COVID 19 Psychological Research Ethics Review

Posted on October 7, 2022

Introduction and Scope of the Review

McPherson and colleagues examined psychological wellbeing among adults in the United Kingdom during the COVID-19 pandemic using three waves of online longitudinal data. The original assignment accurately identifies the study's concern with anxiety, depression, traumatic stress, loneliness, and COVID-related worries, but several research terms need refinement. Growth mixture modelling and logistic regression are methods of data analysis, not methods of data collection. The pandemic itself is not a conventional manipulated independent variable because all participants were living through it; the study instead examined patterns over time and associations between measured predictors and trajectory membership. The table below is preserved from the original essay because it captures the study's design and findings, after which the ethical and methodological issues are evaluated in greater depth.

Article Citation and Permalink (APA format)	Article 1 McPherson, K. E., McAloney-Kocaman, K., McGlinchey, E., Faeth, P., & Armour, C. (2021). Longitudinal analysis of the UK COVID-19 Psychological Wellbeing Study: Trajectories of anxiety, depression and COVID-19-related stress symptomology. *Psychiatry Research*, *304*, 114138. Link: https://doi.org/10.1016/j.psychres.2021.114138
Point	Description
Broad Topic Area/Title	Longitudinal analysis of the UK COVID-19 Psychological Wellbeing Study: Trajectories of anxiety, depression and COVID-19-related stress symptomology (McPherson et al., 2021)
Problem Statement (What is the problem research is addressing?)	This research paper provides a quantitative analysis of the effect of Covid-19 on psychological issues faced by adults living in the United Kingdom.

Purpose Statement (What is the purpose of the study?)	The purpose of this study is to reflect upon the noticeable effect of the COVID-19 lockdown on the anxiety, depression and traumatic stress levels of people living in the United Kingdom by a longitudinal trajectory.
Research Questions (What questions does the research seek to answer?)	What are the negative impacts of Covid-19 on adults living in the United Kingdom? How does Covid-19 affect the psychological well-being of adults in the UK? Have the trajectories of trauma, anxiety, and depression increased during the COVID-19 lockdown? The adults living in the UK suffer psychological stress in the early time span of lockdown or later?
Define Hypothesis (Or state the correct hypothesis based upon variables used)	Covid-19 has a negative impact on the trajectories such as anxiety, depression and trauma of adults living in the United Kingdom.
Identify Dependent and Independent Variables and Type of Data for the Variables	Dependent Variables: Anxiety, CV19TS, Depression Independent Variable: Covid-19-related worries
Population of Interest for Study	This research was conducted for adults living in the United Kingdom.
Sample	Data was collected from 1958 adults living in the UK.
Sampling Method	This research paper includes a Longitudinal, multi-wave survey. The participants were enlisted from social media campaigns and an online participant panel named Prolific.
Identify Data Collection Identify how data were collected.	The respective research study uses a longitudinal three-wave survey of UK adults. The data was collected entirely online through the three-wave survey.
Summarize Data Collection Approach	The research used a longitudinal survey to collect the data in three waves. The data was collected through growth mixture modelling and logistic regressions.

Discuss Data Analysis Include what types of statistical tests were used for the variables.	The statistical tests used for the analysis of the variables are growth mixture modelling and logistic regressions. The variables used in the following statistical tests: • Generalized anxiety symptomology was evaluated by using the “Generalized Anxiety Disorder Scale.” • Prior trauma exposure was analyzed by using the “Life Events Checklist for DSM-5.” • Isolation was evaluated by using the “UCLA Three-Item Loneliness Scale.”
Summarize Results of Study	According to the results of this study, Covid-19 has a differential impact on the mental health conditions of adults living in the UK. Some adults suffered from psychological stress in the early weeks of Lockdown, while some adults suffered in the later period of lockdown.
Summary of Assumptions and Limitations Identify the assumptions and limitations of the article. Report other potential assumptions and limitations of your review not listed by the author.	According to the findings of this researcher, mental health support interventions are required to incite improved outcomes for better recovery. The limitation of this research outlined in this article is that the data collected in this research is self-reported (it is meant for future research but cannot work as a diagnostic function). According to my view, this research is conducted online, and the data collected cannot be entirely reliable and authentic. The following quantitative study provides results on in-depth information on the psychological well-being of the participants. Nonetheless, the researchers require good rapport-building to gather accurate and in-depth information from their participants. I believe the participant could not open up to their researchers while answering their questions. The researchers lack social relationships and face-to-face interaction with their participants.

Research Design and Variable Classification

The study is observational and longitudinal rather than experimental. Participants completed online measures at multiple points, allowing the researchers to examine whether symptom patterns remained stable, improved, or worsened. Time, COVID-related worries, loneliness, prior trauma, health conditions, and demographic characteristics can function as predictors, while anxiety, depressive symptoms, and COVID-related traumatic stress are measured outcomes. Because researchers did not randomly assign people to pandemic exposure or lockdown conditions, the analysis can identify associations and trajectories but cannot prove that one isolated factor caused a particular mental-health outcome. That distinction should be explicit when interpreting the results.

