

The COVID-19 Post Pandemic: Family Nursing Now More Than Ever

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In our Guest Editorial “The COVID-19 Pandemic: A Family Affair,” which was published in the *Journal of Family Nursing* by members of the FAMily Health in Europe–Research in Nursing (FAME-RN) group (Luttik et al., 2020), we highlighted the impact on nurses and families.

The pandemic was at its beginning, and we described the situation of patients and families and the need for family nursing. Furthermore, we addressed the effect on the mental health of nurses and other health care professionals, due to the increasing workload they needed to manage. In this Guest Editorial, we discuss the impact of the COVID-19 on families during and post pandemic.

The Situation for Nurses During the Pandemic

At the beginning of the pandemic, the situation for nurses, nursing educators, and nursing students was challenging. In many institutions, there was a lack of personal protection equipment which increased the health professionals’ fear of being infected themselves and concerns about bringing the disease home to their own families. Furthermore, the treatment of the patients with COVID-19 was unknown, and nurses were unsure of how to care best for these patients. All health professionals were overwhelmed by the high mortality rates of these patients.

Nursing work was not only strenuous due to wearing warm protective equipment, but also by long work hours and increased stress levels over time. Generally, symptoms of anxiety, depression, and insomnia among hospital staff rose (Dragiotti et al., 2022).

The pandemic took its toll on many patients who could not get timely and proper treatment. Not only caring for patients with COVID-19 put an extra hardship on nurses, but also experiencing barriers for other patients increased the pressure on nurses.

Nurses’ Being Innovative to Include Families in Care

Many studies document the effect of the pandemic on families’ well-being, including families with young children, families with chronic illness, families with older family members, and families living apart. Some families reported positive outcomes due to the lockdowns. They felt emotionally closer again, they enjoyed restraining from social obligations, and

spent more time together due to home office and school closures. Other families, however, suffered with being deprived from their loved ones as many nursing homes and hospitals did not allow visits from family members. Despite the challenges, nurses showed themselves to be innovative for their patients and families. They transformed organizations of care and included caring for families. They found new ways of maintaining family rituals and connecting families, using virtual visits, virtual cross-professional bedside rounds, and virtual home visits. In nursing homes, outdoor meeting facilities were built, and efforts were taken to support and entertain older residents.

Family Conflict

Despite the recent subsiding of the pandemic (with new outbreaks perhaps pointing to next waves) and people “going back to normal,” the challenges for the families and family nursing remain manyfold. Nurses may be confronted with in-family conflicts triggered by governmental COVID-19 measures. These conflicts may aggravate in times of illness in the future. Family nurses’ most predominant duties are to deal with traumatized survivors and their families, to attend grieving family members, and to tackle long-Covid within families.

The pandemic, and especially the measures taken by governments, such as distancing, wearing masks, and lockdowns as well as vaccination campaigns, led to conflicts within families. Divisions within families could be seen in acceptance or rejection of these actions. Some of those conflicts remain present within the family and disrupt family functioning. This might aggravate when families are called to care for each other due to a family member’s illness. Family nurses are therefore called to support and help alleviate the stress within families due to the pandemic.

Distressed Families

Studies are now showing that the lives of COVID-19 survivors and their partners and other family members are severely affected (Shah et al., 2021). Whereas it is easy to understand that patients after intensive care treatment and prolonged ventilation might be traumatized and have to regain trust in their abilities to return to their daily living, nurses now have to focus on the “secondary burden” that families experience by having gone through a time of severe anxiety and stress.

Finding a way back to life, gaining strength, and regaining trust for the future needs time, for the ill person, as well as the family. Nurses, therefore, have new obligations in primary and secondary care units and in rehabilitation care to help families to heal and address health issues within the family as a unit.

