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## Auto- Ethnography with a deep dive into changes Mental health during the pandemic and a look into the way the pandemic has shaped nursing protocols for recent nursing college graduates

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Senior Honors Project

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The University of Akron

Author Note

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### **Abstract**

In this project we completed a deep dive into how the Covid-19 pandemic reshaped our mental health and has affected our preparation for careers as registered nurses through a series of auto-ethnographic narrative journals using scholarly articles to support this idea. By utilizing personal narratives, we analyzed and reflected upon the cognitive and mental changes we experienced throughout this pandemic. We fulfilled this by comprising two personal narratives with inquiries pertaining to each shared narrative by utilizing the common themes of being nursing students and living through a pandemic. Within these personal narratives, we discussed how the pandemic influenced our feelings of preparedness to assume our upcoming roles as newly registered nurse and the mental health challenges that arose from it. Through being nursing students during this pandemic, we incorporated concepts we learned during nursing school and critically examined the way in which the pandemic affected mental health of populations. As a result of our literature review, we found that despite the impact that the pandemic has had on our mental health, school has still given us the proper tools necessary and the confidence that we need to move forward after graduation.

## Introduction

An auto-ethnography can be described as “an approach to research and writing that seeks to describe and systematically analyze (*graphy*) personal experience (*auto*) in order to understand cultural experience” (Ellis et. al, 2011, para 1) which can include reflection, critical thinking and use of evidence to examine the culture of the COVID-19 pandemic. Within this project, the questions of how COVID-19 affected new graduate registered nurses and how the pandemic affected different individual’s mental health will be answered. After reflecting on our perceptions of ourselves as nurses and students, our first inquiry questioned if nursing students outside of our university also felt as though their schooling was affected, thus impacting the start of their careers as nurses. In the second inquiry, examining mental health and how it was affected by the pandemic was the question that was set out to be determined. When doing this, one must consider populations and type of quarantine to determine the mental health strain, if any, that’s happening within populations and groups. These project inquiries and results were first initiated from our journaling of our personal experiences throughout this pandemic. From there, we were able to compile personal narratives based upon common themes on how our mental health took a toll resulting from the COVID-19 pandemic.

## Personal Narrative I

No matter the circumstances, nursing school poses a challenge that is never easy to get through. Even prior to the pandemic, getting through took dedication, intelligence, and perseverance. Adding in a now two-year pandemic into the mix, nursing school has been a major challenge, especially mentally. A main component of nursing school is obtaining clinical experience in a hospital. Working as a nursing student technician and attending school in a clinical setting has had a substantial impact on our mental health and ability to learn. Working in

the hospital setting, we see COVID patient after COVID patient who are sick beyond belief. Seeing patients still this sick, two years into the pandemic, is mentally exhausting. We are doing everything that we can for them yet continue to see waves of patients infected with the virus in our hospitals. Being student techs, we are still placed on the front lines in our workplaces, caring for COVID patients almost daily. Even when we are in the clinical setting as students, we are unable to directly care for the patients with COVID, we see first-hand the wear and tear that this virus has had on the healthcare workforce. Hospitals are short on beds, supplies and workers, putting all that much more strain on the workers who do show up every day.

Not only is the physical act of caring for such patients mentally exhausting, but so is the fact that our clinical experiences have been significantly hindered. Audrey and I both discussed the fact that in one of the most pivotal semesters of nursing school, our second semester of our foundational year, we were forced to leave the hospital and go online for the rest of clinicals that year. Throughout the rest of our first year, we took part in what would be the start of our online learning experience. In order to meet our clinical hour requirement, we completed virtual simulations. Throughout these simulations, we cared for a virtual patient. In these simulations, we did head-to-toe assessments, took vital signs, administered medications, and collaborated with the healthcare provider. After the successful completion of this simulation, we answered questions and practiced documentation on said patient. In theory, we were honing all of the new skills we had learned throughout the past year in the same way we would have in the clinical setting. That still did not change the fact that come the next year, we felt as though we had some severe catching up to do. That first clinical rotation back in the hospital, it felt as though we were first starting out in nursing school. Caring for a virtual patient covered the basics but didn't allow us to work on some of our other vital nursing skills such as establishing that trusting nurse-

