Date: March 25, 2013

Title: Team Building and Mentoring for Increased Satisfaction and Retention

Clinical Question:

P (Population/Problem)  Among nurses providing care or education in any care setting
I (Intervention)  does participation in a mentoring program and/or team building activities
C (Comparison)  compared to current practice (no mentoring program; no team building events)
O (Outcome)  improve nurse satisfaction and retention?

Definitions for terms marked with * may be found in the Supporting Information section.

Target Population for the Recommendation:

Nurses providing care or education in any care setting

Recommendations:

It is recommended that nurses participate in a mentor program to increase job satisfaction and retention (Allen, Eby, Poteet, Lentz & Lima, 2004 [1b]; Thomas & Lankau, 2009 [4a]; Hayes et al, 2005 [5a]; Latham, Ringl & Hogan, 2011 [4a]; Cottingham, DiBartolo, Battistoni & Brown, 2011 [4b]; Greene & Puetzer, 2002 [5b]).

It is recommended that nurses participate in team building activities to increase job satisfaction and retention (Kalisch, Curley & Stefanov, 2007 [4a]; DiMeglio et al, 2005 [4b]; Hayes et al, 2005 [5a]; Birx, LaSala & Wagstaff, 2011 [4b]; Barrett, Piatek, Korber & Padula, 2009 [4b]; Horak, Hicks, Peelicciotti & Duncan, 2006 [5b]; Pipe et al, 2012 [4a]; Medland, Howard-Ruben & Whitaker, 2004 [5b]).

Discussion/Synthesis of Evidence related to the recommendations:

The literature; including one meta-analysis, 2 descriptive studies, one longitudinal study, and 2 case study/expert opinions; shows that mentorship improves satisfaction and retention of nurses (Allen, Eby, Poteet, Lentz & Lima, 2004 [1b]; Thomas & Lankau, 2009 [4a]; Hayes et al, 2005 [5a]; Latham, Ringl & Hogan, 2011 [4a]; Cottingham, DiBartolo, Battistoni & Brown, 2011 [4b]; Greene & Puetzer, 2002 [5b]).

Mentoring of protégés, career-related mentoring, non-supervisory mentoring and a program called SMaRT (Support Mentorship and Respect Together in Nursing) increased nurse satisfaction and retention (Allen et al, 2004 [1b]; Thomas et al, 2009 [4a]; Hayes et al, 2005 [5a]).

Implementation of a mentor program along with shared governance, a mentor program for new nurse graduates, and a mentor program for newly hired nurses increased nurse retention rates (Latham et al, 2011 [4a]; Cottingham et al, 2011 [4b]; Greene et al, 2002 [5b]).

The literature; including 3 descriptive studies, 2 longitudinal studies, and 3 case study/expert opinions; shows that team building interventions improve satisfaction and retention of nurses (Kalisch, Curley & Stefanov, 2007 [4a]; DiMeglio et al, 2005 [4b]; Hayes et al, 2005 [5a]; Birx, LaSala & Wagstaff, 2011 [4b]; Barrett, Piatek, Korber & Padula, 2009 [4b]; Horak, Hicks, Peelicciotti & Duncan, 2006 [5b]; Pipe et al, 2012 [4a]; Medland, Howard-Ruben & Whitaker, 2004 [5b]).

Formation of focus groups regarding teamwork, values, vision, and goal development and formation of guiding teams increased staff teamwork and decreased staff turnover and vacancy rates (Kalisch et al, 2007 [4a]). Team building sessions, an Oncology Nurse Leadership Advisory Group, and an ambulatory nurse retreat increased satisfaction of both new and seasoned nurses and decreased staff turnover (DiMeglio et al, 2005 [4b]; Hayes et al, 2005 [5a]).

A team building retreat for nurse faculty and a team building intervention of lateral violence and communication training for nurses increased nurse faculty and nurse satisfaction (Birx et al, 2011 [4b]; Barrett et al, 2009 [4b]).
Team building retreat for nurse faculty can be generalized for use with nurses because it focused on job satisfaction and group cohesion. Team building meetings that included team building exercises, ground rules for working together, agendas devoted to professional development and engagement, and facilitation of communication also resulted in increased nurse satisfaction as measured on an annual employee survey (Horak et al, 2006 [5b]).

