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**The Value of Sabbaticals to Revitalize and Retain Nurse Leaders  
in a Hospital Setting**

By  
Deborah Ann Scott

Thesis Submitted in Partial Fulfillment of the  
Requirements for the Degree of  
**Master of Arts in Organizational Leadership**  
**St. Catherine University**  
**St. Paul, Minnesota**

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## Abstract

Burnout and turnover are problems affecting staff nurses and nurse leaders across the country. Nurses and nurse leaders, who leave their jobs, contribute to an emerging nursing shortage caused by many baby boomer nurses retiring and an aging population (Snaveley, 2016). Nursing leaders play key roles in creating positive work environments which help reduce burnout and turnover in staff nurses (Brown, Fraser, Wong, Muise, Cummings, 2013). Nurse leaders, who are ineffective due to burnout, or decide to leave their roles, affect staff nurses negatively and are a detriment to patient care (Brown et al., 2013). Sabbaticals are a proven strategy in many professions to renew, refresh and revitalize, but are rarely used in nursing (Schaar, Swenty, Phillips, Embree, McCool, & Shirey, 2012). This study explores the perceptions of nurse leaders on the value of sabbaticals as a strategy to revitalize and retain nurse leaders. Qualitative data was collected from three focus groups of nurse leaders at a large metropolitan hospital. Analysis of the responses informed questions for a survey on sabbaticals that was distributed to members of a professional nurse leader organization. The Conservation of Resources (COR) Theory (Hobfoll, 2001) and the Quality Caring Model (QCM) (Duffy, 2018) were the theoretical frameworks used to interpret the data. This study found, through focus groups and survey that while nurse leaders see the benefits and would like to participate in a sabbatical program, they also shared anxieties about leaving their crucial role, and questioned if the organization valued or cared enough about them to offer such a program.

*There is virtue in work and there is virtue in rest. Use both and overlook neither. -Alan Cohen*

### **Dedication**

This thesis is dedicated to hospital nurse leaders who work tirelessly to make a difference in the lives of their staff and patients. I hope this work can be a foundation for further research into nursing sabbaticals to help nurse leaders get a break, revitalize, and continue their important roles.

### **Acknowledgements**

I am very thankful to all the people who encouraged me and supported me through my research and the completion of my thesis. I want to first thank my advisor, Sharon Radd, Ed.D. who challenged me to think differently and strive for excellence. She supported and encouraged me through some tough times and helped me find solutions to challenging obstacles. She was a positive and optimistic force that kept guiding me toward success.

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Thank you to my mom, Alethe Schlaefter, for her hours of proof reading and questioning of “what does this mean” or “is this what you meant to say?” She helped me write clearly, succinctly, and grammatically correct. I appreciated her time and loving encouragement to strive for perfection.

My final thanks go to my husband, Richard Scott, who was a constant support through this entire research project. He was loving, encouraging, challenging, supportive, and patient. He wouldn't let me quit and allowed me the space and time to complete my work. Thank you for believing in me!

Who will care for our patients? This is the question I ask when I see the data on an evolving nursing shortage that stems from baby boomer nurse retirements, an aging population with more care needs, nursing faculty shortages, and an increase in nurse turnover from stress and burnout. Nurse leaders play a key role in staff nurse retention, but they too, are at risk for burnout and are leaving their jobs from the pressure and stress (Brown et al., 2013). Strategies need to be put into place to reduce nurse leader burnout and turnover, to effectively support and retain bedside nurses to care for patients. Sabbaticals are an effective strategy to reduce burnout and turnover in other professions but are rarely utilized in nursing (Schaar et al., 2012).

This qualitative research study explores sabbaticals as a method to revitalize and retain nurse leaders. The study evaluates nurse leaders' perceptions of the value of sabbaticals through focus groups and surveys. My goal is to provide meaningful information to hospital administrators around the topic of nursing sabbaticals as a possible strategy to help retain nurse leaders.

## **Background**

Several years ago, I attended a presentation by my pastor after he returned from a three-month sabbatical. I was intrigued to learn more and curious as to why our church sent our pastor on a sabbatical. I heard him speak about needed rest, renewal, reconnection with family, travel, and educational opportunities. More importantly, I saw a changed man who was revitalized and energized to continue his work. As I listened, I heard many similarities between the challenges of ministry leadership and nursing leadership. My pastor discussed the difficulties of dealing with compassion fatigue and burnout from years of giving and caring for others. He described his feelings of apathy, emptiness, and cynicism prior to the sabbatical that were replaced with

gratitude, joy and fullness after the sabbatical. I connected with his message as I reflected on my own challenges and feelings as a long-term nurse manager. I wondered why hospitals didn't offer sabbaticals to revitalize their nurse leaders. I started my research on sabbaticals for nurse leaders and found very little but did find sabbatical stories from a health care executive and chief nursing officer that were uplifting.

Philip Newbold (2007), a healthcare executive, shared his experience about a sabbatical he took from his CEO position. He described his break of eight weeks as a "vital gift" and a time to "reflect, recharge and sharpen the saw" (p. 52). He returned to his job with more passion, commitment, and a renewed vision for the organization. He also gained new skills on managing stress and maintaining work-life balance. After the experience he recommended that other CEOs put sabbaticals into their contracts. He viewed this as an "inexpensive insurance policy against future burnout and premature turnover" (p. 52).

Mary Ferguson-Paré (2005), a chief nurse executive, took a three-month sabbatical traveling through Scandinavia, Europe, Ireland and the United Kingdom to visit a variety of healthcare organizations. She was interested in learning about nursing care, quality metrics, patient experience, innovation, and future planning. She had an opportunity to go on site visits to observe and interview nurses, leaders, executives, educators, faculty, and policy makers. She was able to learn from them and share her experiences with Canadian healthcare. She documented her experiences and brought back the best of what she learned to share with her healthcare organization (Ferguson-Paré, 2005).

I reflected on these stories and what I learned in the Master of Arts in Organizational Leadership (MAOL) program about the need for leaders to be effective, ethical, and enduring (White-Newman, 2002). White-Newman (2002) believed effective and ethical leaders will not

be around very long unless they have endurance. She thought that to prevent burnout it was necessary for leaders to have a way to replenish and renew. This is what inspired me to learn more about sabbaticals and to explore how they could benefit nurse leaders.

### **Statement of the Problem**

Morgan and Lynn (2009) predicted that we are “on the brink of what might be its most significant and enduring nursing shortage in the US” (p.402) for several reasons. These included a large wave of retiring baby boomer nurses, an aging population requiring more care, a shortage of nursing faculty, and nursing turnover (AACN, 2017). The total number of vacant nursing positions from retirements, increased needs, and turnover is estimated to be 1.09 million by the year 2024 (AACN, 2017). If the supply of nurses does not equal the demand, there will be consequences for patients (Snively, 2016).

Nurse leaders can impact the nursing shortfall because of their key role in staff nurse retention (Parsons & Stonestreet, 2003). Although nurse leaders ensure there is competent staff and resources, their most important role is in creating healthy work environments by connecting with and caring for their nurses (Baggett, Giambattista, Lobbestael, Pfeiffer, Madani, Modir, Zamora-Flyer, and Davidson, 2016). An ineffective leader because of burnout, or an absent leader due to turnover, affects staff nurses negatively and is a detriment to patient care (Brown et al., 2013). Nurse leader burnout and turnover must be addressed to support staff nurses and to ensure care for patients.

### **Purpose Statement**

The purpose of this study is to explore nurse leaders’ perceptions of the value of sabbaticals to revitalize and retain them in a hospital setting. Nurse leaders in this study include

supervisors, managers, directors, and chief nursing officers who work with nursing staff on inpatient units in a hospital. A sabbatical is not considered a vacation and is defined as time away from work with an intended purpose. Organizations offer sabbaticals for a variety of reasons including personal or professional development, education, research, volunteer work, rest, and relaxation (Carr & Tang, 2005). The goal of the sabbatical is for the employee to return to his or her place of employment with a new-found energy and commitment to work (Carr & Tang, 2005).

### **The Context of Nursing Retention**

The literature review is an exercise to gather pertinent information, data, and research related to the problem and purpose statement for this study (Boote & Belle, 2005). The first half of this literature review focuses on the problem which includes the nursing shortage, burnout, turnover, and present nurse leader retention strategies. The second half of this literature review explores sabbaticals and covers the history of sabbaticals, the benefits of sabbaticals, leadership sabbaticals, the challenges of sabbaticals, and examples of sabbaticals. This information justifies the purpose and approach of the study.