patient relationship and therapeutic communication. Despite not being able to get the most out of our learning the previous semester, we were expected to have the knowledge like the junior level students we were. With this responsibility and knowing that we were not where we needed to be, added to the mental health strain that we were already starting to feel. As the semesters went on, we had to adapt in a way that no other nursing students had to before. We had to utilize our skills the best we could in a setting where we were unable to care for a good portion of patients seeing as they were infected with COVID-19, where we were counted on to compensate for the short staffing in each hospital we were at, where we had to learn multiple different hospitals policies on COVID-19 that were constantly evolving to meet the current research and recommendations. Adapting to these new changes along with the changes that came with being a nursing student was a lot to take in. As we prepare to graduate and become registered nurses, it allows us to reflect on our experiences while in school and how they shape our future career as nurses. We have heard countless times throughout our early nursing career that we will learn the most not while we're in school, but when we start our job in the field. School merely gives us the proper foundation that we need to be successful in our endeavors. It begs the question, has our virtual schooling given us the confidence we need to excel in the nursing field? Or will we feel overwhelmed right from the start, allowing our mental health to take yet another hit?

### **Inquiry I**

Are new nursing graduates/upcoming graduates entering the nursing profession with the same level of confidence due to the COVID-19 pandemic?

### **Search Strategies**

The usage of the University of Akron Libraries scholarly journals archives, and Google Scholar was able to provide resources that helped answer and support the inquiry. These are both resources for individuals to use to assist in locating professional journal articles that help support past research. By utilizing past research to support an individual's claims, one can validate their own claims and inquiries. In order to find the most relevant journals for my inquiry, the date had to be filtered because the pandemic started in 2020. With this in mind, any publications prior to the year 2020 were excluded from the search. From there, inclusion criteria that helped narrow the search was to include key words such as mental health, nursing students, and new graduates.

### **Description and Discussion of Literature**

Upon starting this personal narrative, the inquiry questioned whether it was a global issue that nursing students were feeling the same strain. Then, the goal was to establish whether this feeling would impact how one would feel at the start of their nursing career. To help answer this inquiry, multiple studies were done that aligned with the initial query asked in this study. These studies found expressed their results that despite the change, nurses still would be able to succeed. This success would not be without challenges and the proper resources to help new graduates transition to their new role as registered nurses.

### **Inconsistencies in Learning and Clinical Experiences**

As students we are unable to provide care for any patient who is infected with COVID-19. While we are being protected from the virus, this limitation makes us all that much more unprepared for the start of our careers, in which we will inevitably be caring for these very same patients who we will have had no previous experience collaborating with from a nurse standpoint. Even on most clinical days, we are typically given one patient to care for throughout

the day. Given the fact that we were unable to care for patients with COVID-19, we were often limited on the experiences that we were able to partake in as well as the patient's we were able to not only care for, but even observe new skills and procedures associated with these many patients. Due to this limitation, we must rely on what we have learned in the classroom to prepare us to be able to care for these patients. Prior to even our first day of nursing school, as nursing students, we were prepared first and foremost in the classroom. We had lectures pertaining to anatomy and physiology, organic and biochemistry, pathophysiology, and pharmacology. We even learned our hands on skills in a classroom like setting before we were able to practice them on a real patient. This timeline was necessary for us in our preparation for providing care out in a real-world setting. Throughout these lectures, we extensively covered the virulence of viruses and its many possible effects on the body.

COVID-19 has posed many challenges, one of the most prominent ones being the high infectious rate of the virus. Several researchers conducted a study at a 525-bed level 1 trauma center in the United States. The sample consisted of nurses who were a part of their nurse residency program, thus having graduated from nursing school in the past year. Casey et al., (2021) stated, "All participants described the disconnect from what was taught in school regarding isolation and infection control practices with what had become the new reality of practice which did not align with standard practices prior to the pandemic," (pg. 1077). Not only do nurses have to worry about caring for patients who are sick with the virus, but they also must worry about themselves and loved ones they could potentially infect. As a result of the pandemic, one element that needs to be addressed in nursing school is the importance of PPE and infection. It is taught in almost every nursing lecture, but when it comes to the practice there is disconnect. It is easy to memorize the correct order in which to don and doff PPE, but there is no