Stress reduction workshops that focused on stress levels, teamwork and communication of hematology/oncology nurses had a large impact on nurse turnover decreasing it from 13.2% to 9.8% (Pipe et al, 2012 [4a]). A retreat that focused on mutual support to enhance the psychosocial wellness and coping skills of oncology nurses was recommended to increase staff retention (Medland et al, 2004 [5b]).

Team building can be provided to staff by way of various presentations and forums.

The grade for this body of evidence is low.

Reference List:


IMPLEMENTATION

Applicability Issues:
Management and staff collaboration is essential to establish the criteria required to become a mentor and to design how the mentorship program will work. A process for matching new staff with a mentor and the appropriate length of the mentorship needs to be identified. The development of a guideline for managing the mentorship program is needed.

Team building sessions or retreats will need to be planned. Staff input on what the sessions should include can make the sessions more useful and successful (Kalisch et al, 2007 [4a]). A person or team to facilitate the sessions must be identified. A location and schedule for the team building sessions needs to be identified and convenient for staff to attend. Multiple sessions will need to be available for nursing staff to support the programs sustainability (Birx et al, 2011 [4b]; Kalisch et al, 2007 [4a]; Pipe et al, 2012 [4a]). The human resources department or other hospital wide staff education resources can be utilized for facilitation of team building interventions.

The planning and implementation of both interventions will require time outside of the regular schedule.

Relevant CCHMC Tools for Implementation:
None were found

Outcome or Process Measures:
Evaluation of the mentorship and team building programs’ impact may be measured by staff satisfaction and job turnover tracking measures that are already in place along with the use of other valid and reliable pre/post measurements. Cost effectiveness of the programs may be measured by comparing the cost of planning and implementation with the cost of replacing a nurse who left a position.

SUPPORTING INFORMATION

Background/Purpose of BESt Development:
Nurses working on the inpatient and outpatient units within the division of the Cancer and Blood Disease Institute face many challenges due to the complexity of the patients for which they care. The overall stress of caring for such patients and their families can lead to nurses losing sight of the importance of caring for and supporting each other. Animosity between and lack of support for fellow nurses creates communication breakdown, poor collaboration, and ultimately decreased job satisfaction and high turnover.

Designing and implementing structured and formal programs that provide an opportunity for the development of high quality professional and social relationships among nurses may lead to high job satisfaction and low turnover rates.

Definitions:
Mentor: One who is a source of learning for a protégé who also plays a key role in the protégé’s career development, self-esteem and work identity (Allen et al, 2004 [1b])
One who provides personal and emotional guidance, coaching, advocacy, career development, role modeling, strategies and systems advice, learning facilitation, and friendship (Latham et al, 2011 [4a])
An experienced and competent staff nurse who serves as a role model and resource person to a new staff member. The mentor commits to a longitudinal, one-year, supportive relationship with the new staff member (different from a preceptor) (Greene et al, 2002 [5b])
Team building: Providing a group with the means to create group cohesion
Group Cohesion: The way that a work group functions and rests on the ability of the members to communicate, share responsibility in getting the work done, and feel as if they belong to the group (DiMeglio et al, 2005 [4b])
A situational support mechanism that assists in problem solving and enhances personal and professional integrity (DiMeglio et al, 2005 [4b])
Current practice: Preceptors for new staff. Shared governance and staff meetings
Search Strategy:

Databases: Medline/PubMed, CINAHL, OhioLink, Google Scholar
Search Terms: Nurse relationships, communication, team building, group cohesion, healthy work environment, retreat, professional socialization, nurse retention, job satisfaction, nurse, mentor(s)
Filters: English language; no date limit
Search Dates: July 2012, November 2012

Relevant CCHMC Evidence-Based Documents:
BEST: Building Resiliency in Nurses
BEST: Retention and Staff Satisfaction on Blood and Marrow Transplant Unit
http://www.cincinnatichildrens.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88040&libID=87728

Group/Team Members:
Author: Erin Sandfoss BSN, RN III, CPN, Cancer and Blood Disease Institute Outpatient Clinic and Day Hospital
Team Members/Co-Authors: Mary Ellen Meier MSN, RN, CPN, Center for Professional Excellence; Evidence-Based Practice Mentor
Ad Hoc/Content Reviewers: Shawna Kirkendall BSN, MBA, Clinical Director Cancer and Blood Disease Institute Outpatient Clinic and Day Hospital Patient/Family/Parent or Other Parent Organization

