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1.0 Introduction

During the COVID-19 era, healthcare personnel has been reported to have significant mental difficulties and to be in danger in terms of psychological health (Inchausti et al., 2020). COVID-19, a worldwide epidemic, has caused tension, uncertainty, and distress. Emotional disorders are a type of psyche trauma that arises from a single or frequent traumatic situation (Inchausti et al., 2020). This can involve internal conflict, psychological pain, anxiety, and interaction issues, all of which impact people's health (Inchausti et al., 2020). Therefore, it is critical to look at COVID-19's possible emotional influence on healthcare personnel (Arden & Chilcot, 2020). When it comes to managing the coronavirus, health personnel are most vulnerable. Anxiety, panic, melancholy, wrath, perplexity, ambivalence, and financial stress are all prevalent mental symptoms of the epidemic. During earlier pandemics, healthcare staff was shown to have similar issues (Black Dog Institute, 2020).

The prime aim of this systematic Literature Review (SLR) is to conduct a literature review in order to determine the impact of the COVID-19 pandemic on UK health care workers and to make recommendations on how to support them confront the negative impact of the COVID-19 pandemic on their health and wellbeing. The following parts will examine the report's goal and purpose, beginning with contextual information and a rationale that addresses the significance of the research question in order to arrive at a definitive conclusion. The third section is dedicated to approaching and procedures, and it delves into the search algorithms utilized to find reliable publications. Following that, emergent themes from the selected studies will be highlighted in section four. Finally, parts five and six will summarize the systematic literature review and discuss the results of the preceding sections, as well as the suggestions for practice and the review's flaws.

1.1 Aim

The principal aim of this systematic literature review is to identify the consequences of the covid-19 outbreak on healthcare professionals in the United Kingdom (UK).

1.2 Objectives

By researching, analysing, and assessing academic journals and evidence-based publications on the study subject; that is, using tools like the Boolean operators to identify significant keywords, inclusion and exclusion criteria to assess the selected studies and using the thematic analysis to identify key themes for the achievement of the primary aim of the study.

2. 0 Background

2.1 Contextual information

In December 2019, individuals in Wuhan, China, were identified with pneumonia of uncertain origin (Li et al., 2020). Quarantine, illness prevention, and disease management have always figured in the three key fundamentals of disease management measures (Smith, Ng, and Li, 2020). However, the intensification of COVID19 in the United Kingdom has strained the health systems. Working conditions that previously fostered growth in working performance and high service delivery standards are now affected, increasing working demands and insufficient resources. This has consequently adversely affected the stress level of healthcare professionals and their performance in service delivery, causing their health and wellbeing to deteriorate (Khamisa et al., 2015).

Numerous healthcare personnel have experienced mental and emotional anguish and fear due to the contagiousness of the disease and the stress attached to supporting patients who are being diagnosed with the disease (Okechukwu, Tibaldi, and La Torre, 2020). The link between the COVID-19 pandemic and increased mental health issues has been established. Sustained stress can lead to post-traumatic stress disorder (PTSD), poor service delivery, and suicidal tendencies (Rana, Mukhtar, and Mukhtar, 2020). As a result of this, Xiang et al. (2020) identified that it is vital to maintain a consistent level of cognitive function and improve the mental wellbeing of healthcare personnel.

2.2 Rationale of the research

Most significantly, to preserve the standards of healthcare services delivery in the United Kingdom, the cognitive resilience of healthcare personnel must be strengthened and maintained. Healthcare employees' mental health impacts not only their performance in their role but also their social and personal life (Bozdağ and Ergün, 2021). Although the value of healthcare personnel has been well recognized in the United Kingdom, certain bad instances do occur from time to time (Bozdağ and Ergün, 2021). Healthcare personnel experience psychological trauma from time to time due to stress from high workload, receive abusive words from clients, and unaware crises like the covid-19

pandemic, which increases the demand for healthcare professionals (Dong and Bouey, 2020). The excellent impact of assistance provided to healthcare personnel, on the other hand, cannot be disregarded (Bozdağ and Ergün, 2021). Nevertheless, there has been a significant void in the research regarding the psychological issues healthcare workers experienced throughout the epidemic (Buheji et al., 2020).