saying that when the time comes for a student to go into a COVID patient's room, they are able to properly protect themselves and those around them. Being prepared on the intricacies of how to best battle COVID-19 can ease a new graduate's worries and allow them to focus on simply being a nurse, raising their confidence levels for the job at hand. A study done by Gaffney et al., (2021) conveys how nursing students' schooling was affected by COVID-19 and how that may affect their confidence moving forward as a nurse. These researchers conducted a cross-sectional survey with a sample size of 286 nursing students in BSN programs across the United States. Its purpose was to examine 3 areas of student success: academic success, NCLEX-RN success, and patient care delivery, (Gaffney et al., 2021). Based upon their study outcomes, "Students' ability to adjust to these educational challenges could have long-term effects on their academic and professional careers." (pg. 2). The challenges spoken of above include transitioning to online learning and different styles of learning. Nursing is unique in the fact that not only is what you learn in the classroom vital, but so are those lab skills. With the loss of patient care, these researchers discuss the importance of education that these students lost. Along with the abrupt transition, many students reported feeling anxiety, despite what their test scores may show, (Gaffney et al., 2021). The conclusions drawn from this study were that these variables associated with distance learning had a significant impact on student's confidence levels when it came to passing the NCLEX and patient care. With this being said, it is prudent for nursing instructors and faculty to support the students in the best way that they can. By doing so, they are able to increase the student's confidence while simultaneously building the future of nursing. The challenges discussed pertaining to the learning limitations brought on by COVID-19 then carried on into the clinical setting seeing as this classroom learning is the foundation of a nursing career.

## **Limitations of Clinical Experiences**

As stated in our personal narrative, we have had clinical experiences cut short. While we had virtual simulations instead, we were still unable to spend that critical time on a nursing unit. Starting off is full of uncertainties about not only yourself, but the skills you are doing and learning. There have been many times throughout my schooling that while I have not been able to do a specific skill, observing someone else complete the task has given me confidence that I know what I am doing when it is my turn to do so. Not being in a hospital setting due to the rise of COVID-19, we were unable to even observe such situations and procedures.

O'Flynn-Magee et al., (2021) discusses the importance of the clinical experiences that nursing students undergo. In order to graduate from an accredited BSN program, students must meet a certain number of clinical hours. These researchers state "we do not, however, argue that clinical practice time is dispensable. If indeed this is a turning point in the education of healthcare professionals, it is time to seriously grapple with recommendations for number of clinical hours and their implications for student achievement of their required competencies." (pg. 4). Nursing is unfamiliar territory for most BSN students and is an all-new experience. In a survey sent out to nursing students, 19.85% of students stated that when COVID-19 arose at their clinical site, their experience was limited. Meanwhile, 52.63% of students stated that they had enriching experiences while dealing with a COVID-19 based situation, (Ulenaer et al., 2021). While the positive reports were significantly higher, still about 1 in 5 students reported negative experiences. Clinicals are supposed to enhance learning even further, not set students back. If there are any opportunities for the student to learn, even if that may be just observing, it is pertinent to give the nursing student that chance to further their education. Ulenaer et al., (2021) discuss the importance of not only the preceptor, but also the nursing school showing support to

the students during these times. If students know that they have a good support system backing them up, they will feel more confident in themselves and their abilities. Going to school and gaining this experience during the COVID-19 pandemic is far from optimal, but with the proper resources and tools new nurses can still thrive and prosper as a nursing student preparing to be a registered nurse. BSN programs have set their requirements based upon what the particular state Board of Nursing feels as though nursing students need to excel in their field. The American Association of Colleges of Nursing states that clinical hours are necessary to prepare the students for the role in which they are going to take upon themselves, (American Association of Colleges of Nursing, 2022). If these clinical requirements are not met, how are new nursing graduates expected to feel confident moving forward in their career? Moving forward in this pandemic, it is essential to work with the future of the healthcare system to build a solid foundation for medical and nursing practice. An article through the Journal of Nursing Research held a study whose aims were similar to this inquiry. Nie et. al, (2021) conducted a survey study in China. Through this study, Nie states that, “The aims of this study were, first, to investigate nursing students’ professional identity, intention to leave the nursing profession, and perception of clinical nursing during the COVID-19 pandemic”. A cross-sectional study was conducted with a sample of 150 nursing students participating. The study concluded that the participants who scored the highest regarding their professional identity also felt as though the pandemic has made them more passionate about clinical nursing work. It was those who scored lower on the professional identity scale, showed an intent to leave the profession. Based on this study, it showed that while some felt as though nursing clinical work was “too dangerous to engage in,” most felt a stronger connection to their profession after the pandemic. While there is a good possibility of outliers in every sample, this study negates my inquiry of nurse burnout. If one’s intent to join the

profession as well as their beliefs matched up with what it meant to be a nurse, then it is likely nursing graduates will see the rewards outshine the negative aspects. However, upon reading this study, there is a gap concerning the most pivotal part of a nursing student's career. While it measured the student's professional identity, it did not address the performance aspect of these students starting their careers. A vital time in a nurse's career is that of the transition from a student to a practicing nurse.

