



MASStrong

GPS

GROUP PEER SUPPORT FOR
HEALTH CARE WORKERS

Pilot Research Report



MASStrong for Healthcare Workers

PILOT RESEARCH REPORT

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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”^[1]

– Dr Naomi Rachel Remen

EXECUTIVE SUMMARY

The ongoing impact of the COVID-19 global pandemic on frontline health care workers’ mental health is well documented.^[2] A 2023 review and meta-analysis of 19 studies of the effects of the pandemic on mental health among frontline healthcare workers concluded that they were “significant”: “The overall prevalence of insomnia, stress, anxiety and depression among frontline HCWs is high.”^[3]

As a result, healthcare workers are cutting back on hours or leaving the healthcare profession altogether. A study of the impact of the COVID-19 pandemic on the mental health of Massachusetts healthcare workers found that nearly 40 percent planned to leave the profession within five years.^[4] Post-pandemic staffing shortages persist throughout the Commonwealth’s healthcare sector.^[5] This has potentially grave consequences on the industry’s capacity to provide timely, high quality healthcare and services.

Consequently, the need to provide mental health care support for frontline healthcare workers is urgent. The study of Massachusetts healthcare workers cited above found that over 70 percent reported that there were insufficient “mental health supports in their workplace.”

MASStrong for Healthcare Workers was launched as a pilot program in 2022 to mitigate the pandemic-related stress, anxiety, and burnout experienced by healthcare workers. The pilot program was jointly administered by GPS Group Peer Support (GPS) and the Betsy Lehman Center for Patient Safety. It was funded by the Commonwealth of Massachusetts with a \$1 million allocation of federal American Rescue Plan Act funds.

Based on the GPS model of group-based mental health support, MASStrong for Healthcare Workers provided healthcare workers with three sessions of free group-based support. Sessions were held online and led by experienced facilitators certified in the GPS model of care.

Outcomes from the pilot program were overwhelmingly positive. Over 90 percent of participants reported that the sessions were helpful. When asked to describe which parts of the program were most helpful, one participant said, “Being able to share my feelings and open up in a group where others feel the same and can relate.” Another said, “Being able to talk about something we were struggling with and receiving a reflection from someone who was genuine in listening to me.”

“Having that group, even though we just met three times, was incredible. Being able to share my stories with people who get it and were going through similar things was so helpful.”

– MASStrong for Healthcare Workers pilot program participant

All of the pilot program participants reported that they would like to attend more sessions and 97% said they would recommend this group to others. The 3% who said they would not recommend the program indicated that given the siloed nature of their work, they did not know anyone (i.e. other health care workers) to recommend the groups to.

As a result of the success of the MASStrong for Healthcare Workers pilot program, in 2023, the state allocated \$5 million through the Behavioral Health Trust Fund to expand the program.

BACKGROUND

Massachusetts is commonly recognized as a national leader in healthcare access, quality, and outcomes.^[6] The state's healthcare sector is a leading employer among state residents and top contributor to the local economy.^[7] Even before the COVID-19 pandemic, however, the industry faced persistent challenges in recruiting and retaining workforce talent, and the first year of the pandemic significantly worsened these challenges.^[8]

The numbers of new healthcare workers entering the field dropped significantly when certification testing sites for new graduates of academic and professional programs were closed. The pipeline of talent was constricted when schools, professional training programs, and practicum sites were closed. Unprecedented disruptions in childcare arrangements forced many healthcare workers with children, the majority of them women, to leave employment. A lack of personal protective equipment exacerbated healthcare workers' increased vulnerability to COVID-19 infection, illness, and death. These increased risks, combined with rising levels of anxiety, depression, and burnout, drove many healthcare workers from the field.