Sampling, Representation, and Digital Exclusion

Recruitment through social media and the Prolific online panel made rapid data collection possible during a public-health emergency, but it also creates selection concerns. People without reliable internet access, digital literacy, English proficiency, time, or interest in online research may be underrepresented. Individuals already engaged with mental-health topics may be more willing to participate, while people experiencing the most severe distress may withdraw or never enroll. The sample therefore should not be treated as a perfectly representative cross-section of all UK adults. Ethical research design includes fairness in recruitment and transparent discussion of who was excluded by the method.

Informed Consent in Remote Research

Online consent can be ethically valid, but a checked box is not sufficient by itself. Participants should receive clear information about the study purpose, expected time, repeated follow-up, foreseeable emotional discomfort, confidentiality limits, data retention, voluntary participation, withdrawal, and contact details for researchers and ethics oversight. The information should be understandable and easy to navigate. HHS guidance on electronic informed consent emphasizes that participants must have an opportunity to ask questions and that investigators remain responsible for the consent process even when the interaction is remote. Consent should be treated as an ongoing process across repeated survey waves (Office for Human Research Protections, 2026; U.S. Department of Health and Human Services & U.S. Food and Drug Administration, 2016).

Psychological Risk and Participant Support

Questions about trauma, anxiety, depression, isolation, and pandemic fear can cause discomfort or intensify distress. The study may still qualify as minimal risk, but minimal risk does not mean no risk. Participants should be warned about sensitive content, permitted to skip questions where scientifically acceptable, and able to stop without losing earned compensation. A responsible protocol should provide crisis and mental-health resources appropriate to the participant's location. Researchers should also decide in advance how they will respond if a measure suggests severe distress or self-harm risk, especially when data are collected asynchronously and may not be reviewed immediately.

Privacy, Confidentiality, and Data Security

Mental-health responses are sensitive. Researchers should collect only data necessary for the research question, separate contact information from survey responses, restrict access, encrypt data in transit and storage, and explain whether third-party platforms process identifiable information.

Longitudinal research requires linking a person's responses over time, which increases re-identification risk. The consent process should distinguish anonymity from confidentiality: data cannot be truly anonymous if researchers can reconnect records to invite the same participant to later waves. Publications should report aggregated results and avoid small combinations of characteristics that could identify individuals.

Compensation, Voluntariness, and Attrition

Payment can appropriately recognize participants' time, but it should not be so large or structured in such a way that people feel unable to withdraw. Longitudinal studies often offer completion bonuses to reduce attrition; investigators should ensure that participants receive fair payment for completed waves even if they discontinue. Attrition is both a methodological and ethical issue. If people with worsening symptoms are more likely to leave, the final trajectories may underestimate harm. Researchers should compare retained and lost participants where possible and avoid presenting missing data as random without evidence.

Measurement Validity and the Limits of Self-Report

Validated scales improve consistency, but questionnaire scores are not clinical diagnoses. Self-report may be influenced by recall, current mood, social desirability, misunderstanding, or the setting in which a participant completes the survey. Online administration can reduce interviewer pressure and may make disclosure easier, contrary to the original essay's assumption that lack of face-to-face rapport necessarily makes answers unreliable. It can also reduce opportunities for clarification. The correct conclusion is that remote surveys have different strengths and weaknesses, not that online data are inherently inauthentic.

Ethical Interpretation and Communication

Researchers should avoid portraying every pandemic response as pathology. Fear, sadness, sleep disruption, or stress may be understandable reactions to bereavement, uncertainty, isolation, job loss, and health risk. Trajectory labels should not stigmatize participants or imply permanent personality types. Public communication should report uncertainty, subgroup variation, and the difference between symptom scales and disorders. The finding that people followed different trajectories is important because it argues against one universal narrative of mental-health decline and supports targeted rather than identical interventions.

Strengths of the Study

The three-wave design is stronger than a single cross-sectional snapshot because it examines change within a rapidly evolving period. The use of established measures and mixture modelling allows identification of heterogeneous symptom patterns that an average score could conceal. Online recruitment also enabled timely research while face-to-face contact was restricted. These strengths do not remove sampling or causal limitations, but they make the study useful for understanding how adults differed in their psychological responses and which characteristics were associated with greater vulnerability.

Conclusion

The study provides valuable evidence that UK adults did not experience the psychological consequences of COVID-19 in one uniform way. Its longitudinal design, validated scales, and trajectory analysis are notable strengths. Ethical review, however, must address understandable electronic consent, sensitive-question risk, participant support, fair compensation, digital exclusion, confidentiality, longitudinal linkage, and responsible interpretation. Online research is not automatically less trustworthy than face-to-face research, but it requires deliberate safeguards. The most defensible conclusion is that the study offers evidence of diverse symptom trajectories and associated risk factors, not a diagnosis of the UK population or proof that one pandemic variable caused every change.

References

McPherson, K. E., McAloney-Kocaman, K., McGlinchey, E., Faeth, P., & Armour, C. (2021). Longitudinal analysis of the UK COVID-19 Psychological Wellbeing Study: Trajectories of anxiety, depression and COVID-19-related stress symptomology. *Psychiatry Research, 304*, 114138. https://doi.org/10.1016/j.psychres.2021.114138

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