### **Difficulties Transitioning from Students to Upcoming Role as Newly Registered Nurses**

As we plan for graduation, taking the NCLEX, and our careers from then onward, we must adapt and evolve as nurses. Going from a nursing student at clinical, to taking our senior nurse practicum, to orienting as a new registered nurse, to caring for patients on our own, we have a lot of changes ahead of us. Throughout nursing school courses, we have been taught to think on our feet and to be able to adapt to any situation. This training came with the knowledge that in a clinical setting, we have no idea what kind of patients, ailments, injuries, and diseases are going to be thrown our way. However, this will also prove to be very conducive to the upcoming months that we have ahead of us and how they will shape our nursing career.

Ulenaers et. al, (2021) discuss the hardships that nursing students go through. They mention that even despite the pandemic, nursing students still would struggle to integrate themselves into the team, feel insecure about their competence, and struggle to define their professional self. These troubles paired with the pandemic has led to, "practical worries, fewer learning opportunities, and even fundamental doubts about their choices to become a nurse," (pg. 1). Essentially, it is natural to feel unsure of yourself and to need to take time to establish yourself in this new profession. Smith et al., (2021) discusses what new nurses have stated will help increase their confidence levels as they transition into being a new nurse. This study was a

descriptive study that was done through 340 new graduates in an organization's nurse residency program. Upon them being asked questions about their schooling and COVID's impact, a theme began to arise. The study conveyed that of the students surveyed, most felt as though with encouragement, support, and patience they would have the confidence needed to fulfill the nurse role, (Smith et al., 2021). Going into the job, most nurses felt questioning but with the support they needed from the nurse residency program, were able to begin the care for patients that they had been trained to do. With the pandemic and global nursing shortage, it is even more vital for nursing students to start off in the workforce as soon as possible. A journal article through the National Institute of Health brings up a point that supports the initial inquiry pertaining to the confidence levels in nursing graduates during the pandemic. Due to the dire need for nurses, many miss out on the normal period of adaptation and the study-to-work transition, (Monforte-Royo & Fuster, 2020). This study also addresses the fact that, "various studies have highlighted how hard the first year of work is for new graduates, who may feel exposed and anxious of uncertain about their ability to do the right thing, struggle to adapt to a high workload, and experience stress as a result of their own and the team's expectations of them." (pg. 2). Striving to meet high expectations, new nurses feel even more so uncertain about their abilities as a nurse. The transition period is vital to allow the new graduate to shift into the nurse position, as opposed to the student that they have been for years. If these nurses are able to smoothly transition, while they may still have some uncertainties, which is to be expected, they can feel confident in their abilities as well as their career choice.

Mental health is a topic that can vary from person to person. Filled with uncertainties about one's identity can alone be a difficult challenge to overcome. Within nursing school, we take classes such as professional role development and a senior leadership practicum course. It is

within these courses that we discuss the history behind nursing and what motivates us as nurses. These normal motivations such as the desire to help others have been impacted by the COVID-19 pandemic. Instead of feeling motivated, a lot of nurses have been feeling discouraged in the midst of the pandemic. It is with this strain that nurses are feeling their mental health lapse into struggles that are not optimal for themselves or the patients that they are taking care of. In this second personal narrative, we discuss these challenges that the pandemic has had on our mental health.

### **Personal Narrative II**

Let's be honest, the COVID pandemic has not been easy on anyone. The worldwide pandemic has touched every aspect of our lives and instilled a sense of fear or anxiety in many. Our entire day to day life has been altered numerous times, from wearing a mask when you leave the house to not even being able to conduct your life per usual. Quarantine was one of those times when leaving your home became a thing of the past and an uncertainty of the future. During this time, our sense of well-being was challenged, and our mental health was pushed to a breaking point. I can't speak for anyone other than myself, but there were times where I felt that the looming feeling of dread and anxiety was never ending as our future was still unwritten in regard to the future of the pandemic we were living through. When posed with this auto-ethnographic project based around the COVID-19 pandemic, my first thought was the mental health toll it has taken on myself as well as many others that I have spoken to. This has been an unprecedented time in our life that no one has a "right answer" about how to deal with the changes are enduring.