The Commonwealth responded with a series of initiatives to recruit and retain healthcare workers. These ranged from creating an online job portal across healthcare sectors, making it easier for people to find and apply for jobs; permitting nursing students in their final semester of school to enter the workforce; waiving clinical placement requirements for certified nursing aides; directing hospitals and healthcare systems to expedite provider credentialing, including the transfer of licensed staff between healthcare facilities; and compiling and maintaining a list of resources for healthcare workers experiencing stress, anxiety, and trauma.^{[9][10]}

Included among these innovations was a pilot program to provide group-based mental health support for frontline healthcare workers, specifically those employed in direct support roles such as personal care attendants, home health aides, and certified nursing assistants. These frontline healthcare workers do difficult and intimate work tending to older adults, people living with disabilities, and people with complex medical conditions like Alzheimer's disease and dementia, heart disease, stroke, and cancer. Their responsibilities can range from monitoring medication; tracking blood pressure; assisting with activities of daily living such as eating, bathing, and getting dressed; doing light housekeeping; and preparing meals.^[11]

Despite the complexity and importance of these jobs, the median annual wage for direct support workers is approximately \$21,000 in Massachusetts. The overwhelming majority are women (86%). Over half (57%) are Black, Indigenous or Other People of Color (BIPOC), and 34 percent are immigrants.^[12] Throughout the COVID-19 pandemic, these healthcare workers carried disproportionately higher levels of added stress. Meanwhile, BIPOC healthcare workers were more likely than their White counterparts to become infected with COVID-19 and experience illness, hospitalization, and death. They were also more likely to know someone who had died of COVID-19.^[13]

The pilot program — MASStrong for Healthcare Workers — was developed to provide support to this marginalized workforce by prioritizing their resilience and well-being. It was administered jointly by GPS and the Betsy Lehman Center for Patient Safety and based on the GPS model of group-based mental health support.

GPS is a mental health intervention that mitigates the long-term effects of stress, strain, and trauma. Incorporating elements of mindfulness-based stress reduction, cognitive behavioral therapy, motivational interviewing, peer-to-peer support, psychosocial education, and other evidence-based modalities, GPS is designed for the rapid implementation of essential mental health support during times of stress, crisis, and change. The GPS model has been successfully implemented among diverse populations including parents dealing with postpartum depression, residents of rural areas living with chronic conditions, people dealing with substance use disorder, refugees, survivors of war, and people facing oppression based on their racial, sexual, gender, religious, or other identities. It can be delivered by mental health clinicians or trained, non-clinical workers with relevant lived experience.

Since 2004, the Betsy Lehman Center for Patient Safety has been implementing a statewide program of research, data analysis, and programming that engages and supports health care agencies, providers, and consumers to improve safety in care settings across the Commonwealth. The Betsy Lehman Center for Patient Safety led participant recruitment efforts and partnered with GPS on developing the design of research tools to assess the efficacy of the MASStrong for Healthcare Workers intervention.

PILOT PROGRAM IMPLEMENTATION

MASStrong for Healthcare Workers consisted of three group-based mental health sessions using the GPS model over the course of four months. Sessions were 90 minutes long and led by two facilitators. Participants who completed a survey after each group session were compensated with a gift card.

Facilitators were trained and certified by GPS. Training included one-on-one coaching, apprenticing with an experienced facilitator during a minimum of four support groups, self evaluation, director evaluation, and a progress review. An overview of the participant population was conducted to ensure facilitators understood the day-to-day work challenges and stressors of healthcare workers employed in direct support roles.

Surveys

Participants were invited to complete a survey after each session and compensated with a gift card for their time. The purpose of the 22-question survey was to assess participants' satisfaction with the groups and elicit information about logistical preferences for future program implementation, such as the best time of day to meet and session length. Questions assessing satisfaction ranged from asking whether and how participants found the sessions helpful, if they would recommend it to others, and providing evaluation of their group facilitators. Closed questions were followed with an open question to allow participants to elaborate and reflect on their answer.

PILOT PROGRAM RESULTS

Key Findings

Sessions were helpful

Outcomes from the pilot program were overwhelmingly positive. Over 90 percent of participants reported that the sessions were helpful. When asked to describe which parts of the program were most helpful, participants said:

- “Being able to share my feelings and open up in a group where others feel the same and can relate.”
- “Being able to talk about something we were struggling with and receiving a reflection from someone who was genuine in listening to me.”
- “Having that group, even though we just met three times, was incredible. Being able to share my stories with people who get it and were going through similar things was so helpful.”