Family Mourning

Nurses also cared for families who experience the unexpected loss of a loved one. Many families may experience prolonged grief disorder because they could not be with the dying patient. Whereas pain and suffering might be experienced in every death, families facing serious illness or death in times of COVID-19 might have experienced additional distress and fear. Especially in nursing homes where families were quickly separated from their loved ones in the first wave and had little chance to intervene during this time of public shock. Restrictions on visiting were tremendous and most stressful. Therefore, family nursing skills are in high demand to ease families' experiences and hardships. Nursing leaders and nurses were, even when stretched to their limits, innovative and worked hard to enable families to connect with their dying loved ones—be it by using new technologies or stretching the rules and regulations of the health care institutions. These new forms of interventions have to be further developed and implemented to maintain family relationships and connections.

Long-Term Impact on Families

The post-pandemic will bring new challenges that nurse leaders, nurses, and nurse educators must address in the future. Only recently has there been knowledge of the clinical sequela of COVID-19 and the implications on health and the lives of people who survived the disease. After acute COVID-19, long-COVID symptoms have been reported worldwide. However, the nature, frequency, and etiology are still poorly understood and characterized. So far, more than 60 physical and psychological signs and symptoms have been reported by patients who had to be hospitalized and who are now being followed post-Covid. Weakness, general malaise, fatigue, concentration impairment, breathlessness, and reduced quality of life, in addition to reduced pulmonary function, have been reported. Such symptoms challenge the lives of patients and their families. In addition, long-COVID puts a great deal of pressure on patients and families because it is known that it can have a relapsing-remitting nature, characterized by periods of improvement and flare-ups of the symptoms (National Institute for Health and Care Research, 2021). Implications regarding whether work can be resumed not only is a concern for the patient but also for his or her family; security coverage, and social assurances are not yet in place and must be advocated for by interest groups.

There is an urgent need for prospective, controlled studies into etiology, risk factors, and biomarkers that characterize long-COVID in a variety of high-risk populations and settings. However, studies about patients and family perspectives dealing with such an uncertain and unpredictable trajectory of long-COVID are just as important. New helpful family nursing interventions, taking into account the social determinants of health, must be developed.

Conclusion

In our guest editorial at the beginning of the pandemic (Luttik et al., 2020), we called for increased resources for the corona pandemic and the aftermath of COVID-19. We can only repeat that the pandemic called and continues to call for a substantial increase in the resources needed to (a) enable nurses to assess and intervene with families in need of support; (b) educate nurses to offer highly skilled family nursing care; and (c) conduct research which provides compelling evidence that family nursing assessment and intervention is effective in addressing illness suffering and optimizing family health. In light of more than 2 years of experience with the pandemic, we also add, (d) implement politics to increase retention of nurses by decreasing moral distress and caring for the workforce; and (e) include family nurses in political decision-making processes to influence governmental politics and advocate for families for (possible) next waves of COVID-19 or other pandemics. Family nursing has never been more relevant or more urgently needed than now.

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References

Dragioti, E., Tsartsalis, D., Mentis, M., Mantzoukas, S., & Gouva, M. (2022). Impact of the COVID-19 pandemic on the mental health of hospital staff: An umbrella review of 44 meta-analyses. *International Journal of Nursing Studies*, *131*, 104272. <https://doi.org/10.1016/j.ijnurstu.2022.104272>

Luttik, M. L., Mahrer-Imhof, R., García-Vivar, C., Brødsgaard, A., Dieperink, K. B., Imhof, L., Østergaard, B., Svavarsdottir, E. K., & Konradsen, H. (2020). The COVID-19 pandemic: A family affair [Guest Editorial]. *Journal of Family Nursing*, *26*(2), 7–89. <https://doi.org/10.1177/1074840720920883>

National Institute for Health and Care Research. (2021). *Living with Covid19—Second review*. https://doi.org/10.3310/theme-dreview_45225

Shah, R., Ali, F. M., Nixon, S., Ingram, J. R., Salek, S. M., & Finlay, A. Y. (2021). Measuring the impact of COVID-19 on the quality of life of the survivors, partners and family members: A cross-sectional international online survey. *BMJ Open*, *11*(5), e047680. <https://doi.org/10.1136/bmjopen-2020-047680>

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