mental health implications for all family members. The magnitude of family resilience is determined by many vulnerability factors like developmental age, educational status, preexisting mental health condition, being economically underprivileged or being quarantined due to infection or fear of infection. Methods: PubMed, SCOPUS, MEDLINE, Google Scholar, Cochrane, and ProQuest were searched from the inception of the pandemic to December 31, 2020. Articles were screened for inclusion by Authors. Results: After exclusion, there were eight studies included in the analysis with 165,515 participants. The literature review demonstrated that pandemic has caused mental health problems such as anxiety, stress, and depression. Creating daily practices of gratitude is important to build family wellbeing. It is essential to have good and healthy communication and to find positive activities to do together among family members which can build a sense of togetherness, trust, cohesion, and happiness. Conclusion: In conclusion, the pandemic has caused unpredictable and uncertain impacts that can pose a threat to the wellbeing of the families. Pandemic has caused mental health problems such as anxiety, stress, and depression. A healthy relationship, communication, faith-based practices, a positive mindset, and building social support are adaptive coping to respond to the crisis and adversity together.

Keywords

COVID-19, family, pandemic, resilience, wellbeing

Introduction

Novel coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2, spread across the world since its first occurrence in December 2019 in Wuhan, China. The COVID-19 has disrupted everyday routines including social disruption such as financial insecurity, caregiving burden, and physical distancing-related stress (Prime et al., 2020). This pandemic has led to short-term as well as long-term psychosocial and mental health implications for all family members. The magnitude of family resilience is determined by many vulnerability factors like developmental age, educational status, preexisting mental health condition, being economically underprivileged or being quarantined due to infection or fear of infection.

The pandemic has caused major change or disruption and widespread anxiety to the population in the world. COVID-19 strikes many communities indiscriminately which causes populations to social and physical distancing (Polizzi et al., 2020), live in fear (Polizzi et al., 2020), and in uncertain condition. The implementation of physical distancing leads to many changes such as the closure of school and office, transition for working from home, economic uncertainty, job loss, quarantine, shortage or limited medical supplies or services, and so on. These conditions cause many people feeling stress. Some signs of stress are emotional signs (anxiety, frustration, sadness, anger, and confusion), physical signs (such as changes in energy, eating behavior, and sleeping disorder), cognitive signs (such as problem in thinking/worrying, concentration, and memory), and behavioral signs (such as withdrawing socially, arguing, risk-taking, and being less productive).

To reduce the transmission of the COVID-19, the population was instructed to limit the activities outside by staying at home. Family members including children were spending a lot of time together at home during the COVID-19 pandemic. People no longer be able to visit the families due to physical distancing. During the pandemic, vulnerable children and young people are at risk to be exposed to some form of neglect, violence, or exploitation when families need attention to cope with job losses, economic insecurity, socially isolated, and behavior/mental health difficulty (Raman et al., 2020). Parents and caregivers also increased the risk of stress, job loss, and schedule changes (Rosenthal & Thompson, 2020).

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The dynamic process to resist defeats, adapt positively, and cope actively with adversity or trauma is defined as resilience (Luthar & Cicchetti, 2000). During COVID-19, the family may face additional risks impacting their family resilience and access to get some services. The aim of this article was to synthesize and present the available literature on the family resilience situation in different households during the coronavirus outbreak.

**Methods**

**Design**

A literature review was undertaken to synthesize evidence of family resilience during the COVID-19 pandemic. The review was guided by the PRISMA (Preferred Reporting Items for Systematic reviews and Meta-Analyses) checklist for systematic review (Moher et al., 2009).

**Search Methods**

Using a computerized literature search, the electronic database PubMed, SCOPUS, MEDLINE, Google Scholar, Cochrane, and ProQuest were searched from the inception of the pandemic to December 31, 2020. The combined search terms used were: “family resilience,” “family wellbeing,” “family,” “family welfare,” “COVID-19,” “pandemic,” “outbreak,” “coronavirus,” “family violence,” and “mental health.” A pandemic in this study was focused on the COVID-19 pandemic. The articles were screened by titles, abstract, and keywords, followed by full articles review to identify the studies included in this literature review.