Facilitators created norms that supported the sharing of feelings in ways that felt safe

- One participant recounted how group members were often in tears as they shared work-related challenges they did not feel they could discuss elsewhere: “That time where they could just dump a lot of stuff out, it was just like, ‘Wow, this is really serious.’ ”
- One participant said that the group lessened feelings of loneliness. “Everybody’s experience is different, even if it’s just a little bit, because every client is different,” they said. “But we still had a lot of the same things in common that we go through, so it was nice not to feel alone in some of those aspects.”
- One participant reported: “I really liked that we had rules and we would let each other express ourselves without interrupting.”
- Another expressed appreciation that while the groups were structured, they offered enough flexibility so that they sometimes felt like as if they were “getting on a Zoom call with your co-workers to talk about your day.”

MOVING FORWARD

As a result of the success of the MASStrong for Healthcare Workers pilot program, in 2023, the state allocated \$5 million through the Behavioral Health Trust Fund to expand the program.

In announcing the expansion of the program,^[14] GPS CEO and Co-Founder Liz Friedman said, “Our pilot program was incredibly successful at addressing the mental health needs of healthcare workers. It is imperative that the people who care for our most vulnerable community members have access to care for themselves. We’re proud to offer this resource to health care workers who provide care that is foundational to the quality of life of nursing home residents and people living with disabilities.”

In the same announcement, state Representative Ruth Balsler, a psychologist and leader on mental health public policy, said: “I’m pleased that the legislature has funded this proven program to help the people who care for our most vulnerable residents develop the resilience needed to continue their life saving work. We need to support our health care workforce and MASStrong for Healthcare Workers does just that in an efficient and cost-effective way.”

State Senate Majority Leader Cynthia Creem added: “I’m proud to support funding for the MASStrong for Healthcare Workers program, an important tool to combat the high rates of burnout, depression, and other mental health issues that affect the healthcare workforce and contribute to the current workforce shortage,” “Now, we need to get the word out to healthcare workers that there is support available that is tailored to their unique needs and experiences.”

The MASStrong for Healthcare Workers program is currently enrolling participants. Sessions will be offered online via Zoom. Sessions will be available in English and Spanish. Each session lasts 90 minutes. Information on registering for sessions is available on the GPS MASStrong page.



Testimonial: Home Health Aide



“Having that group was incredible.”

In her work as a home health care aide, Latoya Cromartie works closely with her clients, assisting them with vital daily tasks such as bathing, dressing, and preparing meals. It is physical work to be sure, but it is emotionally taxing, too. Most of her clients are elderly, living with disabilities, or recovering from illness or injury.

During the worst years of the COVID-19 pandemic, in 2020 and 2021, most of her clients were completely isolated from their family members and other loved ones. Oftentimes, Latoya, who works for an agency that supports the efforts of people with disabilities to live as independently as possible, was the only other person they would see in the course of a day. As a result, she became an even more important presence in their lives, and took on the task of listening to her clients’ frustrations and fears.

“I tried to stay positive for them, but it was stressful,” she says.

Although she occasionally thought of parting ways with more demanding clients, she never did.

“I knew if I left them they probably wouldn’t have anybody else anytime soon, and I didn’t want to see them go without care.”

The desire to remain emotionally available to her clients while also managing the stress it causes led Latoya to enroll in MASStrong for Healthcare Workers.

“Having that group, even though we just met three times, was incredible,” says Latoya, who works in Greater Boston and attended the sessions via Zoom. “It was good to have my own little group

of friends who understood exactly where I was coming from.”

Latoya says that worrying about the mental health of her clients, especially those that don’t have much contact with family, takes a toll. “I know they aren’t going to hurt themselves, but I do sometimes worry that they will fall into depression, so I just try to give them positive ways to look at life,” she says.