3.0 Methods

This section will look at how the literature review was performed, starting with discussing the systematic method for choosing review articles. It comprises planning, evaluating, applying inclusion and exclusion criteria, Boolean operators, and thematic analysis for themes for the findings. As a research approach, a well-organised and successful review lays a firm basis for increasing awareness and aiding theoretical basis (Snyder, 2019).

3.1 Data collection / Search strategy

The review procedure begins with a look at the confusion regarding COVID-19 and healthcare workers and how that doubt was translated into a practice-focused concern (Turner, 2015). A qualitative research technique was employed to deliver the selected research topic. The topic was developed into a question to help the paper achieve its goal. The abbreviation "PEO" was used to develop a qualitative query because of the qualitative nature of this literature study (Bettany-Saltikov, 2016). The term "PEO" stands for population, exposure, and outcome, and it was utilized to turn the study subject into a relevant research question so that relevant findings could be obtained from numerous databases.

Table 1: PEO

Population	Healthcare professionals in the UK
Exposure	Covid-19 pandemic
Outcome	Negative Psychological effects

Again, keywords for a systematic electronic survey were chosen to aid the methodological approach. Keywords are vital phrases used to explore electronic bibliographic databases, according to Williamson and Whittaker (2020). During the selection process, more synonyms, prefixes, and terms formed, and expanded keywords were generated to respond to the differences in terminology discovered in various databases when completing background reading. In addition, the search

phrases "AND," "OR," and "NOT" were merged to decrease the number of results (Hewitt-Taylor, 2017).

Table 2: keywords with Boolean operators

Keywords	Covid-19 "OR" coronavirus "AND"
	Psychological health "OR" mental health "OR" physical wellbeing "OR" emotional health "AND"
	Healthcare professionals "OR" nurses "OR" doctors "OR" midwives "AND"
	hospitals "OR" care homes "OR" domiciliary homes "AND"
	Healthcare professionals' perspective "OR" healthcare professionals' behaviour "AND" "NOT" patients' perspective "OR" families' perspectives
Advanced search terms	Effects "OR" challenges "OR" impact "AND"
	Facilitators "OR" Improvements measures "OR" Recommendations

Following the creation of the research question, the following stage discusses how data gathering was performed. Data was obtained by utilizing a subject-specific electronic database from the university electronic library once the keywords and search phrases were identified. The database includes PubMed, Wiley, and Science Direct (Watson, 2020). Peer-reviewed publications are available in all electronic databases. These three databases were selected because they are appropriate and well-sourced for nursing and health science disciplines, and they offered sufficient

primary data for the SLR when the inclusion and exclusion criteria were completed. Five hundred fifteen outcomes were retrieved from the six electronic databases in a simple search.

Table 4: search outcome

Databases and other tools	Search results	Advanced search results	Retained results (before inclusion and exclusion criteria)
PubMed	250	10	3
Wiley	120	16	0
science direct	145	20	4
TOTAL	515	90	7

❖ Inclusion and exclusion criteria

The results were refined, and reduced using inclusion and exclusion criteria after the wide finding and advanced search were completed. Secondary research was one of the requirements for inclusion. As a result, the report focused only on the original researcher's examination of the material (Gerrard, 2020). To review papers published after 2019, the baseline inclusion criteria of three years were applied. The year 2019 was chosen since it was then that the Covid-19 sickness became a pandemic.

Furthermore, the focus question emphasized reviewing papers from peer-reviewed publications relevant to the study issue and centered on the United Kingdom. English international resources were included in the search, whereas non-English international materials were omitted. Furthermore, qualitative research was favoured over quantitative data considering the nature of the study issue.

Table 3: inclusion and exclusion criteria

INCLUSION	EXCLUSION
Primary resources	Secondary resources
Published from 2019	Published before 2019
English international resources	Non- English international resources
Qualitative approach	Quantitative approach

Table 4: Retained results after inclusion and exclusion criteria.