**Inclusion/Exclusion Criteria**

This study focused on family resilience during pandemic COVID-19. In this review, we included all studies that met the following inclusion criteria: (a) population: family or individual related to resilience, (b) cross-sectional studies, surveys, case reports, quantitative and qualitative study, and mixed methods, (c) reported outcome data on resilience during the pandemic. All studies are written in English language and published between December 2019 and October 31, 2020. Exclusion criteria were as follows: (a) the study was a review article, editorial, letters to editor, report, book chapter, literature review, or study which method not clearly described, (b) the study did not focus on resilience during the COVID-19 pandemic, (c) unpublished report with unspecific date and location of study (Figure 1).

**Data Analysis**

Articles were classified into four domains: the impact of the pandemic on family resilience causes of mental problems, causes of health problems, and coping strategies of resilience. The four domains were used to frame the analysis and discuss the impact of the COVID-19 pandemic on family resilience. Extracted variables included time of publication, the number of participants/respondents, study design, data analysis, and key results.

**Results**

The literature consisted of eight studies (Barzilay et al., 2020; Fallon et al., 2020; Fuller & Huseth-Zosel, 2020; Kimhi et al., 2020; Luthar et al., 2021; Miller et al., 2020; Ramadhana, 2020; Ying et al., 2020) in which all publication are in English language and published between December 2019 and December 2020. The countries of publication were Canada, the United States, Israel, China, United Kingdom, Canada, Indonesia, and so on. The participants included in this analysis were 165,515 (Table 1).

The analyzed studies showed that the COVID-19 pandemic has caused mental and health problems including stress, anxiety, and depression. Higher family resilience was related to lower anxiety, stress, and depression symptom. The outbreak causes psychological impact such as stress and anxiety among family members of health care workers (Ying et al., 2020). The families concern about the risk of transmission among their families who are health care workers and contact with confirmed or suspected patients in the hospital for longer working hours. The risk of transmission is associated with anxiety symptom among health care worker’s family.

**Discussion**

It has been extremely challenging during the COVID-19 pandemic. Actions have been taken to control the spread of coronavirus in many countries. Governments have taken some actions for COVID-19 containment and mitigation measures such as quarantine/lockdown, travel bans, social distancing, school closure, and closure of public places. The impact of the COVID-19 pandemic on family wellbeing includes quarantine that caused loss of freedom of movement, economic hardship, loss of income, lack of employment, obesity, and noncommunicable disease-worse COVID-19 outcomes which might increase the risk of hospitalization and death, disrupted clinical services, reduce food access, vulnerability and risk within family, mental health problem (loneliness, stress, depression, and anxiety). Moreover, social isolation increased the risk of child abuse (Rosenthal & Thompson, 2020; Seddighi et al., 2019; Ying et al., 2020). A study shows that child abuse has occurred more frequently during school holidays, summer breaks, and natural disaster (Rosenthal & Thompson, 2020).

The COVID-19 pandemic may have positive impacts for the family such as more quality time which can spend together with all family members. However, the pandemic also has a disruptive effect on the family relationship (Luttik et al., 2020). Resilience means how family adapt the challenges and cope under adversity such as stress, crisis, and threats during tough times such as the COVID-19 pandemic. The resilience of the family also refers to the capacity to endure and recover from the adversity that requires constructive adaptation, enduring...
loss, and dealing with disruption (Walsh, 2020). Parents have a major role to build the family resilience at times of large-scale public health crisis. Child or adolescent resiliency is influenced by their parent’s resiliency such as how well the parents take care of themselves and their family (Luthar et al., 2021). Positive adapting among parents during the pandemic can produce a good adaptation in children. Access to parental support is important to mitigate the negative impact of COVID-19 to family resilience.

Resilience during the pandemic may reduce worries related to anxiety and depression (Barzilay et al., 2020). Studies show there are many people who live in stressful and worried condition during the pandemic especially when in lockdown (Barzilay et al., 2020). People are more worried about others (especially family members) than themselves getting COVID-19 (Barzilay et al., 2020). Moreover, older persons are associated with a lower sense of distress (Kimhi et al., 2020; Miller et al., 2020). The distress decreases with increasing age. It is probably because older people have better strategies to cope with distress and they have relatively stable in their financial status (Miller et al., 2020).

