The Impact of COVID-19: Literature Review

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A quantitative literature review is of use for multiple purposes. A quantitative study can determine the effects of an intervention, measure the relationships between variables, and detect change over time. Quantitative studies allow the researcher to conclude about the effectiveness of the interventions (Houser, 2018). The purpose of a literature review is to enhance the knowledge of a particular topic. They add credibility to the researcher's ideas based on the topic proposed. Negative emotions, thoughts, and behaviors are a cause of the impact of the COVID-19 virus. This virus impacts the mental health and physical health of people all over the world. Quantitative studies about the COVID-19 virus and its impact assist the healthcare population in determining the effectiveness of the currently used interventions.

Impact of the COVID-10 Pandemic on the Mental Health of Healthcare Workers

Healthcare workers on the frontlines to fight against COVID-19 are not immune from the pandemic's psychological and mental health-related effects. Determining how healthcare workers cope with the devastation that comes with the pandemic is essential for the overall well-being of healthcare. The purpose of the article is to report mental health outcomes among health care workers during the COVID-19 pandemic (Chatzittofis et al., 2021).

Key Points

The author addresses concern that negatively impacts the mental health outcomes of healthcare workers, such as depression, post-traumatic stress, and anxiety. This review research method uses an online questionnaire that includes demographics of sex, age, occupation, education, work sector, years of work experience. The questionnaire assesses depressive symptoms, post-traumatic stress disorder symptoms, and stress responses. (Chatzittofis et al.,

2021). A total of 424 healthcare workers completed the questionnaire. Of the participants, 79 screened positive for depressive symptoms, 62 screened positive for PTSD symptoms, 106 screened positive for high stress, and 24 participates scored high in suicide ideation. The p-value is different for each category of healthcare workers that participated in the questionnaire. The p-value for the nurses is 0.035. In conclusion, the findings contribute to the growing literature on the mental health distress of healthcare workers during the COVID-19 pandemic (Chatzittofis et al., 2021).

Assumptions

The author tells the researcher that more literature regarding healthcare workers' mental health needs to be published. Healthcare workers began to experience anxiety, burnout, depression, and post-traumatic stress disorder during the pandemic. Proactive measures will sustain coping ability, resiliency, and social support during stressful times such as the COVID-19 pandemic. Theory-based interventions, supportive leadership, and a resilient work environment will prevent the deterioration of coping ability in the healthcare world (Chatzittofis et al., 2021). However, these proactive measures cannot occur unless there is more literature on the topic.

Deficit/Conclusion

The healthcare field will benefit from the assumptions that the author states. The reasoning behind building up coping ability, resiliency, and social support will carry through the entire healthcare profession (Chatzittofis et al., 2021). Nurses primarily deal with loss and heartache from the front lines. The world is still in the middle of a pandemic which allows the article to be practical for today's use. Also, there will be more situations later in life that will draw healthcare professionals to need more support than they already have. This article provides sufficient evidence on why there is a need for extra help today and in the future.

Negative Impact of COVID-19 Pandemic on Sleep Quantitative Parameters, Quality, and Circadian Alignment: Implications for Health and Psychological Well-Being

The COVID-19 pandemic not only affects the healthcare workers on the frontlines, but also affects the people worldwide. Millions of people are home quarantining, in isolation, and in social distancing. There is an increase in distress, depression, and anxiety related to COVID-19. The article investigates the impact on sleep parameters in healthy individuals who were in home quarantine for at least one month. The purpose of the article is to explore how quantitative parameters of sleep, sleep quality factors, and circadian rhythms are affected by home quarantine and lifestyle changes due to the COVID-19 pandemic (Salehinejad et al., 2020).

Key Points

The authors address concerns within a healthy individual sleeping pattern and sleep quality. This article uses the Pittsburgh Sleep Quality Index (PSQI) and a Morning-Eveningness Questionnaire for research methods. The PSQI is a 19-item self-report questionnaire used to measure sleep disturbances and healthy sleep. Questions 1-4 of the PSQI ask about quantitative sleep parameters such as when the individual goes to bed, the sleep onset latency time, the time the individual gets up in the morning, and sleep duration (Salehinejad et al., 2020). They answer these questions based on the time before quarantine and after a month in quarantine. The Morning-Eveningness Questionnaire assesses the chronotype and consists of 19 questions that ask the individual to determine their best rhythms of sleep, assess morning alertness, morning appetite, and evening tiredness. This questionnaire assesses if the individual is a morning chronotype or an evening chronotype. The study was conducted online via a web-based survey. The used participants are 160 healthy individuals who were home for quarantine in April 2020