### **Nursing Shortage**

Morgan and Lynn (2009) predicted that we are approaching one of the most significant and lasting nursing shortages in US history. There are four reasons for this nursing shortage. The first reason is a large wave of retiring baby boomer nurses. The American Association of Colleges of Nursing (AACN, 2017) fact sheet reported 55% of nurses were over the age of 50 in 2013 and over 1 million nurses will reach retirement age in 10 to 15 years. An aging population is the second reason. The need for nurses is expected to increase 16%, creating 439,300 new

openings between 2014 and 2024 (AACN, 2017). The U.S. Census Bureau reported in 2012 there were an estimated 43.1 million adults over the age 65 and by 2050 that figure is estimated to reach 83.7 million (AACN, 2017). The third reason is a shortage of nursing faculty which limits nursing school enrollments. Nursing enrollments increased only 3.6% in 2016 compared to a predicted 16% increase in demand for nurses (AACN, 2017). Nursing turnover is the final contributor to the nursing shortage. Excluding retirements, in 2010, 40,000 nurses left their jobs and the number is expected to double by 2020 to 80,000 nurses (AACN, 2017). The total number of vacant nursing positions from retirements, increased needs, and turnover is estimated to be 1.09 million by the year 2024 (AACN, 2017).

Nurse leaders will be challenged to staff nursing units and must find ways to retain nurses. If the supply of nurses does not equal the demand, there will be consequences for patients (Snavelly, 2016). A nursing shortage will make it difficult to provide a standard level of quality care (Fox & Abrahamson, 2009). The aging population and nursing retirements are not within the control of the nurse leader, but strong, transformational, and healthy leaders can make an impact to minimize nursing burnout and turnover.

### **Nursing Burnout**

Burnout arises from stress in the work environment when the nurse can no longer cope (Henderson, 2015). Maslach, Schaufeli, and Leiter (2001), described burnout as a “prolonged response to chronic emotional and interpersonal stressors on the job” (p. 397), and it manifested itself as “overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment” (p. 399). Burnout causes poor coping and decision-making skills, decreased motivation, and substandard job performance (Milliken, Clements & Tillman, 2007). Burnout affects relationships with colleagues and leads to

negativity, conflict, and poor interactions (Maslach et al., 2001). It may also lead to poor health, an increase in absenteeism, an intent to change jobs, and turnover (Maslach et al., 2001). People with burnout who stay in their jobs become less productive, experience job dissatisfaction, and lose their commitment to the organization (Maslach et al., 2001).

Healthcare has changed significantly in recent years which contributes to the underlying factors that lead to nursing burnout. The two most significant changes were the development of the Affordable Care Act (ACA) and advancements in technology. The ACA increased access, affordability, and improved the quality of care (Obama, 2016). Under the ACA the number of uninsured dropped 43% which increased the number of patients accessing health care and being admitted to hospital (Obama, 2016). The ACA rewarded hospitals for quality and utilized bundled payments leading hospitals to improve quality and reduce length of stay (Obama, 2016). Access to the internet and advancements in technology led to empowered consumers, electronic medical records, and new and improved equipment, tests, and procedures (Fried & Bernstein, 2010). These resulted in a shift of more tests and procedures to outpatient and left the sicker patients to be cared for in the hospitals (Fried & Bernstein, 2010). These healthcare changes create additional stresses on the nursing profession.

Staff nurses and nurse leaders are affected similarly by the stresses of their professions, but the causes may be different. Stressors for staff nurses include poor teamwork, short staffing, long hours, poor management, heavy workloads, and staff conflicts (Boyle, 2015). Rapidly changing technology, new medications, and innovative treatments also contribute to burnout (Swenty, Schaar, Phillips, Embree, McCool, & Shirey, 2011). Advancements in treatments lead to shorter hospital stays requiring nurses to care for sicker patients in a shorter period of time (Milliken et al., 2007). Compassion fatigue also contributes to burnout because of personal

sacrifices and exposure to ongoing challenging situations (Zhang, Han, Qin, Yin, Zhang, Kong, & Wang, 2018). Nursing is a profession of caring and nurses need “to feel cared for by their colleagues and the organization in which they work” (Baggett, et al., 2016, p. 816) and especially by their nurse leaders. Lack of caring from leaders could negatively affect nurses and the care they provide to their patients (Duffy, 2018).

Kelly and Adams (2018) compared burnout of staff nurses and nurse leaders and found nurse leaders take on many of the same difficult issues as their staff nurses. The authors also described the emotional exhaustion nurse leaders experience from working through performance issues with staff and listening to patient complaints. Shirey, McDaniel, and Ebright (2010) found nurse leader stress came from an overwhelming amount of work, long hours, large span of control, additional responsibilities, and the unexpected challenges that arise daily. Additional stress producers for nurse leaders were budget constraints, an increase in the number of quality metrics, reduced time with front line staff, and a changing health care environment leading to “initiative fatigue” (Infantino, 2016, para 6). Kelly and Adams (2015) added “organizational stress, personnel issues, improper work-life balance, lack of boundaries, and technology overload” (p. 25) to the list of stressors that caused nurse leader burnout. Anne Herleth (Infantino, 2016), an Advisory Expert, described how organizations face risks by having overwhelmed leaders. She cited the important role of nurse leaders as the connection between strategic goals and the implementation of them by front line staff. This connection breaks down when leaders are stressed and leads to poor unit performance and a failure to meet organizational goals.

Steege, Pinekenstein, Knudsen, and Rainbow (2017) found fatigue was common among all nurse leaders, but nurse managers reported more chronic fatigue. The reasons for this were

the 24-hour accountability, high stress and demands from staff and administration, along with juggling multiple priorities. Nurse leaders were unable to get a break to rest and recharge due to 24-hour accountability and constant interruptions by cell phones and emails at work and at home (Steege et al., 2017). Nurse managers who experienced this chronic fatigue described feeling exhausted at work as well as outside of work, the inability to focus, feeling disorganized with diminished work quality, and increased anxiety and frustration (Steege et al., 2017). Nurse leader fatigue negatively impacted succession planning by decreasing staff nurses' desire to pursue a nurse leader role. Nurse leader fatigue also negatively affected nursing practice and quality due to a lack of oversight and poor decision making (Steege et al., 2017).

Burnout in healthcare professionals negatively impacted quality care and patient safety (Middaugh & Willis, 2018). The Patient Safety Network found burnout led to clinicians who were overwhelmed, were unable to engage well with others, and developed a poor perception of safety (Lyndon, 2016). Burnout reduced staff engagement, satisfaction, and teamwork which resulted in poor quality care (Milliken et al., 2007). Burnout, heavy workloads, and a high work-life interference caused lower engagement and increased intentions to leave an organization (Moloney, Boxall, Parsons, & Cheung, 2017), and turnover (Milliken et al., 2007).

### **Nursing Turnover**

The Robert Wood Johnson foundation (2009) found that 42% of nurses surveyed were looking for new positions. The RN Work Project (Fiester, 2013) looked at new graduate nurses' turnover rates and reasons for leaving through a longitudinal study that followed nurses for one to six years after graduation. They found 17% of hospital nurses left after their first year, 31% by the second year, 49% by four and a half years, and 55% by six years. On the positive side,

92% of those who left the organization did continue to work in the nursing profession but in a different role. Reasons nurses left included: 1) professional growth opportunities, 2) job stresses, shortage of supplies/equipment, and lack of organizational support, 3) nurse autonomy and involvement in decision making, and 4) poor nurse management (Fiester, 2013). Nurse leaders could address all these reasons and reduce nurses' decisions to leave their jobs.

Nursing turnover has huge financial implications for health care organizations. Turnover rates range from 8-14% can cost a health care organization up to \$3.6 million per year (Schaar et al., 2012). Low staffing levels force health care organizations to look for more costly personnel as replacements. This includes paying existing staff overtime or utilizing outside agency nurses. Lack of experienced nurses and mandatory overtime lead to additional staff dissatisfaction and turnover causing the downhill spiral to continue (Milliken et al., 2007). Turnover costs also include advertisement, recruitment, hiring, orientation, decreased productivity, sub-standard care, errors, loss of organizational knowledge, dissatisfaction, and a poor work environment (Jones & Gates, 2007). Failing to retain quality nurses is costly, affects patient care, and is leading to a shortage of nurses (Fox & Abrahamson, 2009).