In the past I, along with millions of others across the world, have had mental health struggles that I have worked through and become a stronger person because of it. The loneliness

and the uncertainty of COVID-19 brought on a whole new slew of concerns and anxiety that came with an uncertain end. Not only did this pandemic shape the way in which we conduct our day to day lives it changed the interactions we have with others, the discussions we have with others and the way in which we live and breathe when venturing out into society. As we still are continuing to live through this pandemic, it's important to look at the effect that quarantine, restrictions, and the COVID-19 pandemic has had on mental health across the board and the main factors that contributed to the possible changes in mental health.

## **Inquiry II**

What has the COVID-19 quarantine period done for the mental health of young adults?

### **Search Strategy**

To conduct the research for this inquiry, The University of Akron library database and google scholar was utilized. Within these two search engines, the data based utilized included Elsevier, Scholars Portal Dataverse, Oxford University Press, The Lancet and CINAHL. These databases provided the essential scholarly resources to dive into the inquiry regarding mental health, quarantine, and COVID-19. The search consisted of various key search words such as COVID-19, quarantine and mental health while setting the time range from 2019 when the pandemic began until present day. Exclusions for this search included research that was in print and languages that were not English.

### **Description and Discussion of Literature**

#### **Populations Affected**

When considering the mental health effect of COVID-19, populations which were affected need to be considered. Creswell et al. (2021) looked at the effect that COVID-19 had on the younger populations. The times in which they noticed the highest levels of reported adverse effects of COVID-19 appeared in the times of intense lockdown and when kids were not able to attend school as they normally would. Creswell and the other authors of this article found a few different factors that could be contributing to the feeling of increased adverse mental health in young children such as isolation from peers and family and the stress being caused by the COVID-19 pandemic and restrictions (Creswell et al, 2021). The parents of these young children who were surveyed during this Co- SPACE longitudinal study reported increased stress in single- adult homes, low-income families, and homes in which had children with special needs or neurodevelopmental disorders. This research cited these factors of parental stress and the “known associations between parental stress, negative family environments and adverse child outcomes” (Creswell et al, 2021, pg. 536). Sonuga- Barke (2020) explains how vital it is for the government to investigate the mental health burden imposed on families during this lockdown and beyond because he says it can “provide more general insights into the role adverse experiences play in the development of mental health problems” (Sonuga- Barke, 2020, pg. 3).

A second population to consider is those with substance abuse issues or those with chronic conditions as it was reported that 4 in 10 adults in the United States reported feelings of anxiety and depression during the pandemic and reported many side effects of these feelings such as difficulty sleeping or eating, increase in alcohol consumption and worsening of chronic conditions (Panchal et al, 2021) These researchers looked at the “mental health and substance use during, and prior to, the COVID-19 pandemic” while focusing on “populations that were particularly at risk for experiencing negative mental health or substance abuse consequences

during the pandemic, including young adults, people experiencing job loss, parents and children, communities of color, and essential workers” (Panchal et al, 2021, para. 2). Young adults have experienced many challenges during this pandemic from university closures, loss of income and employment and the transition to remote work or learning. This article states that “throughout the pandemic, anxiety, depression, sleep disturbances and thoughts of suicide have increased for many young adults” (Panchal et al, 2021, para. 9). In this same study it was discovered that 56% of young adults, ages 18-24, reported symptoms of anxiety and/ or depression during the COVID-19 pandemic.

University students and health care workers were among the numerous other populations affected by the COVID-19 pandemic. Brooks et al (2020) looked at evidence of the psychological impacts of quarantine in comparison to those who were not subject to quarantine. Wang et al (2009) conducted a study on university undergraduate students who were subject to quarantine during the H1N1 outbreak and found that there was “no significant difference between the groups [those who are quarantined vs not quarantined] in terms of post- traumatic stress symptoms or general mental health problems” (Brooks et al, 2020, pg 913). This is in contrast with what has been stated in other studies mentioned previously and the effect of mental health but in this article, they stated that the sample in which they studied of undergrad students tend to be young and perhaps have fewer responsibilities than others and can’t be representative of more populations or an overarching conclusion for all undergraduate students (Brooks et al, 2020). In this article they examined hospital staff put under quarantine for the SARS epidemic and found that the staff who were quarantined were more likely to report “exhaustion, detachment from others, anxiety when dealing with febrile patients, irritability, insomnia, poor concentration and indecisiveness, deteriorating work performance, and reluctance to work or