Significant factors of family resilience were adaptability, family cohesion, good communication, and adequate financial management (Chen & Bonanno, 2020). Flexibility, which refers to pay attention to the changing situations and modify the strategy to fulfil the demand of the changing situation, is important to maintain family resilience (Chen & Bonanno, 2020). Social support, positive parenting, and good coping strategies have positive impact on resilience during the pandemic. Family functions are related to wellbeing during a serious disruption condition such as disaster (Masten & Motti-Stefanidi, 2020).

School closure during the COVID-19 pandemic leads to shift to online learning for the students. Home learning may result in reduced stress from physical activities and distance/transportation difficulties. However, home learning may also lead to stress. Home learning may highly be challenging for some students due to academic difficulties, limited access to the internet, and lack of supporting materials (Gayatri, 2020). Families may lack of resources and knowledge to deal with home learning during the pandemic. Moreover, parents are struggling not only with their children’s schooling but also with their tasks during working from home, financial instability, job loss, domestic tasks, and so on, with all family members at the same house every time. During physical distancing, parents try to maintain work-life balance and struggle with many changing situations that causes greater stress (Masten & Motti-Stefanidi, 2020).

School closure leads to distress in families. Improve education of family members to support each other is needed to
| Source                          | Country                          | No. of Participants | Age (years)                         | Study design                  | Data analysis              | Key results                                                                 |
|--------------------------------|----------------------------------|---------------------|-------------------------------------|------------------------------|---------------------------|----------------------------------------------------------------------------|
| Fallon et al. (2020)           | Canada                           | 155,649 children aged 0–17 years old | 1–17 years old                     | Action research methodology: tool format, secondary analysis, face validity | Factor analysis           | Some of the most disadvantaged society, including children and families, are served by the children’s welfare system. The COVID-19 pandemic worsens families’ current hardship. Family with babies were more likely to face economic difficulties. |
| Ramadhana (2020)               | Indonesia                        | 365 parents of Indonesian students | From less than 40 to more than 56 years old | Survey with questionnaire    | Median test, Kruskal–Wallis, correlational test | Family resilience was measured based on three domains: family belief system (meaning-making, positive view, transcendence), pattern of family organization (flexibility, connectedness, social resources), and communication (clarity, emotional disclosure, collaborative problem-solving). |
| Miller et al. (2020)           | The United States                | 1,996 child welfare workers | Average: 41.44 years, SD = 11.51 years | Cross-sectional design via online survey | Correlation, independent sample t-test, hierarchical multiple ordinary least squares regression | The levels of distress among child welfare workers were influenced by sexual orientation, physical health status, mental health status, relationship status, supervision status, and financial stability. |
| Barzilay et al. (2020)         | United States, Israel, and other countries (United Kingdom, Canada, Brazil, Germany, Ireland, etc.) | 3,042 participants (healthcare providers and nonhealthcare providers) | 18–79 years                      | Cross-sectional via online survey | Linear regression and binary logistic regression | Respondents were more distress if family infected by COVID-19, unintentionally infected others, and suffer from COVID-19 themselves. Higher resilience was related with lower worries about COVID-19, lower anxiety, and lower depression. |
| Kimhi et al. (2020)            | Israel                           | 1,346 respondents | From 18 years to more than 71 years | Online survey Through internet panel company and social media | Path analysis/ Amos Structural equation modeling | Higher individual resilience, higher wellbeing, and older age are associated with lower sense of danger and distress symptoms. Greater economic difficulties, larger sizes of community, lower family income are associated with higher sense of |
increase children’s and parent’s readiness to adopt home learning during the pandemic, so children can achieve positive outcomes in their studies. The pandemic also causes stress and anxiety in families with children with special needs including autistic children (Ameis et al., 2020). Due to the school closure and physical distancing, children with special needs will have full time living with the family members. During the pandemic, children have limited time to have social interactions outside their house. Therefore, especially for families with children with special needs, a comfortable home environment that support with physical and mental health treatment is needed to mitigate the challenges during the COVID-19 pandemic.