Databases	Retained results (after inclusion and exclusion criteria)
PubMed	1
science direct	2
TOTAL	3

3.2 Data analysis

The study article had to undertake an emerging of results like the following phase in the SLR methodology. A thematic analysis method was developed to do this: it is a tool for detecting, examining, categorizing, and expressing trends in the data addressed in the research (Braun et al., 2018). In research, thematic analysis is accomplished by creating codes and names and establishing topics. Thematic analysis and the adoption of the Caldwell checklist to the three chosen studies showed several important themes (Nyashanu et al., 2020); (Liberati et al., 2021); (Khanji et al., 2021). Although each research contributed differently to the themes, all articles showed components essential to the outcome of the report's aim, which will be examined in detail in Section 4 of this report.

3.3 Ethical considerations

The three ethical standards proposed by Polit (2018) for study research are beneficence, respect for human dignity, and justice. During the data collection, there were no contact participants directly since it is a literature review, therefore dealing with issues like confidentiality, the right to be free of damage and inconvenience, and the right to be protected from misuse were not encountered (Polit, 2018). Nevertheless, the issue of research misconduct in literature reviews was addressed. Fabrication, falsification, and plagiarism are examples of research misconduct. Fabrication is when someone fabricates data not supported by research (Polit, 2018). Falsification refers to a study that is not founded on facts and is intended to influence the outcome. Plagiarism is when someone replicates someone else's original work or idea without giving them credit (Polit, 2018). The report ensured that none of this misconduct was practised during the analysis and gathering of research data.

4.0 Results

Three articles were selected after applying the inclusion and exclusion concerning the report's aim. These selected studies hold relevant findings useful for this literature review and will later be discussed in this section and the subsequent section. In addition, these three selected studies share their sample size, participants' characteristics, and findings.

Table 4: literature review table on the three selected studies

Author(s), title, and year of publication	Aim of study	Methods and Sample size and characteristics	Summary of main findings
Nyashanu et al., 2020.	Explored the triggers of mental health problems among frontline healthcare workers during the COVID19 pandemic.	Care homes, Domiciliary care Male 10 (25%) Female 20 (75%) age range-(25–35 , 36–45 ,46–55 , 55+)	fear of infection and infecting others, lack of recognition/ disparity between NHS and private healthcare condition
Liberati et al., 2021.	to characterise the experiences of those working in English NHS secondary mental health services during the first wave of the pandemic	McPin Foundation, a mental health research charity with trainees and consultants, care coordinators, mental health nurses, clinical psychologists and psychotherapists (69,24, 10, 35)	Their experiences resulted in grief, loneliness, psychological stress/distress
Khanji et al., 2021.	The aim of this study is to evaluate the impact of COVID-19 on the mental health, behavioural, and physical wellbeing of HCPs in the early and mid-term periods of the pandemic in comparison to non-HCPs. Thus, facilitating and guiding optimum planning and delivery of support to HCPs.	observational cross-sectional survey and cohort study Aiming to enrol over 1050 participants (minimum, 800 HCPs and 250 controls). The study was designed in London, United Kingdom,	Presence of Anxiety Presence of Depression Sleep-Related Issues Burnout

The table shows that Nyashanu et al. (2020) focus on exploring the triggers of mental health issues among healthcare professionals and limited their research to care homes and domiciliary care; the study involved more female participants as compared to male participants. Due to the aim of the study, findings such as fear of infection and lack of recognition as some of the determinants that have affected the mental health of healthcare workers within the UK. On the other hand, Liberati et al. (2021) focused their findings on the experiences that healthcare workers working in mental health services are going through during the pandemic. This study restricted their sample size in charities and included participants like nurses, doctors, psychotherapists; however, the study did not indicate gender ratio as compared to Nyashanu et al. (2020) study. Moreover, the Liberati et al. (2021) identified similar results from the Nyashanu et al. (2020) study; it was identified that healthcare professionals within mental health services have been experiencing considerable psychological distress, grief, and loneliness from their loved ones due to high workload and the frequent quarantines. Similar to Nyashanu et al. (2020), Khanji et al. (2021) also aim their study on examining the impact of covid-19 on the mental, behavioural and physical health healthcare professionals as a result of the coronavirus outbreak. However, this study was more in-depth in looking at other areas that had affected healthcare workers aside from the mentally compared to the other two studies. The study had a sample size of over 1050 participants with doctors, nurses, and other healthcare professionals. The study also identified depression, anxiety, and sleep-related issues as some of the results identified from their participants. Because these studies were conducted in different locations, each location had its characteristics and value, resulting in the differences in the terminologies of the findings identified from these studies. However, they all pointed out the same problems but in diverse terminologies, therefore for the achievement of the aim of this paper, these findings from the three selected studies emerged into two research themes using thematic analysis as discussed earlier. The two main themes that were merged are;