Conflicts of Interest were declared for each team member:
- ✗ No financial or intellectual conflicts of interest were found.
- ✗ No external funding was received for development of this BEST.
- □ The following conflicts of interest were disclosed:
Table of Evidence Levels (see note above):

<table>
<thead>
<tr>
<th>Quality level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a or 1b†</td>
<td>Systematic review, meta-analysis, or meta-synthesis of multiple studies</td>
</tr>
<tr>
<td>2a or 2b</td>
<td>Best study design for domain</td>
</tr>
<tr>
<td>3a or 3b</td>
<td>Fair study design for domain</td>
</tr>
<tr>
<td>4a or 4b</td>
<td>Weak study design for domain</td>
</tr>
<tr>
<td>5a or 5b</td>
<td>General review, expert opinion, case report, consensus report, or guideline</td>
</tr>
<tr>
<td>5</td>
<td>Local Consensus</td>
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</tbody>
</table>

†a = good quality study; b = lesser quality study

Table of Language and Definitions for Recommendation Strength (see note above):

<table>
<thead>
<tr>
<th>Language for Strength</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>It is strongly recommended that...</td>
<td>When the dimensions for judging the strength of the evidence are applied, there is high support that benefits clearly outweigh risks and burdens. (or visa-versa for negative recommendations)</td>
</tr>
<tr>
<td>It is recommended that...</td>
<td>When the dimensions for judging the strength of the evidence are applied, there is moderate support that benefits are closely balanced with risks and burdens.</td>
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Rationale for judgment and selection of each dimension:

1. **Grade of the Body of Evidence**
   - **Rationale:**

2. **Safety/Harm (Side Effects and Risks)**
   - **Rationale:** (See below # 3)

3. **Health benefit to patient**
   - **Rationale:** Mentoring has been shown to be a valuable strategy to advance positive healthy work environments (Greene et al, 2002 [5b]). Mentoring can also enhance the professionalization of RNs, resulting in improved nurse retention and patient care outcomes, especially as mentoring becomes part of the hospital culture (Latham et al, 2011 [4a]). Many of the competent, proficient, and expert clinicians who sought out the mentor role reported being “reinvigorated” and less burned out (Latham et al, 2011 [4a]). Team building allows RNs to identify barriers to cohesive group functioning including ineffective and negative communication, generational differences, peer competence and accountability (DiMeglio et al, 2005 [4b]).

4. **Burden on patient to adhere to recommendation**
   - **Rationale:**

5. **Cost-effectiveness to healthcare system**
   - **Rationale:** Consequences associated with turnover, such as the cost of advertising and recruiting, subsequent retraining of new staff, cost of lost productivity and organizational knowledge (Cottingham et al, 2011 [4b]).

6. **Directness of the evidence for this target population**
   - **Rationale:** Literature search results included mentoring for nurses, oncology nurses, employees in a healthcare setting, and general career protégés. Literature search results included team building for nurses, oncology nurses, NICU nurses, and nurse faculty.

7. **Impact on morbidity/mortality or quality of life**
Copies of this Best Evidence Statement (BEST) and related tools (if applicable, e.g., screening tools, algorithms, etc.) are available online and may be distributed by any organization for the global purpose of improving child health outcomes.


Examples of approved uses of the BEST include the following:

- Copies may be provided to anyone involved in the organization’s process for developing and implementing evidence based care;
- Hyperlinks to the CCHMC website may be placed on the organization’s website;
- The BEST may be adopted or adapted for use within the organization, provided that CCHMC receives appropriate attribution on all written or electronic documents; and
- Copies may be provided to patients and the clinicians who manage their care.

Notification of CCHMC at [EBDMinfo@cchmc.org](mailto:EBDMinfo@cchmc.org) for any BEST adopted, adapted, implemented, or hyperlinked by the organization is appreciated.


This Best Evidence Statement has been reviewed against quality criteria by two independent reviewers from the CCHMC Evidence Collaboration. Conflict of interest declaration forms are filed with the CCHMC EBDM group.

Once the BEST has been in place for five years, the development team reconvenes to explore the continued validity of the guideline. This phase can be initiated at any point that evidence indicates a critical change is needed. CCHMC EBDM staff performs a quarterly search for new evidence in a horizon scanning process. If new evidence arises related to this BEST, authors are contacted to evaluate and revise, if necessary.

For more information about CCHMC Best Evidence Statements and the development process, contact the Evidence Collaboration at [EBDMinfo@cchmc.org](mailto:EBDMinfo@cchmc.org).

Note:
This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.