It is important for parents to manage their stress and find the social support in order to have an environment to develop family resilience. Children need to understand their feelings and the values of some activities related to health protocol such as the purpose of wearing a mask, washing hands, socially and physically distancing for public health protection. During the pandemic, children should learn to take care of others and connect to the values of healthy behaviors. By discussing the pandemic to the children, they encourage to follow through healthy behaviors.

The pandemic has changed the structure and routine of the family. Disruptions to daily routine change some domains such as physical and mental health problems and family matters (Ameis et al., 2020). However, parents and children, as a family, the family can cope with the pandemic together by setting routine together and doing things that involved all members such as scheduling mealtime together, do domestic chorus together, build good communication, have fun together, daily exercise, attention to regular hygiene, and sleep time which is important to our health during the pandemic with uncertainties going around. These routine activities may enhance the family with loving and supporting one another.

Family resilience is reinforced by protective factors (such as promote adaptation, preserve integrity and function, and

| Source            | Country       | No. of Participants | Age (years) | Study design               | Data analysis                        | Key results                                                                 |
|-------------------|---------------|---------------------|-------------|----------------------------|--------------------------------------|-----------------------------------------------------------------------------|
| Fuller and Huseh-Zosel (2020) | The United States | 76 individuals | 70–97 years | Interview through telephone | Pearson’s correlation and thematic content analysis | Adaptive coping that emerged among older adults are staying busy, seeking social support, having positive mindset. |
| Luthar et al. (2021) | The United States | 2,196 high school students | High school grade 9, 10, 11, 12 | Survey | Multivariate regression | Resilience among students related to adults on whom they depend for care. Mental health among adolescents associated with their parents’ functioning. |
| Ying et al. (2020) | China | 845 participants/family members of health care workers | Median: 37 years | Online-based cross-sectional | Multivariate logistic regression | The outbreak has caused mental health problems such as stress, anxiety, and depressive symptoms among family members of health care workers. Time spent thinking about COVID-19 and time spent with confirmed or suspected COVID-19 patients were risk factors of psychological impact such as anxiety and depression. Moreover, protective equipment used by health care workers was less likely caused anxiety syndrome for the family of health care workers. |
perform developmental growth) and recovery variables (such as encourage the ability to adapt or recover in crisis) of resilience (Black & Lobo, 2008). Those variables may strengthen the family to respond to the crisis and adversity together. Positive outlook, faith, family member accord, flexibility, financial management, communication, family time, shared recreation, routines and rituals, and social networks are the main factors for family resilience (Black & Lobo, 2008).

During the pandemic, the chance of conflict which causes a problem may arise. Therefore, the family should focus on the solutions together by building a healthy relationship and communication as a family. Spirituality can have a positive influence on the mental health of families especially in stressful condition, so daily faith-based practices of gratitude may help families through this crisis. Moreover, a positive mindset is also adaptive coping that focus on positive emotions such as recognition of the pandemic conditions and optimistic thought to have a brighter future (Fuller & Huseth-Zosel, 2020).

Creating a daily practice of gratitude is important to build family wellbeing. It is essential to have good and healthy communication and find positive things to do together among family members which can build a sense of togetherness, trust, cohesion, and happiness. Moreover, building social support with others such as extended families, siblings, neighbors, and friends are important when parents or family members reach out for help. The use of technology to have communication and social support during social distancing is important (Fuller & Huseth-Zosel, 2020). Seeking social support by adapting to technology can keep families and friends stay connected and support each other during a stressful time.

Conclusion

The pandemic has caused unpredictable and uncertain impacts that can pose a threat to the wellbeing of the families. Pandemic has caused mental health problems such as anxiety, stress, and depression. Creating a daily practice of gratitude is important to build family wellbeing. It is essential to have good and healthy communication and to find positive activities to do together among family members which can build a sense of togetherness, trust, cohesion, and happiness. A healthy relationship, communication, faith-based practices, a positive mindset, and building social support are adaptive coping to respond to the crisis and adversity together.

Declaration of Conflicting Interests

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