consideration of resignation” (Brooks et al, 2020, pg 913). When looking at the effect the pandemic has had on essential workers, which includes nurses and healthcare professionals, 42% reported having an increase in symptoms of anxiety or depressive disorder as well as 22% reported seriously considering suicide in the past 30 days (Panchal et al, 2021). Those in the healthcare field are already incredibly prone to burnout and the effects of the pandemic increased the workload of many with the added stressors of the pandemic the burnout rate must be set to rise. Although this population differs from undergraduate young adults, looking at this population is important as us as nursing students are put into similar situations with our clinical experiences and those who are nurse techs. There were other studies cited that the participants reported feelings of “general psychological symptoms, emotional disturbance, depression, stress, low mood, irritability, insomnia, post-traumatic stress disorder, anger, emotional exhaustion... low mood and irritability” post quarantine period (Brooks et al, 2020, pg 913).

Brooks et al. (2020) went on to examine the possible pre-quarantine predictors of psychological impact in different populations of people. It was found that those who had a previous history of psychiatric illness “experienced anxiety and anger 4-6 months after their release from quarantine” while health care workers who had been quarantined had significantly higher post-traumatic stress symptoms than the public (Brooks et al, 2020, pg 916). The main stressors that were examined as having the biggest impact on psychological health included duration of the quarantine, fears of infection, frustration and boredom, inadequate supplies, and inadequate information. Looking at the pre pandemic stressors that lead to the greatest psychological impact can be extremely helpful when looking into assistance or ways in which the psychological impacts can be lessened. As this study found, quarantine affecting mental health in a negative way isn’t a surprise due to the evidence seen in previous pandemics and

from the current COVID-19 pandemic. With this information, there needs to be intervention to assist in lessening the psychological impact since the evidence does support a negative outcome for many.

### **Types of Quarantine**

The type of quarantine in which people are subjected to can be factors that play into the changes in mental health. Sonuga-Barke (2020) sought to uncover the limitations on researching the connection between mental health and the pandemic lockdown. According to the Centers for Disease Control, quarantine is defined as “separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick” (CDC, 2017, para 3) which differs from the definition of a lockdown which is a “temporary sheltering technique used to limit exposure of [populations] to an imminent hazard or threat” (University of Chicago, n.d, para 1). Both of these techniques have been used during the COVID-19 pandemic which Songua- Barke explains looking at these can “can help us prepare to be more effective in future crises – either further waves of this virus, its mutations or other global threats” (Sonuga- Barke, 2020, pg. 1). The researcher also explains that “studying the specifics of the COVID-19 situation has the potential to cast light on more general issues in mental health research and stimulate scientific and therapeutic advances in ways similar to those seen during previous national crises” (Sonuga- Barke, 2020, pg. 1). When trying to determine the mental health impact of a lockdown, the ethical principles of completing an experimental study to determine this relationship have been called into question. The researcher stated that there are other ways we can compile data and make connections between the mental health of the subject pre and post lockdown. With “existing longitudinal cohort studies, and measures already taken before lockdown and assessment of post lockdown mental health, will take us some of the way by providing important

information about temporal sequencing of the exposure and its ‘effect’” (Sonuga- Barke, 2020, pg. 3). This gives a foundation of insight to consider when reviewing the various types of quarantine and lockdown that has been utilized during the pandemic.

In a second look at the types of quarantine that the COVID-19 pandemic utilized, Regehr et al (2021) set out to “assess mental well-being factors associated with changes in mental health in individuals subject to quarantine” (pg. 1). This study was conducted by utilizing travelers arriving in Canada who were required to participate in a 14-day quarantine upon arrival into the country. This type of quarantine can be considered a mandatory quarantine in which those arriving in Canada are mandated by law to abide by quarantine measures put in place. This study was able to look at those subjected to the mandatory quarantine measures and by utilizing these subjects, the researchers were able investigate the mental health toll of the mandatory quarantine. Although this study took place in Canada, we can look at the CDC regulations to relate it to mandatory quarantine measures in the United States. The CDC is legally” authorized to detain, medically examine, and release persons arriving into the United States and traveling between states who are suspected of carrying these communicable diseases. As part of its federal authority, CDC routinely monitors persons arriving at U.S. land border crossings and passengers and crew arriving at U.S. ports of entry for signs or symptoms of communicable diseases” (CDC, n.d). Through this study by Regehr et al (2021) it was found those who were forced into mandatory isolation or quarantine during the COVID-19 pandemic experienced a heightened sense of anxiety, depression and post-traumatic stress which was found to lead to increased alcohol consumption and an exacerbation of physical health conditions. There are various effects that stem from the mandatory lockdowns such as “fear of infection, stigma, anger, boredom, frustration with inadequate information, financial loss and length of quarantine” (Regehr et al,