The high rate of nursing turnover is a challenging job stressor for nurse leaders as they strive to maintain safe staffing levels to care for patients. At the same time, effective nurse leaders “play an instrumental role in staff nurse retention and ultimately the quality of patient care” (Brown et al., 2013, p.46). Nurse leaders have a wide of scope of responsibilities and duties in their role but the most important work they do is the connecting and caring for their nurses (Baggett et al., 2016). Healthy work environments (HWEs) have been created to help retain and empower nurses and the keys to success are quality leadership and relational exchanges (Shirey, 2017). “Leaders who focus on maintaining relationships with staff members

use their own emotional skills to connect in such a way that employees experience consideration and understanding” (Shirey, 2017, p. 48). Stress and burnout take their toll on nurse leaders and reduce their ability to be effective and relational which, in turn, affects staff nurses negatively and is a detriment to patient care (Brown et al., 2013). Nurse leader burnout and turnover must be addressed to support and retain staff nurses and ensure care for patients.

Studies found that 62% to 72% of nurse leaders planned to leave their job within five years (Warshawsky & Haven, 2014, Infantino, 2016). Brown et al. (2013) identified organizational factors, role factors, and personal factors that influenced nurse leaders’ decisions to leave or stay in their roles. They found many of the personal and the role factors were directly tied to the organization’s values, culture, leadership practices, along with the value and support the organization had for the nurse leader role. Warshawsky and Haven (2014) identified burnout, career change, retirement, and promotion as the most common reasons nurse leaders leave their jobs with burnout as the number one reason. Overwhelmed and burned out nurse leaders who decided to stay in their jobs put unit performance and organizational goals at risk (Infantino, 2016). For these reasons nurse leader burnout and turnover must be addressed (Warshawsky & Haven, 2014).

### **Nurse Leader Retention Strategies**

The first step in reducing burnout and turnover in the nursing profession is much like the analogy of the oxygen mask that falls from the ceiling of the airplane. One must apply his/her own mask before applying a mask to someone else. Nurse leaders need to focus on their own burnout out to ensure they have the energy to help their staff. Positive nurse leaders, free from burnout, are needed to serve as role models and to help create positive, stable, and secure work

environments (Wong & Spence Laschinger, 2015). Positive leaders and the environment they create are vital to retaining nurses (Parsons & Stonestreet, 2003).

There are many strategies to reduce burnout and retain nurse leaders. McCright, Pabico, and Roux (2018) described several standards to help with nurse leader retention. These included ongoing leadership development, promoting and planning work-life balance initiatives, and pursuing learning or educational opportunities. Putting a priority on these initiatives for nurse leaders could “result in improved outcomes in the areas of retention, engagement, and an overall culture of professionalism” (p. 8). Parsons and Stonestreet (2003) found some retention strategies included effective communication, the leadership approach of leaders, supportive administrative systems, and achieving quality of life through work-life balance. Brown et al. (2013) described the importance of leaders working in an organizational culture where they felt valued and supported through words and actions.

Maslach and Goldberg (1998) found prevention as the best strategy for burnout. Primary prevention was to reduce work place stressors before people got burned out. These included slowing the work pace down and providing more support services. Secondary prevention was to implement interventions to help people cope with and manage work place stressors. These included increasing self-awareness about stress and coping skills, improving health, and learning relaxation techniques. Tertiary prevention was for those already suffering from burnout with the goal to reduce the effects of the stress experience (Maslach & Goldberg, 1998). A sabbatical could be an option for prevention because it could provide a break away from work, allow for rest and rejuvenation, provide an opportunity for personal and professional development, and reduce the effects of the stress experience.

## **Sabbaticals**

### **History of Sabbaticals**

“Sabbatical” came from the root word Sabbath meaning day of rest. The phrase “Sabbatical Year” was “Shmitah” in the Jewish tradition and meant “Year of Release” (Bak, 1959). This concept was ordained in the Torah and required that every seven years land be left to rest or lay fallow for one year and debtors were released from their obligations and allowed a fresh start (Tiedje & Collins, 1996). There were several proposed reasons for the year of rest: prevention of overuse and conservation of the nutrients in the land, a change in focus from labor to spiritual and religious values, a recognition that land is entrusted instead of possessed, and a time to be more charitable (Bak, 1959).

Historically, sabbaticals were given most often in academia, but as stress and burnout became evident in other professions, the need for sabbaticals expanded. Sabbaticals began in the late 1880s at Harvard University initially to recruit faculty (Carr & Tang, 2005). Professors were offered a paid leave after completing seven years of employment (Carr & Tang, 2005). Organizations offer sabbaticals for many of reasons including personal or professional development, education, research, volunteer work, rest, and relaxation (Carr & Tang, 2005). The goal is for an employee to return from a sabbatical with a new-found energy and commitment to his/her work (Carr & Tang, 2005). Covey (1989) discussed the importance of investing in rest to renew and revitalize. He called this investment “sharpening the saw” (p. 287) to make a person more effective and productive. Many businesses, industries and academia offer sabbaticals to “retain, reward, and revitalize valuable employees” (Schaar et al., 2012, p. 340).

### **Benefits of Sabbaticals**

Sabbaticals provided many benefits to employees. One of the unique benefits of the sabbatical was the opportunity to break away from work, disengage, and rest (Morgan & Lynn, 2007). Sabbaticals also had a positive effect on employee motivation (Carr & Tang, 2005), burnout, general health, organizational commitment, sense of well-being (Kang, Kim, & Lee, 2011), and professional development (Benshoff & Spruill, 2002). Employees shared that the sabbatical allowed them time to learn about themselves and to re-engage their passion at work (Carr & Tang, 2005). Sabbaticals provided many personal benefits for employees which positively impacted the companies for whom they worked.

Sabbaticals produced positive benefits to the organization that offered them. In 2000, fifty percent of the companies listed in *Fortune's 100 Best Companies to Work for in America* utilized sabbaticals (Carr & Tang, 2005). Many organizations described using sabbaticals as an “effective strategy to build cultures of retention” (Swenty et al., 2011, p.196). Leaders reported their employees returned to work with a greater sense of purpose and commitment to their jobs after taking a sabbatical (Carr & Tang, 2005). Additional benefits that companies achieved using sabbaticals were: a cost-effective retention strategy of human capital (Bradford, 2001), increased loyalty to the organization, less burnout and turnover which maintained skill levels, reduced hiring and orientation costs, and an incentive to attract highly qualified people (Carr & Tang, 2005).

Limited literature was found on the use of sabbaticals to reduce burnout and turnover in nursing, but a review of like professions discovered findings that could be applicable to the nursing profession. Swenty et al. (2011) reviewed the literature on practice-based sabbaticals including nursing, business, and education and identified six reoccurring positive themes of sabbaticals. These were retention, revitalization and renewal, loyalty and commitment, burnout

mitigation, productivity, and satisfaction. Further research by Swenty et al. (2011) found sabbaticals were a realistic option to improve nursing satisfaction, engagement, and retention. Embree, Swenty, & Schaar (2015) created a framework to measure sabbatical programs as an effective way to improve nursing retention, develop evidence-based practices, and improve patient care quality and productivity. Sabbaticals could be beneficial for all nurses, but organizations should consider first investing in their nurse leaders because of the great impact they make on staff nurses and patients.

### **Leadership Sabbaticals**

Levin (2013) described the benefits of a leadership sabbatical and referred to it as “formalized renewal” (p. 172). She described four opportunities that emerged through a sabbatical. The first opportunity was for leaders to take a break and to allow creativity and endurance to develop in relation to their work. The second was a chance for new leaders to emerge and fill the void on an interim basis while leaders were on sabbaticals. The third was the recognition and appreciation recipients felt when offered sabbaticals. The final opportunity was the time it provided to problem solve, plan, and be visionary about the future (Levin, 2013).

A group of five foundations saw similar benefits in offering sabbaticals to leaders. They conducted and published a study that focused on sabbaticals for capacity building of leaders and a leadership development opportunity for interim leaders (Linnell & Wolfred, 2009). Their study found sabbaticals to be one of the most cost-effective ways to prevent emotional and physical burnout by allowing a break from the stress and pressure and rejuvenation of the body, mind, and spirit. The authors found leaders rose to higher levels because they had time to think, be creative, reflect, evaluate their perceptions, and create or re-frame their visions. An unexpected benefit of the program resulted when interim leaders filled in and gained leadership

knowledge and experiences, better preparing them for future leadership positions (Linnell & Wolfred, 2009). This was a very creative way to do succession planning.