- *Instabilities and poor health*
- *Uncertainties and insecurities*

4.1 Instabilities and poor health

Two studies identified particular instabilities healthcare workers encounter with their delivery of the job role effectively and balancing it with their family life during the covid-19 pandemic; the characteristics included in two studies address this theme. Health care professionals without contact with infected patients composed the main proportion of medical staff evaluated in Khanji et al. (2020); this shows a high risk of inaccuracy in the data provided by Khanji et al. (2020). However, staff who participated in the interview identified long working hours, high workload as a factor for instabilities, these responses can contain biases, and the study gave little information on how they had catered for these issues. Nyashanu et al. (2020), on the other hand, had participants who identified that due to the high workload, long working hours, and the frequent quarantines, they had had insomnia, loneliness, back pain, manifesting some of the disease symptoms. However, most of the Nyashanu et al. (2020) studies participants were females. This also has a high risk of affecting the reliability of data provided because there was an inequality in the response provided, and the equal involvement of all could have had a chance on the outcome of the data. Both these papers show a significant bias in favour of the gender and competencies of participants. These papers are relatively narrow and have a different approach to understanding the instabilities and poor health of healthcare professionals due to the coronavirus outbreak.

4.2 uncertainties and insecurities

As discussed in the previous sections, during the COVID-19 epidemic, healthcare professionals are at a high risk of developing mental and physical illnesses. This is due to a danger of infection and a lack of protective equipment (Khanji et al., 2021; Nyashanu et al., 2020; Liberati et al., 2021). Eliminating observational studies done by these three studies, this theme has been addressed in all the three studies, all from UK centres. Khanji et al. 2021 strongly demonstrated the gap between existing services policies at a given hospital and the actual expectations of health professionals, recognizing how healthcare workers face uncertainties and insecurities due to a lack of insufficient personal protective equipment, resources, and low enforceable prevention control measures. The study discovered that hospitals took a four-pronged framework to tackle their employees' fears and

insecurities, including creating an intervention team that would supply online materials and PPE, the execution of a mental support helpline, and the team stress-reduction exercises. However, the healthcare staff was hesitant to participate in this scheme because no intense supervision ensured that these policies were followed. Liberati et al. (2021) suggested that psychotherapists collaborate hand-in-hand with staff working in emergency departments to lessen the level of insecurities and the risk of frustration and confusion.

In contrast, Nyashanu et al. (2020) emphasized the positive effect of effective prevention control measures such as providing PPE, making surgical masks and sanitizers available, and providing education on protecting themselves while providing support to infected patients. Various variables were linked to the mental stresses encountered by Healthcare staff in these studies. For example, working in locations with a high infection rate was linked to more significant uncertainties and insecurities, causing high-stress levels and psychological distress.

5.0 Discussion

5.1 discussion

COVID-19 has been linked to stress, fear, and mood disorders among Health workers, according to a review of the three studies. The three selected studies found that healthcare professionals are concerned about their job roles and the danger of infecting their families (Nyashanu et al., 2020; Liberati et al., 2021; Khanji et al., 2021). Access to adequate PPE is critical in assisting medical staff in feeling safe and healthy. Staff who have enough PPE feel more protected from infection, which may reduce their concern of transmitting the disease to their loved ones (Khanji et al., 2021). Female health staff and those who work in high-risk locations are more likely to suffer from mental health problems.