2021, pg. 1). According to the results from this study, the respondents who reported feeling “anxious all the time” about COVID had a “38% higher odds of developing poor mental health well-being” from the mandatory quarantine (Regehr et al, 2021, pg. 3). Similar to these participants developing a poor mental health prognosis, it was found that “those who had a negative view toward control measures fared worse regarding their mental health... and unsurprisingly those who reported a greater difficulty with quarantine experienced substantially greater odds of developing poor mental health” (Regehr et al, 2021, pg. 3). After analyzing the results from the mandatory lockdown measures, it was found that “although the widespread use of quarantine may be effective in limiting the spread of COVID-19, the results of this study suggest that such measures may have a significant effect on mental health” (Regehr et al, 2021, pg. 5). This study looked into those who were forced into a mandatory quarantine and the effect this had on mental health which can thus be applied to looking at the populations of individuals who were also forced into mandatory quarantine and predicating the effect this has on their mental health.

Jin et al. (2021) explored the effects on mental health from COVID-19 and the quarantine periods by conducting a study to find if there was a relationship between mass quarantine and mental health in regard to voluntary quarantine measures. There is one main difference between a mandatory quarantine or those who do it voluntarily which is whether the participants have a choice in the matter. The concept of a ‘quarantine’ is not a new tactic to stop the spread of viruses and disease as it was first utilized for leprosy in Venice, Italy in 1127 then later used to help control the Black Death in the 1300’s (Jin et al., 2021). When looking at quarantine its nothing that is *new* to us as, like mentioned, it’s been done for thousands of years but for many it’s never something they thought would affect them in their own home. The researchers of this

study sought to see if the subject's anxiety, depression, and psychological stress was affected by the COVID-19 quarantine period. It was found that this sort of large-scale quarantine had a significant effect on the public's mental health with "panic and psychological pressure being experienced each day from the media reports on the number of new cases" (Jin et al., 2021, pg. 1336). Along with the panic and stress the large-scale quarantine caused, it was also found that the "separation from loved ones, loss of freedom, uncertainty about the disease and boredom" were large factors that contributed to anxiety and depression being exacerbated during the COVID-19 quarantine period (Jin et al., 2021, pg. 1336). This research brought up an important question that must be considered in the future of this pandemic as well as those yet to come- due to the reported increase in "depression, panic attacks, anxiety and even self-harm... it is necessary to carefully weigh the advantages and psychological costs of mandatory mass quarantine" (Jin et al., 2021, pg. 1336) which was supported in research from Brooks et al (2020) as they found that the use of quarantine can only be successful for public health measures when the negative effects associated with it are lessened (Brooks et al, 2020).

### **Types of Mental Health Impact**

When looking deeper into the mental health impacts of the quarantine or lockdown periods, it was found that about 20% of the general population describes having a significant psychological distress associated with the COVID-19 pandemic with the numbers of those experiencing anxiety and depression thought to be much higher (Kelley, 2020). In Kelley's (2020) research, he set out to determine if changes in mental health were correlated with the mass quarantine or the effects that the mass quarantine had on people's everyday lives. Kelley asserted that mental health is actually boosted during these quarantine periods if they are "properly explained and implemented" (Kelley, 2020, pg. 2). Kelley said that "in other words,

the pandemic's impact on mental health might be worse in the absence of lockdowns, quarantines and restrictions which might reassure the public, reduce uncertainty and help protect psychological well-being" (Kelley, 2020, pg. 2). He later went on to explain why this is a logical process regarding the quarantine period not causing the mental health strain, that its actually the latter effects of quarantine that cause the strain on mental health. Which goes on to suggest that "quarantine level in a country has minimal effect on mental health apart from the extent to which it impacts on day-to-day tasks such as earning an income and running a household" (Kelley, 2020, pg. 2). Kelley closes this article by offering that if a quarantine is required it should be done for the shortest period possible and with the least number of restrictions to the daily life of humans due to the evidence of mental health decline related to the restriction of our daily lives and not in particular to the presence of a quarantine period.