### **Challenges of Sabbaticals**

Cost is by far the greatest concern for companies when considering sabbaticals. Costs include salary and benefits for paid sabbaticals plus salary costs of replacement employees (Carr & Tang, 2005). This could be especially expensive for large companies who have many people eligible for a leave. However, an application process allowing only a certain number to participate could mitigate the risk (Carr & Tang, 2005). Schaar et al. (2012) did a cost-benefit analysis comparing the costs and benefits of nursing sabbaticals versus the costs and detriment of nursing turnover and shortages. They identified a “nursing sabbatical in the acute care hospital setting as a human capital strategy” (p. 343) and found it fiscally sound. A sabbatical proposal for Butterworth Hospital in Grand Rapids, Michigan, found short term replacement nurses led to retention of nurses on sabbatical and were more cost effective than turnover and orientation costs (Ozarow, 1993). Sabbaticals could be a strategy to improve retention and to revitalize nurses in a cost-effective way.

Another concern of companies granting sabbaticals was the risk of employees deciding not to return after the leave was over (Carr & Tang, 2005). Some organizations reduced this risk by requiring employees to return to work for a designated period or be subject to reimbursement of the costs of the sabbatical (Carr & Tang, 2005). This concern was evaluated in the leadership study by Linnell and Wolfred (2009) and they found leaders often returned with a renewed commitment and loyalty to the organization.

Additional challenges regarding sabbaticals emerged in the Linnell and Wolfred (2009) leadership study. The authors discovered there was a strain on the organization when an interim leader replaced the leader. Transitions took time and interim leaders had a lot to learn. The second challenge was the emergence of organizational politics around the selection of the interim leader. The final challenge was the risk to the leader on sabbatical because in some cases it was discovered that the leader was no longer the best fit for the organization which led to position changes or resignations (Linnell & Wolfred, 2009).

### **Theoretical Frameworks**

Two theoretical frameworks were selected for this research. The first is the Conservation of Resources (COR) Theory (Hobfoll, 2001) and the second is the Quality Caring Model (QCM) (Duffy, 2018). The COR Theory (Hobfoll, 2001) studies how psychological stresses and resources affect people and how adjusting the balance between them can determine and enhance well-being. The QCM (Duffy, 2018) describes the nursing profession as a caring profession and focuses on the importance of caring relationships throughout an organization and how they impact patient care.

#### **Conservation of Resources Theory**

The Conservation of Resources (COR) theory (Hobfoll, 2001) is a motivation theory and “posits that people have a basic motivation to acquire, retain, protect, and enhance their psychological resources” (Davidson, Eden, Westman, Choen-Charash, Hammer, Kluger, Krausz, Maslach, O’Dreiscoll, Perrewé, Quick, Rosenblatt, & Spector, 2010, p. 953). COR theory is also an integrative stress theory made up equally of internal and environmental processes and looks at the stress of self within a social context (Hobfoll, 2001). The theory describes how the evaluation

of resources can estimate well-being by predicting the amount of work place stress, the consequences of work place stress, and possible interventions to reduce stress and eventual burnout (Hobfoll & Shirom, 2001). Hobfoll (2001) describes how resources are needed and stress happens when those resources are “threatened, lost, believed to be unstable, or where individuals and groups cannot see a path to the fostering and protection of their resources through their individual or joint efforts” (p. 340).

Resources are defined as anything of value, anything that could achieve value, or anything that protects valued resources (Hobfoll, 2001). Hobfoll (2001) identifies 74 different resources that fall into categories of personal characteristics, objects, conditions, and energies. Resources can be a loss or a gain depending on the individual (Hobfoll, 2001). Some examples of personal characteristic resources include professional knowledge and advancement, feeling independent, feeling valuable, self-efficacy, and having control over one’s life, goals, and health. Object resource are tangible things like books, computers, and money. Examples of condition resources include support systems, people from whom to gain knowledge, supportive colleagues, and someone who listens. Energy resources consist of work time, time away from work, respite, and free time. Stress occurs for people when resources are lost, when there is a risk of loss, or when investing in resources fails to create a gain (Davidson et al., 2010). Davidson et al. (2010) found that when faced with stress, people attempt to reduce the net loss of resources by investing in other resources. They also found that when people are not under stress, they try to build up resources to create a surplus. The balance between the resources lost and gained predict stress outcomes (Hobfoll, 2001).

A couple of studies explored how respite or sabbaticals could impact the balance of resource losses and gains and their effect on well-being. Westman and Eden (1997) utilized COR

theory to describe how respite improved well-being in two ways. Resource loss could be stopped by removing the person from the stressful work environment and a respite could improve well-being through an increase in resource gain (Westman and Eden, 1997). Davidson et al. (2010) did a rigorous study comparing 129 faculty members who went on sabbatical with a control group that did not. The purpose of the study was to look at the effect respite achieved through a sabbatical leave on a person's resources. They measured resource gains, loss, and well-being surrounding a sabbatical event and compared that with a control group who did not go on a sabbatical. They found the people on sabbatical experienced a reduction in stress and burnout while away, and even though it went up again after returning to work, the levels remained lower. Although the study demonstrated an increase in the resource gain and well-being of individuals, the amount of the increase was dependent on the individual. The results confirmed the COR theory and found the importance of "increasing resource gain and reducing resource loss in enhancing well-being" (Davidson et al., 2010, p. 962). Sabbaticals or respite reduced resource loss by removing a person from a stressful environment and increased resource gains by allowing free time along with personal and professional development.

### **Quality Caring Model**

Caring theory is central to nursing practice and the nursing profession and has "significant positive relationships between nurse caring and patient satisfaction" (Duffy, 2005). There are several caring theories and models that have evolved over the years, but the Quality Caring Model (QCM) developed by Joanne Duffy (2018) was selected as a theoretical framework for this research study. The model was first developed in 2003 and was derived from health care quality and relational aspects of nursing. It is considered a middle-range theory that helps bridge nursing theory with nursing practice (Smith and Liehr, 2014). The model evolved

from a linear caring relationship between patient and provider to a broader context which included caring within all relationships in a health system (Duffy, 2018).

Duffy (2018) describes caring as “a process that involves the human person of the nurse relating to the human person of the patient” (p. 47). It is a balanced relationship between two and both parties matter. The model describes the value of caring, guides practice, establishes evidence-based practice and measures outcomes (Duffy, 2005). The model starts with the relationship between the patient and the nurse. There needs to be a balance between “doing” and “being” and priorities shift from tasks to relationships. “Being” allows one to “slow down enough to actually focus on one’s inner thoughts and feelings and access new ways of seeing the whole” (Duffy, 2019, p. 71). From there one can connect, communicate, listen and seek to understand the whole patient and the effect of illness. This makes the patient feel “cared for” which further opens communication, improves the relationship, and allows for a better working relationship and better healing (Duffy, 2005). The nurse is also responsible for extending the caring relationship to his/her colleagues to help create cohesive teams for better caregiving (Duffy, 2005). This type of caring needs to be demonstrated, appreciated, and valued at every level of the organization to optimize patient care outcomes (Duffy, 2005).

The QCM model, a relationship-centered care model, is made up of four major concepts: “humans in relationship, relationship-centered professional encounters, feeling ‘cared for’ and self-advancing systems (Duffy, 2018, p. 48). Humans in relationship refers to the unique characteristics, beliefs, attitudes, and life experiences people gain and how they utilize them to relate to others in the world. Relationship-centered professional encounters refer to the patients and families relating to the care provider in a collaborative way. These encounters are more successful when caring behaviors are utilized. Because they can cause relationships to be

transformational for all involved. Feeling “cared for” refers to the positive emotions that come about from the caring relationship and may include feelings of empowerment, encouragement, connection, appreciation, support, worth, value, and hope. These feelings arouse capabilities in individuals, groups, and organizations that lead to learning, development, and progress with an organization which Duffy (2018) calls self-advancing systems. The eight caring behaviors are “mutual problem solving, attentive reassurance, human respect, encouraging manner, healing environment, appreciation of unique meanings, affiliation needs, and basic human needs” (Duffy, 2018, p. 50).

Duffy’s QCM (2018) initially focused on the relationship between the nurse and patient but later encouraged use of the model at all levels of leadership within an organization. Leaders who build relationships and demonstrate caring behaviors will develop a work force who feel “cared about” and the positive emotions associated with that. The nurse leader’s role is to create a safe space for inclusion, dialogue, information sharing, learning, maintaining professional standards, and allowing staff to develop and evolve (Duffy, 2018). This will lead to self-advancing systems and better outcomes for the patients (Duffy, 2018). Nurse leaders also need to recognize, promote, and put the work into caring relationships to ensure they become hard-wired. Leaders can demonstrate the eight caring behaviors through relevant leadership behaviors, as shown in Table 1.

