Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

General Hospital Psychiatry 68 (2021) 111–112

Contents lists available at ScienceDirect

General Hospital Psychiatry

journal homepage: www.elsevier.com/locate/genhospsych

Letter to the editor

Launching a resiliency group program to assist frontline clinicians in meeting the challenges of the COVID-19 pandemic: Results of a hospital-based systems trial

COVID-19 has caused an unprecedented healthcare crisis, which has taken a toll on frontline clinicians (FC) [1,2], The MassGeneral Brigham (MGB) hospital system launched an FC resiliency group program and assessed its feasibility, acceptability, and efficacy. Upon IRB approval, English-speaking FCs were recruited (3/23/20–6/02/20) for 17 groups, and completed optional pre and post-treatment surveys. The treatment, previously assessed in caregivers and clinicians, was grounded in relaxation response elicitation, mindfulness, cognitive behavioral therapy, and positive psychology [3,4] and adapted for FCs (health and job uncertainty, clinical role transitions, isolation, and financial and family challenges). Program delivery was modified to eight 1-h biweekly sessions via a HIPAA compliant synchronous videoconferencing platform. Groups were co-facilitated by MGB staff trained in the Stress Management and Resiliency Training-Relaxation Response Program (SMART-3RP) delivery, offered at flexible times, and organized according to FC specialty. Group facilitators attended biweekly clinical supervision, documented attendance, and completed treatment fidelity checklists. No serious adverse events were reported.

Demographics and work characteristics, feasibility (attendance at 6 out of the 8 sessions) and acceptability (program met needs, helpfulness) were assessed. Primary outcomes were assessed by 1–2 items of validated scales: stress reactivity [5], perceived stress coping (0–10 analog), distress [6], and resiliency [7]; and secondary outcomes: loneliness/isolation [8], self-compassion [9], and mindfulness [10]. Descriptive statistics, paired sample *t*-tests, and Cohen's D were calculated (Stata version 16). Content analyses were conducted (NVivo 12) by 2 independent coders (kappa = 0.92).

147 FCs registered, and 102 (69%) completed a baseline assessment. Participants were 92.1% female, 83.3% White, non-Hispanic, 8.8% Asian, 3.9% Black, 9.8% Hispanic and 2% Other. A variety of clinical specialties were represented with the largest groups: Social Workers/Chaplains/Psychologists (24.5%), Respiratory/Physical/Speech Therapists (18.6%), nurses (17.7%), nurse practitioners and physician assistants (15.7%), and physicians (12.8%). 34.3% of participants reported an increase in work hours in the past month, 81.4% reported a change in work setting, and 49.0% reported a change in clinical role.

One hundred FCs attended at least one session, and 75% of participants completed both a baseline and end of treatment assessment. Participants completed a mean of 6 sessions; 64% completed >6 sessions. 96% of participants agreed that the program met their needs, and 99% agreed that the program was helpful. Participants' open ended responses revealed that the program structure and sharing with others facing similar workplace-challenges were the most helpful aspects of the group. Positive reappraisal and enhancing social support and connectedness were the skills reported as the most helpful. All outcomes significantly improved (ps < 0.01) (Table 1) with medium to large effects for all primary outcomes.

An FC adapted resiliency group program was successfully implemented, across a large hospital system, and decreased COVID-19-associated distress and improved resiliency. Providers were engaged during a public health crisis. Limitations included self-reported outcomes and limited gender diversity. Preserving FC resiliency is of upmost importance during the pandemic and can be achieved through a targeted, accessible group-based treatment.

Funding support

None.

We would like to express our gratitude for our team who volunteered their time, at the onset of the pandemic, to assist frontline clinicians.

Acknowledgements

We would like to thank all the clinicians and MGH Psychiatry leadership for volunteering their time and support at the onset of the pandemic to support the needs of frontline clinicians. We would like to thank the MGH Benson-Henry Institute for Mind Body Medicine, Home Base, and the Mongan Institute for provision of support for this study.

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https://doi.org/10.1016/j.genhosppsych.2020.10.005

Received 8 October 2020; Received in revised form 19 October 2020; Accepted 21 October 2020

Available online 2 November 2020

Table 1
Pre/post treatment outcomes (n = 75).

	Pre M (SD)	Post M (SD)	p-value	Cohen's D
Primary Outcomes (Score Range)				
Stress Coping (analog; 0–10)	6.5 (1.5)	7.4 (1.1)	<0.01	0.66
Stress Coping Personal Strengths (MOCS-A; 1–5)				
Coping Response	3.3 (0.8)	4.0 (0.7)	<0.01	0.80
Emotionally Balanced Thoughts	3.5 (0.7)	3.9 (0.7)	<0.01	0.50
Resiliency (CES; 0–10)	6.3 (1.4)	7.1 (1.5)	<0.01	0.56
Emotional Distress (PHQ-4; 0–12)	3.9 (2.7)	2.3 (1.9)	<0.01	0.64
Secondary Outcomes				
Loneliness/Isolation (UCLA; 2–8)	3.1 (1.1)	2.7 (0.9)	<0.01	0.44
Mindfulness (CAMS-R; 2–8)	5.5 (1.2)	6.1 (1.1)	<0.01	0.55
Self-Compassion (SCS; 1–5)	3.7 (0.9)	3.3 (1.0)	<0.01	0.35

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Elyse R. Park[a,b,c,d,*], Louisa G. Sylvia[b,c], Joanna M. Streck[a,b,c], Christina M. Luberto[a,b,c,d], Amelia M. Stanton[b,c], Giselle K. Perez[a,b,c], Margaret Baim[d], Cayley C. Bliss[a], Mary Susan Convery[f], Sydney Crute[a], John W. Denninger[b,c,d], Karen Donelan[a,b], Michelle L Dossett[g], Maurizio Fava[b,c], Stacie Fredriksson[e], Gregory Fricchione[b,c,d], Nevita George[c], Daniel L. Hall[a,b,c], Betsy Remington Hart[e], John Herman[b,c], April Hirschberg[b,c], Daphne Holt[b,c], Sara E. Looby[h], Laura Malloy[d], Jocelyn Meek[d], Darshan H. Mehta[b,d,e], Rachel A. Millstein[b,c], Helen Mizrach[a], Katherine Rosa[d], Ellen Slawsby[d], A. Clare Stupinski[e], Lara Traeger[b,c], Rachel Vanderkruik[b,c], Christine Vogeli[a,b], Sabine Wilhelm[b,c]

[a] *Health Policy Research Center, Mongan Institute, Massachusetts General Hospital, Boston, MA, United States of America*

[b] *Harvard Medical School, Boston, MA, United States of America*

[c] *Department of Psychiatry, Massachusetts General Hospital, Boston, MA, United States of America*

[d] *Benson-Henry Institute for Mind Body Medicine, Massachusetts General Hospital, Boston, MA, United States of America*

[e] *Home Base Program, Massachusetts General Hospital, Boston, MA, United States of America*

[f] *Social Service Department, Massachusetts General Hospital, Boston, MA, United States of America*

[g] *UC Davis Health, Department of Internal Medicine, Sacramento, CA, United States of America*

[h] *Yvonne L. Munn Center for Nursing Research, Massachusetts General Hospital, Boston, MA, United States of America*

[*] Corrresponding author at: Health Policy Research Center, Mongan Institute, Massachusetts Hospital and Harvard Medical School, 100 Cambridge Street, Suite 1600, Boston, MA 02114, USA.
E-mail address: epark@mgh.harvard.edu (E.R. Park).