In research from Dehkordi et al (2020) the effect COVID-19 had on mental health and the peoples trust of policy makers and the government was examined. As explored in previous articles and mentioned in this article, the restrictions put into place put strain on peoples economic, social and performance limitations with some of the factors affecting mental health coming from "fear of disease, fear of death, broadcasting false news and rumors, interference in daily activities, regulations prohibiting or restricting travel and commuting, reducing social spirits, the occurrence of job and financial problems" (Dehkordi et al, 2020, pg 52). It was found that people who are quarantined are "predisposed to depression, anxiety, sleep disorders, stigmatization, avoidance behaviors, and post-traumatic stress disorder" (Dehkordi et al, 2020, pg 52) and from the study conducted it was found that quarantine "causes emotional distress, depression, stress, mood fluctuations, irritability, insomnia, decreased attention, post-traumatic stress, and disorder, anger, emotional insensibility" (Dehkordi et al, 2020, pg 55-56). In a

separate study from Creswell et al (2021) clear increases in behavioral and attentional difficulties were seen in times of peak restriction and were seen to steadily decline when restrictions began to ease up (Creswell et al, 2021). In research from Panchel et al (2021) they found that “History has shown that the mental health impact of disasters outlasts the physical impact, suggesting today’s elevated mental health need will continue well beyond the coronavirus outbreak itself... which has been shown could last up to three years post outbreak” (Panchal et al, 2021, para. 27). It’s important to look at the aspect of social trust as well because “higher social trust results in higher agreement with health policies- such as measures related to quarantine, testing and restrictions on large groups” (Dehkordi et al, 2020, pg 52) which are important factors that influence length of quarantine and the type of restrictions in place. The idea of social trust was one that was highly contested during peak pandemic when there were so many uncertainties and little solid evidence that could be provided on COVID-19 since it was so new. Social trust was seen to be strained due to “spreading of false news and rumors, intervention in daily activities, regulations to prohibit or restrict travel and commuting, reducing social relations with colleagues, friends and even family, job and financial problems and factors related to these conditions” (Dehkordi et al, 2020, pg 52). Quarantine and the restrictions that were put in place as well as the pandemic that was raging on left people feeling that they didn’t have control over factors they once had most to full control over in their lives. The “predictability of life flow” (Dehkordi et al, 2020, pg 56) was altered which can increase the feeling of fear and anxiety due to the lack of control in peoples lives. This article offered the idea of “adaptive structures” (Dehkordi et al, 2020, pg 56) to be created in critical situations such as this pandemic to assist with social compliance and increase in participation in things such as adhering to restriction guidelines and vaccine recommendations. In research from Brooks et al. (2020) they offered

three solutions to the mental health determinants of quarantine. First, keeping the quarantine period as short as possible due to “longer quarantine [being] associated with poorer psychological outcomes” (Brooks et al, 2020, pg 917). Second, providing as much information as possible due to fear often being exacerbated by inadequate information. With the final interventions being providing adequate supplies such as food and other necessities, reducing boredom and improving communication.

### **Summary**

Two years into COVID-19 there is really one thing we know for certain, and that is that nothing is guaranteed. While the pandemic has been a major setback in an individual's education, there are still many ways for them to be able to succeed. Stated in multiple research articles in inquiry I, as long as nursing students have the necessary tools at their disposal such as support from their clinical preceptor, support from the school of nursing, and the proper clinical hours, then they should still have the confidence they need advancing their career even further. In addition to these resources available, students require certain beliefs about themselves and the career choice itself. Going hand-in-hand with the nursing profession, the pandemic allows students to embrace the very reason that led them to nursing in the first place: the desire to help others. With that decision, there are certain points that, explained in this paper, have been challenges to one's mental health. In order to attempt to overcome these challenges nurses must utilize coping skills to first help themselves. The first step to assisting these nurses in getting to where they need to be is to recognize the impacts that COVID-19 has had on them, both personally and professionally. Throughout researching inquiry II, regarding the effects of quarantine on mental health, the restrictions on quarantine did in fact play a role on the impact of mental health during the COVID-19 pandemic. As multiple research articles presented the

effects of COVID-19, quarantine, and lockdown each article had their own research study that was utilized or referenced and offered numerous solutions and ways in which the psychologic impact of the COVID-19 pandemic has affected millions around the world. When reviewing the various research into this most recent pandemic, effects on specific populations can be examined and possible solutions can come from said research. This research investigated the different factors such as mandatory quarantine vs voluntary quarantine and factors such as the public trust in officials that we did not previously consider when beginning this auto ethnographic research. Throughout this research we were able to solidify the idea we already had which was the pandemic did affect the mental health of numerous populations in various ways.

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