Table 1

Comparison of Caring Behaviors and Relevant Leadership Behaviors

<b>Caring Behaviors</b>	<b>Relevant Leadership Behaviors</b>
Mutual problem solving	Brainstorming, Soliciting feedback, Providing information, Educating, Engaging, Clarify and Validate, Practice improvement

Attentive reassurance	Availability, Optimistic/convey possibilities, Authentic presence, Notice and recognize, Maintain belief in employees, Use of humor and celebrations, Temporary postpone action
Human Respect	Acceptance, Value, Recognition of rights, responsibilities, ethics, standards, legalities, Patients first, Call people by name, Eye contact
Encouraging manner	Encouraging demeanor, Enthusiastic, Provide support and training, Congruent verbal and nonverbal communication, See patterns, Build relational capacity
Appreciation of unique meanings	Appreciate frame of reference, Point out meaning in the work, Acknowledge the subjective, Preserve the uniqueness of patient-nurse relationship
Facilitating a healing environment	Respect privacy and confidentiality, Create a unit culture of caring, Foster teamwork, Design manageable workflow, Safe environment
Basic human needs	Attend to personal and employee physical and emotional health, Recognize higher level needs-achievement and self esteem
Affiliation needs	Responsive to belonging needs

Adapted from *Quality caring model in nursing and health systems* by Joanne Duffy, 2018, p. 238-239.

Baggett et al. (2016) utilized the QCM model as the basis of their research and found nurses thrived in organizations with transformational leaders who connected with and cared for their nurses. The authors firmly believe that caring behaviors need to be ingrained in leadership attitudes and practices throughout the organization. Leaders set the tone for their nurses and “leadership based on caring relationships acknowledges the connections among humans and upholds the special relationship nurses have with their patients and families” (Duffy, 2018, p. 242).

My study will utilize the COR (Hobfoll, 2001) and QCM (Duffy, 2018) theories to help understand the data about nurse leaders' perception of nursing sabbaticals. The theories are similar in that they both focus on positive actions that can impact a nurse leader's well-being. The QCM (Duffy, 2018) focuses on caring behaviors and COR (Hobfoll, 2001) focuses on resource gains to impact well-being. Many of the caring behaviors are similar to resource gains that lead to reduction in stress and an increase in well-being. The difference between the two theories is that COR (Hobfoll, 2001) also focuses on diminishing resource losses to reduce stress and improve well-being. Thus, both are useful in understanding the data.

## **Methodology**

I conducted a two-phase qualitative study to answer the question, "How do nurse leaders perceive the value of sabbaticals to revitalize and retain nurse leaders in a hospital setting?" Focus groups and surveys of nurse leaders were the research methods utilized to answer the question. The focus group responses were used to inform the questions for the survey. The use of more than one research method, or triangulation, offered an opportunity to compare results and increased the validity of the study. The following provides a more in-depth explanation of the research design, participants, confidentiality, data collection method, data analysis, validity, and ethical implications.

### **Research Design**

My research design involved two phases. The first consisted of three focus groups of nurse leaders at large metropolitan hospital. Creswell (2016) found focus groups were an efficient way to gather a lot of information because the ideas build off each other and create synergy. O'Leary (2017) described this gathering of information as an explanatory model.

Phase two consisted of sending online surveys to nurse leaders in a professional nurse leader organization. A survey provided an opportunity to ask many people the same standard set of questions and gather data from a larger group (Saunders, Lewis, and Thornhill, 2016). Surveys allowed data to be quantified and the responses revealed how likely nurse leaders agreed with the statements. The survey questions were based on the themes identified in focus groups and the responses were compared. This created a triangulation approach as the data from two sources were compared and validated (O’Leary, 2017).

### **Participants**

My participants in both phases of the study were nurse leaders working in a hospital setting. Nurse leaders were defined as supervisors, managers, directors, and chief nursing officers (CNOs). The participants were not restricted by age, gender, educational level, or years of experience as a nurse. The participants were excluded from the focus group and survey if they were not presently working as a nurse leader as defined above or actively working in a hospital at the time. I collected demographic data on all participants in both phases of the study. I asked for their role as a nurse leader, highest educational level, total years worked in the nursing profession, total years in a nursing leadership role (supervisor and above), and the type of hospital they worked in (metro, regional, or rural). On the survey I offered respondents the choice of “other” as a response for the leader role and where they worked. This allowed me to exclude responses from people who did not meet the criteria.

In phase one, thirteen nurse leaders from a large metropolitan hospital volunteered to participate in three focus groups. I sent out email invites (see Appendix A) to all nurse leaders (supervisors, managers, directors, and the CNO) who worked in the hospital. The goal was to have between eight and twenty focus group members. Thirteen nurse leaders voluntarily

responded and agreed to attend one of three focus groups. A confirmation email (see Appendix B) and a reminder email (see Appendix C) were sent out to the volunteers to ensure their attendance. The participants included nine (62%) managers and four (38%) supervisors. There was initially one director who volunteered to attend but then declined at the last minute due to a schedule conflict. The nurse leaders were from a wide range of inpatient units. In regard to the education levels of the nurse leaders, five (38%) held bachelors degrees, seven (54%) held masters degrees, and one (8%) held a doctorate degree. The total number of years worked in a nursing position were three (23%) at zero to ten years, five (39%) at 11-20 years, three (23%) at 21-30 years, and two (15%) at 31-40 years. The total years in a nursing leadership role (supervisor and above) were eight (62%) at less than five years, two (15%) at six to ten years, two (15%) at 11-15 years, and one (8%) at 16-20 years. All the focus group members (100%) worked in a metro hospital.

In phase two I invited nurse leaders from a professional nurse leader organization to take my survey on nursing sabbaticals. The first message (see Appendix D) was embedded in the organization's monthly newsletter followed by the same message sent out as an email reminder three times. Seventy-two people responded and took the survey, but eighteen were disqualified because they were not in the defined leadership role or were not presently working in a hospital. My recruitment goal in phase two was between 20 and 200 completed surveys from nurse leaders which was achieved with 54 responses. Respondents were made up of five (9%) supervisors, 23 (43%) managers, 20 (38%) directors, and six (11%) CNOs. Regarding the education levels of the nurse leaders, 19 (35%) held bachelors degrees, 29 (54%) held masters degrees, and six (11%) held a doctorate level. The number of years worked in the nursing profession consisted of three (6%) at ten years or less, 18 (33%) at 11-20 years, 13 (24%) at 21-

30 years, 16 (30%) at 31-40 years, and four (7%) at greater than 40 years. The total number of years worked in nursing leadership role (supervisor and above) were 12 (22%) at less than five years, 17 (31%) at six to 10 years, 12 (22%) at 11-15 years, six (11%) at 16-20 years, three (6%) at 21-25 years, and four (7%) at greater than 25 years. The respondents reported 22 (41%) worked in a metro hospital, 13 (24%) worked in a regional hospital, and 19 (35%) worked in a rural hospital.

### **Maintaining Confidentiality**

Maintaining confidentiality was a high priority for me in both phases of the study. In phase one the focus group participants were sent a copy of the consent several days before the meeting. The consent (see Appendix E) outlined how confidentiality would be maintained and was reviewed again during the meeting. I asked all participants to keep the conversations confidential and to use only first names. The participants completed a demographic sheet that had no identifying data on it. I recorded focus group conversations on a password protected computer and directly downloaded them to Rev.com for transcription, which guarantees confidentiality. A digital recorder was used as a back-up and was stored in a secure location. I also took written notes. All consents, demographic sheets, notes, and transcriptions were also stored in a secure location.

In phase two, I maintained anonymity and confidentiality by using the tool Survey Monkey. There was no identifiable data collected through the survey and demographic questions. Survey responses and data were stored on a password protected computer. I will delete or shred all recordings, transcriptions and survey results within six months following the completion of my thesis.

## Data Collection

I collected data through focus group interviews in phase one and through surveys in phase two. Focus groups lasted between one and one and half hours in length and were held in a hospital conference room. We gathered at the end of a large rectangular table with me on the end and the recording devices in the center of the table. I recorded by computer and digital recorder. The computer recording was downloaded directly to the transcription service Rev. com and the transcriptions were completed within one to three days. The digital recorder was there as a back-up. I also took notes and documented the seating arrangement. The discussion focused on nurse leader retention and sabbaticals. I used a questioning route consisting of complete and conversational sentences which made the questions clear and consistent between focus groups (Krueger & Casey, 2015). The questioning route (see Appendix F) included primary and probing questions as needed for clarification and better understanding.