for at least one month. Of the 160 participants, 118 reported at least a 1-hour delay to go to bed during the pandemic situation after being in home quarantine for at least one month compared to pre-quarantine time. The time it took for individuals to fall asleep was prolonged during quarantine. The average sleep duration was longer during quarantine as well. Lastly, 137 of the 160 individuals reported at least a 2-hour delay to get up in the morning (Salehinejad et al., 2020). The p-value used in all scenarios is > 0.001. Overall, the results show poor sleep health in individuals at quarantine and isolation during the pandemic compared to before quarantine.

Assumptions

The authors assume that the home quarantine due to the COVID-19 pandemic has a detrimental impact on sleep quality. They also believe there is a connection between quantitative sleep parameters, sleep quality, chronotype, and circadian alignment (Salehinejad et al., 2020). The COVID-19 outbreak is unpredictable and may extend for months. The authors believe their research is crucial for the health and psychological well-being during this time. The authors assume there is a correlation between an individual's physical and mental health with their sleep pattern.

Deficit/Conclusion

The author's line of reasoning is resourceful. The article provides implications for health and psychosocial well-being, which starts with an individual's sleep. Online interventions include self-help sleep programs, stress management, relaxation practices, stimulus control, sleep hygiene, and mindfulness training (Salehinejad et al., 2020). If nursing fails to accept this line of reasoning, more patients will present to them with poor mental and physical health. Healthcare

should accept this article as a resource and use the information provided to further care for their patients.

Symptoms of Major Depressive Disorder during the COVID-10 Pandemic: Results from a Representative Sample of the Canadian Population

Since the outbreak of COVID-19, there have been low-to-moderate quality studies reporting on mental health, making it difficult to draw conclusions. This article discusses the symptoms of major depressive disorder (MDD) within the Canadian population. The purpose of the article is to discuss clear reports on the decline in mental health to form higher-quality research (Shields et al., 2021).

Key Points

The article discusses the prevalence of MDD change between the pre-COVID period and now. It also discusses the related COVID-19 risk factors that can negatively impact mental health. Lastly, it discusses the protective factors associated with MDD during this time. The researchers use the 2020 Survey on COVID-10 and Mental Health (SCMH) and the Canadian Community Health Survey (CCHS) to screen for MDD. Risk and protective factors for MDD in the SCMH are examined using bivariate and logistic regression analyses (Shields et al., 2021). The target population for the study was individuals 18 years or older living in the ten provinces or the three territorial capital cities of Canada. There are 14,689 individuals total who participated in this experiment. Based on the SCMH data, 15.2% of Canadians screened positive for MDD (Shields et al., 2021). The prevalence of MDD was more than two times higher than in the previous years. In the bivariate analysis, Canadians reported five or more COVID-19 related

risk factors were close to 30 times more likely to have MDD than those reporting no risk factors. The protective factors for MDD resulted in mastery and a sense of community belonging. The p-value was < 0.05. Overall, the results show an increase in MDD cases due to the impact of COVID-19.

Assumptions

The authors assume that the second wave of COVID-19 in the fall of 2020 caused a prevalence of MDD among Canadians that are 18 or older. The authors also assume there is a correlation between the risk factors for poor mental health and the COVID-19 side effects on the community. The authors conducted this study due to the assumption that there is a lack of evidence that supports the relationship between increased MDD cases and the impact of the pandemic (Shields et al., 2021).

Deficit/Conclusion

The authors' line of reasoning is resourceful. The article shows the prevalence of depression among Canadians and how it has increased substantially with the onset of the pandemic (Shields et al., 2021). There needs to be continued monitoring of the MDD levels as the pandemic progresses. If nursing fails to accept this line of reasoning, mental health nurses will see an increase in cases of MDD. Mental health is just as important as physical health, and the healthcare field must recognize this to move forward.

Conclusion

The COVID-19 pandemic has had a negative impact on people's mental and physical health all over the world. The quantitative studies about the virus and its pant assist the

healthcare population in determining the effectiveness of the currently used interventions (Houser, 2018). The information provided within the three quantitative articles can improve patient outcomes by providing the world and healthcare professionals with the information needed to produce change. Nursing practices can adjust to the needs of their patients, including their mental and physical health needs. The evidence-based practice seen throughout the articles provides a reliable source of information regarding the impact of COVID-19.

References

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