“Sometimes when I’m giving them that advice I think I should take it myself,” she adds, laughing. “I know I’m a lot stronger than they are, but sometimes it just weighs on me.”

The ability to discuss the hazards of the job—the risks to her own health during the pandemic before vaccines were available, the vulnerability associated with visiting patients alone in neighborhoods that feel unsafe, the dilemma of what to do when she needed to take a sick day but knew if she did her client would likely go without care that day—was helpful, said Latoya.

“I think it’s very important to have support like that,” she says. “Being able to share my stories with people who get it and were going through similar things was so helpful. Even when I didn’t have problems to talk about, I looked forward to meeting with a group of people that I could relate to. I would think that maybe that week I was going to cheer somebody else up. Because cheering someone else up also feels good.”

When asked how she would have improved the program, Latoya has a quick answer: “Offer more sessions!”

Testimonial: Personal Care Attendant



“It was like getting on a Zoom call with co-workers to talk about the day”

Like many frontline healthcare workers, Karleen Winter experienced unprecedented levels of stress in her life during the first year of the pandemic. As a personal care attendant and certified nursing assistant, Karleen assists people living with disabilities in bathing, getting dressed, housekeeping, preparing meals, and managing medical tasks such as changing catheters and administering insulin. Applying her skills in clients' homes means that they're able to live safely at home rather than in congregate care or an institution.

During the pandemic, 60-hour work weeks became the norm as Karleen picked up additional hours to cover shifts left vacant by colleagues who weren't able to keep working during the pandemic. One of Karleen's clients, who relied on four PCA's for daily care, lost two of them in the first months of the pandemic.

Such stressors led Karleen to take part in MASStrong for Healthcare Workers. In the groups, she found the support she needed to process the upheaval caused by the pandemic.

“It was helpful to get things off my chest and talk to people who dealt with loss throughout the pandemic,” Karleen said. “I think the group helped people that had a lot of, I guess, emotional trauma through the pandemic.”

Karleen said she treated the groups as therapy sessions. She appreciated the structure provided by the facilitators, who led them in relaxation exercises and set out ground rules that encouraged

everyone to speak up. “I really liked that we had rules and we would let each other express ourselves without interrupting,” said Karleen.

She also liked that participants were discouraged from downplaying or minimizing their experiences by saying that they're no different than any other group members. “Everybody's experience is different, even if it's just a little bit, because every client is different,” said Karleen. “But we still had a lot of the same things in common that we go through, so it was nice not to feel alone in some of those aspects.”

Although the groups are structured, they offered enough flexibility that Karleen likened the sessions to “getting on a Zoom call with your co-workers to talk about your day.”

In a job where she largely works alone and does not have co-workers to vent to about the daily frustrations common to working as a personal care attendant or certified nursing assistant, Karleen said the group-based support helped her emotionally. Not only would she attend future sessions, but she would also recommend them to others in her field.

“The main reason I liked the group is because I don't have anybody in my life who experiences the same thing as me. I mean, of course I talk to my husband. He's a great support, but he doesn't get it. He's an exterminator. He does not do what I do,” said Karleen, laughing. “I mean, I keep people alive in their homes and he goes into homes to get rid of things! It is the exact opposite of what I do!”

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About GPS

GPS Group Peer Support (GPS) is a mental health intervention that mitigates the long-term effects of stress, strain, and trauma. Incorporating elements of mindfulness-based stress reduction, cognitive behavioral therapy, motivational interviewing, peer-to-peer support, psychosocial education, and other evidence-based modalities, GPS is designed for the rapid implementation of essential mental health support during times of stress, crisis, and change. The GPS model has been successfully implemented among diverse populations including parents dealing with postpartum depression, residents of rural areas living with chronic conditions, people dealing with substance use disorder, refugees, survivors of war, and people facing oppression based on their racial, sexual, gender, religious, or other identities. It can be delivered by mental health clinicians or trained, non-clinical workers with relevant lived experience.

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