I created a meeting agenda and started out with a welcome and introduction of myself. I then described the purpose of the focus groups and the project. The consent was reviewed including audio and note taking, storing and destroying of data, ability to withdraw or not answer questions, confidentiality risks and expectations. I asked people to sign the consent and complete the demographic questionnaire (see Appendix G) before starting the interview.

I started the interview with a request for the participants to introduce themselves with their first names only and to share one interesting thing about themselves as an icebreaker. Krueger and Casey (2015) described this as the opening question which should be easy to answer. The purpose was to get people talking and to increase their comfort level in the group. I then asked them two questions about retention in their present role. This was followed by a transition question on their present knowledge about sabbaticals. Transition questions move the

discussion toward the purpose of the study (Krueger & Casey, 2015). After they shared their perspectives, I described what a sabbatical was, its purpose, and gave some examples. I then asked them to take a few minutes to envision themselves on a sabbatical. I prompted them to think about what they would do and try to achieve, where they would go, for how long, what resource they would need, and how they would feel. I then asked them what should be included in a sabbatical program if we had one. I proceeded to ask four key questions that explored the benefits and concerns of sabbaticals for themselves and their organizations. I concluded the interview by asking an ending question that allowed closure and reflection on previous questions and comments (Krueger & Casey, 2015). I wrapped up the discussion and thanked them for coming.

The first focus group was made up of six nurse leaders of whom four were very talkative and energetic. They dominated the conversation and made it difficult for others to break in. All but one participated regularly, and I wish I had intervened sooner to bring that leader into the conversation more often. The group also strayed off topic often and had to be redirected back to the question and topic. This made it challenging to stay on task and on time. I did not need to use many probing questions to stimulate this group. The transcription listed many phrases as “inaudible” due to members interrupting each other and talking at the same time.

The second focus group was different most likely because there were only two participants. Several of the other participants needed to reschedule at the last minute and joined the third focus group. The two participants were right to the point, stayed on topic, and took turns answering the questions. They were on task and ahead of schedule. I utilized more of the probing questions with this group to stimulate conversation. The transcriptionist caught every word of dialogue.

Krueger and Casey (2015) stressed the importance of learning from each focus group and then adjusting as needed. By the time I got to the third focus group I had learned the importance of requesting only one person to talk at a time, engaging all participants, and decided to reorder the questions to improve the flow of the discussion. I separated some of the combined questions so there could be more of a focus on each part. I also moved the question asking what should be included in a sabbatical toward the end. The third focus group ran the most smoothly with rich dialogue and everyone participating. The order flowed better, and each question received attention and thoughtful responses. The transcription also turned out well.

Phase two followed the data analysis of the focus group responses which informed the questions for the survey (see Appendix H). The survey was piloted with nurse leader colleagues, was approved by my advisor, and sent for IRB approval as an addendum. I utilized the service SurveyMonkey to create the survey and analyze the responses. The survey included the consent, a description of the study, a definition, purpose, and example of a sabbatical prior to the questions. My plan was to send the survey out to members of a nurse leader professional organization to which I belonged.

I worked with the research committee to receive permission and approval of the survey. The group approved my survey but wanted my initial request and survey link to appear in the newsletter. I was concerned about the number of respondents I would receive through the newsletter and asked that follow up email reminders also be sent out through the organization email. The survey in the newsletter had a slow initial response but picked up after the reminders went out. I also extended the deadline a week and received a total of 72 responses of which 18 were excluded, and 54 qualified.

The survey was made up of four sections with several statements in each section. The four sections were benefits of sabbaticals to you personally, benefits of a sabbatical to your organization, concerns of sabbaticals to you personally, and concerns of sabbaticals for an organization. The survey respondent was asked to what extent they agreed or disagreed with the statement. The answers were displayed on a four-point Likert scale with strongly agree, agree, disagree, and strongly disagree. Choosing an even-number scale forces people to choose between positive and negative when there is no neutral in the middle (Sue & Ritter, 2007). The risk, however, is that it can skew results more positively because when people can't decide they tend to lean positive to "be nice" (Sue & Ritter, 2007). For this reason, survey respondents had the option to select "no opinion" with zero value. Each statement within the sections were derived from focus group themes or from the literature review. There was another section asking survey respondents to rate the importance of various elements to be included in a sabbatical program. Responses in this section ranged from very essential to not important. There were also questions Appto gain demographic information. Comment boxes were available after each section to share thoughts or anything that was not covered in the survey. The final question asked if the leader would take a sabbatical if their organization offered one with the options to answer yes, no, or unsure. The survey was estimated to take 10-15 minutes but SurveyMonkey reported respondents averaged six minutes.

### **Data Analysis**

The data analysis of phase one began with my own personal debriefing and journaling following each focus group and concluded with a more systematic review of the audio recordings, notes, and transcripts. Kreuger and Casey (2015) suggested questions for debriefing which included identifying themes, important points, surprises or unexpected, significant quotes,

how groups compared, and what should be changed for next group. I listened to the audio recordings a couple times to gain more insight into the responses. After the transcriptions were returned and reviewed, I listened to the audios again to see if I could figure out the sections the transcriptionist labeled as “inaudible”.

I searched for analysis strategies and decided on the “classic analysis strategy” (Kreuger & Casey, 2015, p. 151) of color coding the transcripts, cutting up responses, and categorizing by similar responses. I modified this approach and used a computer. The three focus groups’ transcriptions were color coded by group and then a line by line inductive coding was done, and comments were copied and pasted into another document arranged by question, themes and codes. The color coding allowed me to see if there were similar responses across all three focus groups or if responses were limited to one group. The process also allowed me to evaluate frequency, specificity, emotion, and extensiveness of the responses (Krueger & Casey, 2015). Some responses were lengthy and could be distributed into more than one theme so copying and pasting allowed answers to be dissected and distributed.

As I listened to audio recordings, reviewed transcripts, and did my coding of the focus group data, I was surprised to hear some of the leaders share their hesitation and resistance to the idea of a sabbatical. This did not match with my assumption that most nurse leaders would want to take one. I questioned what would cause this and continued to dig deeper. I journaled my thoughts, impressions, and gut feelings and then returned to the transcripts again with a different lens. I identified twenty-one declarative themes supported by statements from the focus groups; these were the basis of the questions for the survey. I decided it would be important to ask the survey question, “Would you participate in a sabbatical if it was offered by your employer?” to see how other nurse leaders would respond.

I analyzed the survey data and quantified the responses in terms of percentages for each response. I grouped the strongly agrees and agrees together as well as the strongly disagrees and disagrees together for easier comparison. Numbers were also assigned to each response, 4= strongly agree, and 1= strongly disagree to determine a weighted average as another way to evaluate the responses. This was also done with the elements needed for a sabbatical program where 4= very essential and 1= not important. No opinion received 0 points on all questions. The survey comments were also coded and assigned to respective themes or sub-themes. The data from both phases were incorporated together into a findings table and connected to related literature. The amount of data was overwhelming. I returned to my research question throughout my analysis to keep me focused on the most relevant data. The data is documented in the findings section of the paper and in Appendix I. The discussion section describes how to make sense of the data as compared to the literature and within the theoretical frameworks.

### **Validity**

My study is a qualitative study which leaves the analysis up to interpretation through my personal lens. Validity is very important in qualitative research because “it means the findings are accurate (or are plausible)” (Creswall, 2016, p. 191). I came into the study with biases about the struggles nurse leaders experience and could also relate to the literature and focus group responses of feeling stressed, overwhelmed, and burned out. My goal was to find a solution and I was excited about the possibilities of sabbaticals to help relieve the struggles nurse leaders felt. I also recognized another bias which was the assumption that every leader would embrace the idea of sabbaticals despite some challenges. I was surprised by some of the hesitation and resistance that came up in the focus groups. This was another reason why it was important to take my findings from the focus groups and test them with a larger group of nurse leaders in the

form of a survey. Gathering evidence from multiple sources is called triangulation and is a rigorous and systematic postpositivist approach (Creswall, 2016).

### **Ethical Considerations**

I contemplated ethical considerations at every step of the study. I gained permission to hold focus groups from hospital leaders and through the IRB approval process. I was granted permission from the research committee of a nurse leader professional organization to do the surveys. I recruited all participants through emails and they self-selected by responding to and asking to be in a focus group or by completing a survey. I informed all participants of the purpose of the study and the research question. I sent out the consents out ahead of time for focus group members to review prior to the meeting. I included a survey consent at the beginning of the survey. The consents stated that participation was voluntary, and leaders could decline to answer a question and could withdraw from the study at any time. I identified only one possible conflict of interest and this would be my direct report (a supervisor) participating in a focus group. The risk was determined to be minimal because my direct report had free choice to join the focus group. There were no risks of conflict of interest in the survey because all responses were anonymous. Also, I identified no conflict of interest in the questions because they focused on thoughts, ideas, and opinions related to sabbaticals, something that did not exist in my current work environment.