Additionally, both frontline workers and other Healthcare workers are vulnerable to discomfort and bad health consequences such as anxiety, poor sleep, and feelings of isolation. Surprisingly, some frontline employees fared better in terms of mental health. Furthermore, the worry of infection, the lack of an efficient, supportive framework, and the heavy workload contribute to mental illness (Nyashanu et al., 2020). Studies, however, have looked at the emotional and behavioural problems and mental health issues that Health workers faced during the covid-19 outbreak. According to data gathered from the three studies, a significant majority of the sample was found to have mental health difficulties in some form. These findings might be explained by intent at work and a better sense of control over the surroundings. Studies have explored recommendations for easing the load on mental health workers in COVID-19 and other emergencies. Unfortunately, no studies looked at the same sample before and after COVID-19 to see how wellbeing or anxiety levels altered in the same people. COVID-19's impacts might be measured and quantified by comparing existing datasets on provider wellbeing (Khanji et al., 2021). Healthcare workers, known for their emotional toughness, now have to deal with a new set of obligations and physical and psychological challenges (Liberati et al., 2021). Individual and organizational mental health and general wellbeing measures for Healthcare workers are crucial for these brave individuals (Nyashanu et al., 2020). The following

are required techniques for HCW wellness, based on an assessment of the data from the three pieces of literature.

5.2 recommendations

Although cognitive illnesses are common among healthcare workers dealing with the covid-19, the majority of Healthcare staff work in segregated wards and do not receive enough training to improve their mental health. As a result, frequent psychological precaution is critical to meet these demands (Liu et al., 2020). Several interventions are identified to reduce mental distress and anxiety among healthcare personnel. These ideas might be useful in dealing with the Covid-19 epidemic and in dealing with future infectious illness outbreaks.

Encouragement & motivation interventions

managers, local authorities, the community, and the government should realise the performance and importance of Health workers in contributing to an effective healthcare system (Shanafelt, Ripp, and Trockel, 2020). To help improve the mental of healthcare professionals during this crisis, managers to instill an environment within the workplace that creates a sense of accountability and purpose and uplifts staff morale to cope with working under the pressure environment (Liu et al., 2019). This can be done by empowering healthcare workers to participate in relaxation and meditation exercises, offering counsellor's visits to support them when they feel distressed or frustrated due to work-related issues, and lastly, implementing effective measures to rehabilitate them (Patel et al., 2018).

Educational & Training interventions

These interventions include: organising online psychological and mental health education training for healthcare professionals through face-to-face online interaction programmes. Pieces of training should be organised stress management, mindfulness training, self-awareness training, and self-protective training (Liu et al., 2020). the managers and government should develop and publish relevant guidelines on how healthcare professionals can reduce the impact of the covid-19 on their health through books, directives, online educational videos, and manual documents (Zhang et al., 2020).

5.3 Importance of the findings for health and social care

Although every healthcare facility has a performance improvement program, compliance remains a concern. According to the literature study, covid-19 has had various effects on healthcare personnel in the United Kingdom, and analysing these effects may assist healthcare institutions in solving these and other comparable challenges in the future. The findings of this literature review might assist enhance the adoption of scientific proof of mental health management for healthcare practitioners as the healthcare system becomes more complicated and the public becomes more prone to unforeseen crises and their complications. Developing the most effective approach and combining social and healthcare practices into it might enhance service delivery and professional performance in this field (Reich, Then and Rankin, 2018).

5.4 Strength and Limitations of research.

Qualitative research was done using consistent ways, which was a key strength for the study. The techniques employed to collect the data were adequate, and the methods used to collect the data were effective. However, the studies' complex analysis and synthesis of data were limitations. Each research created its language, and the papers' lack of precise sections added uncertainty during synthesis and analysis. The problem of synthesis and interpretation, on the other hand, was overcome by using theme analysis to extract the rationale and disputes represented in the articles by classifying and categorising data.

6.0 Conclusion

A comprehensive analysis of research found that the covid-19 epidemic has various effects on healthcare workers in the United Kingdom. The SLR described the research question's background and motivation, the technique utilized to perform the literature review, and how the three papers for the findings were chosen. The technique also covered using the PEO and applying inclusion and exclusion criteria to data gathering to get more reliable results. The methodology section also went over how theme analysis was used to analyse the chosen three papers. Furthermore, based on the three studies chosen (Nyashanu et al. (2020); Liberati et al. (2021); Khanji et al. (, 2021), the findings of this literature highlighted impacts on themes such as uncertainties and insecurity, instabilities, and bad health. The findings from the three research that were chosen were then discussed. Encouragement and motivational therapies and teaching and training interventions were all suggested in the literature. The practical and societal ramifications of this literature were also explored, and the strengths and limits of this literature.

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