### **Findings**

Many themes developed through the analysis and interpretation of the data. There are two sections in the findings. The first is the focus group responses to the question about what made them think about leaving their role which resulted in three main themes. The second

section is sabbaticals and is based on the focus group and survey responses. The themes on sabbaticals were organized under five main questions: benefits of sabbaticals to a participant, benefits of sabbaticals to an organization, concerns of sabbaticals to a participant, concerns for sabbaticals to an organization, and willingness to take a sabbatical. Survey responses and comments were integrated with the focus group responses.

### **Reasons Nurse Leaders Consider Leaving Their Role**

Focus group participants discussed the question of what makes them think about leaving their role. There were a wide variety of answers to this question from the nurse leaders, but three main themes emerged representative of all three focus groups and most of the participants. The three themes were the inability to disconnect from work, feeling overwhelmed and an inability to catch up, and feelings of stress and burnout.

**Inability to disconnect from work.** Almost every focus group member could relate to the inability to disconnect from work. Participants talked about the job being 24- hour accountability 365 days per year because the hospital is always open. Participants described how they want to stay connected and be available to their staff but unfortunately it comes at cost. One participant described it this way:

To me that's part of what doesn't allow you to refresh is the fact that your work will follow you because of smart phones and emails and texts, which is all great things. We want to be connected to our staff and feel like they can get us at any time, but- There should be some limits on that.

Another participant shared:

Even when you're caught up hypothetically, you still can't ever really, completely disconnect, and I don't remember what it feels like. That's the one part about staff nursing that I might miss the most beside more patient contact is just that my shift's over, I can hand it off and done.

One participant talked about how work follows her on vacation:

It's because there's no separation, because we're so tied to these cases. And I have yet to go on a vacation where I do not dream about work, because if I try not to check my email, then I start to worry about what I don't know is happening, and then I dream about work every time I go on vacation and to go through so much anxiety, because naturally somebody got stuck in the ceiling lift. Somebody had to chase a patient down the road.

**Feeling overwhelmed and inability to catch up.** The focus group participants shared how they put in very long days and can't get caught up. One leader stated:

And then I worked Monday from home, and I still feel overwhelmed. And so, I feel still, feel like, "I'm gonna have to go home tonight and do something." That makes me wanna leave. It's like I'm never caught up. And I wanna have a job where I can leave work at work, and not feel like I have work to do. That makes me crazy.

Another leader shared the challenges of getting all her work done:

I'm still having difficulty getting everything done within my work agreement essentially. So, I'm taking a lot home, which cuts away from my personal, my family time, time to disconnect, that type of stuff.

The participants described long lists of things to do they can't complete while at the same time more things get added. One participant stated:

But the same thing would be the reason I would leave. There are 30 things to do, and only enough time to do 10 of those things well, and then you end up doing things halfway.

And then you don't get follow-through, and then you wonder why it didn't succeed. And that's frustrating.

There are expectations of connecting with staff and patients, maintaining quality, hiring, evaluations, projects, HR issues, and then an unexpected crisis comes up. A participant shared:

That's one of the things that would get me to ever leave, is the "just one more thing."

Because things come at you from everyone. You're asked to be on things and do things that really weren't yours to own, or other people's projects always come down to the unit manager and supervisor. Every single project in this building comes down to two people.

Two people.

Another participant summed up the stress well as he said:

The speed of change...it's hard to keep up with that, and there's no time to make a milestone. There's no time to bask in that, because the next milestone is already there.

Or you're already behind the next milestone.

**Feeling stress and burnout.** The focus group participants describe the stress of their role and how over time they begin to feel burnout. One participant described her job as "a rat race...you never get a break. Even with a teacher, you have an end date, like nurses have an end of shift and give report." Another said, "I feel like I'm always stressed out about something."

One leader talked about the effect of the stress, “I find that my patience wears very thin at certain points in time and I’m very reactive, and I take things very personally.” The participants shared the challenges of connecting and relating to staff when feeling stress and burnout. One shared, “I feel oftentimes like we're asked to have this open heart and this compassion for our staff and sometimes I'll be honest, I'll get really burnt out on that.” As another participant talked about empathy, she said, “The cup is gone. It’s empty.” The participants talked about the amount of work they have and how it impacts their family and work-life balance. They described feeling guilty if they are sick or on vacation because then the work falls on someone else. One participant described it this way, “I feel guilty going on vacation, because I know it falls on my supervisor, it’s gonna double her workload while I’m gone, and it makes you feel bad for even taking a full two weeks.” Another discussed the pressure of working on vacation:

I feel like something is this push and it's almost a bit of a burnout, and you have vacation time, but no one does your job when you're on vacation, so there’s pressure and difficulty of completely disconnecting from work.

## **Sabbaticals**

**Benefits of sabbaticals to a participant.** The participants in the study described several benefits they thought sabbaticals could provide them personally. These included feeling rested, refreshed, re-energized, and revitalized, less overwhelmed, a decrease in stress and burnout, a disconnection from work, and an opportunity for personal and professional development.

*Feeling rested, refreshed, re-energized, and revitalized.* The participants in the focus groups and survey shared many positive comments on how they thought they would feel following a sabbatical. These comments included the words rested, refreshed, re-energized, and

revitalized. One participant used the word “refreshed” and then went on to describe what that meant to her. She stated it would “feel like I want to come back, and I don’t dread the phone ringing of what it’s gonna be. The worst possible scenario is at my doorstep, that I can take on.” Another participant envisioned the feeling of returning from a sabbatical to be like the first day of a new job when everything was fresh. One person thought a sabbatical could provide an opportunity to reflect on what a difference they make in their role, instead of feeling like they just survived another day.

There were comments on how sabbaticals could provide time to be more mindful and manage stress. Others saw sabbaticals as a time for self-healing, improved health, work-life balance, and pursuing lifelong goals. One respondent said a sabbatical was an opportunity to “re-focus on purpose and worthwhile work; may return with new agenda and improved alignment with goals as a sabbatical provides an opportunity to climb out of the weeds and see the light again.” Among survey respondents, 92.6% strongly agreed or agreed with the statement, “Sabbaticals enable you to feel rested, refreshed, re-energized, and revitalized.”

***Reduction of stress, feeling overwhelmed and burnout.*** Focus group participants shared how stressed and overwhelmed they felt at work along with feelings of burnout. One participant described nurse burnout as prevalent and thought a sabbatical would be an innovative way to relieve it. A participant shared her own experience of burnout:

I find my patience wears very thin at certain points in time and I’m very reactive and take things very personally. I think that having a chunk of time off that’s longer than a week could really help with some of that.

Another participant shared:

I think there is a problem with nurse leader burnout that needs to be addressed. Whether a traditional sabbatical like educators...or slightly less traditional...I think it is something that's important to keep leaders engaged in a high functioning organization.

Among survey respondents, 88.9% strongly agreed or agreed with the statement, "Sabbaticals reduce your risk of burnout" and 87% strongly agreed or agreed with the statement, "Sabbaticals decrease stress and feelings of being overwhelmed."

Participants thought reducing burnout could be cost effective and pay for itself by retaining leaders and saving on orientation costs. A survey respondent agreed and shared this comment from direct experience, "I know a nursing leader that just resigned due to burnout. The time and money to recruit and train a new leader are high when compounded with staff upset over yet more change and less stability."

A couple survey respondents commented on their own personal experiences of taking a sabbatical for burnout. One described it as the best decision ever made and went on to state, "I believe I am still in leadership because my organization supported my taking a personal leave to refresh and recharge." The other described how "a refreshed leader is more valuable than one in burnout just going through the motions."

***An opportunity to disconnect from work.*** An opportunity to disconnect from work was described as a benefit of sabbaticals by many participants. This was because of the 24-hour accountability that followed them on weekends off and during vacations. One male participant wondered if a sabbatical would feel like women do on maternity leave when they focus only on the baby and someone else covers their unit. One person imagined how relaxing it would be to not worry about emails coming through all the time or needing to worry about the patient who fell at 2 a.m. Another person described a sabbatical as "the freedom to feel like you have the

right to be disconnected.” While discussing the idea of being totally disconnected one person shared that he/she didn’t remember what that felt like. The need to disconnect from work was evident in this statement:

I’m kind of chuckling because to me...the closest thing I’ve had to a sabbatical...is Christmas Day. It is the only day I probably have not gotten an email from another nursing leader. So, to me almost a sabbatical is having a day where they shut down the entire email system, and no one can send you anything.

The statement, “Sabbaticals allow you to disconnect from work” was strongly agreed to or agreed to by 94.4% of survey respondents. One survey respondent thought “a manager would still be called or interrupted by corporation while out on a sabbatical...don’t feel would honor true sabbatical”.

***An opportunity for personal and professional growth.*** Focus group participants saw sabbaticals as an opportunity to leave their present role and do something to enhance their personal and professional growth. One person thought a sabbatical could provide an opportunity to go back to school or take a class. There were several participants who thought the time could be used to work on special projects that couldn’t be done during normal work hours. Another person thought a sabbatical could provide an opportunity for personal accomplishment which would be very satisfying. Several survey respondents made comments about opportunities sabbaticals could provide to get things done they normally couldn’t get done, pursue advanced degrees, and invest in education and innovation to enhance their work and unit. One participant described an opportunity to go on a sabbatical the following way:

I think for me, it makes you feel valued...and knowing that there will be a culture shift to support you in career development or just enjoying your family or things like that.

Knowing that your organization, your hospital, will do that, and knowing that the work that you can do will be even more valuable when you come back refreshed, and realizing why you took this position is really personal.

A very high number of survey respondents, 98.5%, strongly agreed or agreed with the statement, “Sabbaticals provide an opportunity for personal and professional growth.”

**Benefits of Sabbaticals to an Organization.** The participants in the focus groups described many benefits of sabbaticals to them personally but also identified many benefits their organization would experience. These benefits included retention and recruitment of nurse leaders, increased engagement, interim leadership development, and leadership growth that could impact the whole organization.

***Retention and recruitment of nurse leaders.*** Several participants in the focus groups thought a sabbatical program would help to retain nurse leaders in their roles and to attract new nurse leaders to the organization. One participant felt that if you were going through a tough time and knew you had a sabbatical coming up, it would help you “stick it out”. Another participant thought that even if you weren’t selected for a sabbatical, just knowing you could apply again and perhaps get the opportunity, could also help bring you through challenging times. One person described the sabbatical as something to look forward to. The concept of work life balance was brought up by a leader and shared it was an opportunity for the hospital to put their “money where your mouth is sort of thing.” A participant suggested that sabbaticals may help retain millennials, “who don’t stay in jobs very long”, and thought the cost savings from less orientation could pay for the program. One leader described a sabbatical as something you work toward like “the light at the end of the tunnel”, but then he paused as he thought again about retention and said, “or a light in the middle of the tunnel, I should say, not the end of the

tunnel.” The statement, “Sabbaticals increase retention” was strongly agreed or agreed with by 87% of survey respondents.

Several participants discussed how a sabbatical program could also enhance recruitment. They thought it would attract and recruit nurses and nurse leaders. One leader shared it might also improve the quality of the recruits and improve the reputation of the hospital. Among survey respondents, 96.3%, strongly agreed or agreed with the statement, “Sabbaticals are a recruitment tool.” One survey respondent commented, “This would be a huge win...a great recruitment tool, as well as retention”.

***Sabbaticals are innovative.*** Many participants in the focus groups and 90.7% of survey respondents strongly agreed or agreed with the statement, “Sabbaticals are innovative”. One participant described a sabbatical as a new idea and another called it “pretty cutting edge”. One focus group member described how a sabbatical could lead to innovation if someone brought back what they learned or accomplished and shared it with the hospital. Another thought it would be an innovative program for Magnet designation. A participant shared:

I think this would be innovative because like you say, there’s not much out there in regard to healthcare nursing as far as sabbaticals go. That could be a pretty innovative idea...nobody has really gone there yet.”

***Sabbaticals increase engagement.*** Several focus group members thought sabbaticals would increase nurse leader engagement in an organization and 88.9% of survey respondents strongly agreed or agreed with the statement, “Sabbaticals increase leader engagement”. One participant thought it would increase the level of engagement and trust for the organization. Another participant talked about how a positive experience outside of work could make a leader feel engaged enough to bring in new ideas and change to their current position. Another thought

a sabbatical would lead to increase energy that would increase engagement. Someone shared, “I was thinking that I would feel like the organization values me as a person, not just as a nurse or an employee.”

*Sabbaticals provide an opportunity for development of interim leaders.* The focus group participants did not bring up the idea that sabbaticals could be an opportunity for development of interim leaders while a leader was out on sabbatical. A couple participants suggested it would be a good way for interim leaders “to test the waters” of a higher leadership position while acting in the role.

The statement, “Sabbaticals allow leadership development for interim leaders” was made on the survey and 98.5% of respondents strongly agreed or agreed. One respondent supported it further by making the comment “I especially like the opportunity for growth for others to fill in. I think of the opportunity to develop a vision and how to carry it out.” Another respondent said this about a sabbatical:

Allows formal leaders to increase knowledge and grow while grooming our informal leaders who can cover unit to become engaged in the corporation to take over that leadership position when it becomes vacant. Saves money overall for the corporation and retains both types of leaders.

*Sabbaticals lead to growth and transform leaders which positively impacts the whole organization.* The participants of the focus group and survey respondents thought sabbaticals for leaders could positively impact the whole organization. One participant thought the person returning from sabbatical would bring back new energy to the organization. Another participant described how the growth of the leader could improve the profession and benefit the organization. Another thought there would be benefits to the organization if research was done

and the tangible outcomes were shared with organization. Among survey respondents, 94.4%, strongly agree or agree with the statement “Personal and professional growth of leaders during a sabbatical impacts an organization as a whole.”

Survey respondents described the benefits of personal and professional growth to the organization and some said the impact would be greater and extend into the community. One respondent commented the benefits inside the organization included secondary benefits to other employees and direct reports. Another respondent shared how a sabbatical could allow for research or work on evidence-based questions and benefit the nursing department. A similar response described how the organization could benefit from a sabbatical if new solutions and thinking led to improved patient care or patient experience. One respondent saw the benefits extending further and said a sabbatical could be an opportunity to “promote the organization outside its own inner circle.” Another respondent thought a sabbatical could lead to “recognition of nursing by the public and its contribution to generate new knowledge, population health and visibility in a non-traditional setting.”

**Individual Concerns About Taking a Sabbatical.** The focus group participants discussed concerns or barriers that might prevent them from taking a sabbatical. They described concerns about leaving their staff or unit, the interim coverage while on sabbatical (good or bad), being fearful they may not return to their job after taking a sabbatical, impact on family, and if the sabbatical is paid or not. . Some of the participants expressed difficulty in even imagining a sabbatical because they didn’t think the organization would ever consider it.

**Concerns about leaving their unit/staff.** The participants expressed concerns about leaving their unit and staff. Several leaders stated they would feel guilty over leaving their staff. One was concerned about finding the right time to leave and wondered what an interim manager

might have to deal with. Another described feeling guilty for deserting staff and was worried about what might happen while gone.

Other concerns came up from the participants on how leaving would impact the relationships with their staff. One feared the disconnection with staff. Another was concerned about losing momentum in building relationships and unit culture and wondered how it might change while gone. One participant discussed how the investment in relationships were so key to the work and driving change. There was concern that many new nurses might be hired while the leader was on sabbatical and upon return would have no relationships with them. This could impact future change on the unit. Another participant had a similar concern and shared:

If I were a teacher and I took the school year off, and I'm teaching third-graders, well next year is going to be a different group of third-graders so they're not going to know me anyway...whereby here in nursing, you're going to have that time away from the folks that you've built relationships with, and someone different is stepping in.

Another participant was concerned about "coming back and jumping back in" when so much could change over time. Among survey respondents, 77.8%, strongly agreed or agreed to the statement, "I am concerned for my staff/unit while gone".

***Concern about interim leadership coverage while out on sabbatical.*** The participants of the focus group had concerns about interim leadership coverage while out on sabbatical but for different reasons. Several leaders expressed concern about the interim person doing a better job than they did, which could result in the loss of their positions. One person asked, "What if they don't want me back?" Another said they were worried the staff would say, "We want the interim manager. You can stay on sabbatical." The statement "I am concerned about my position being eliminated while gone" was strongly agreed or agreed with by 70.4% of respondents.

The opposite response was also shared by several participants as they expressed concerns about what would be waiting for them when they returned. One participant expressed fear of walking into a disaster and then needing to clean it up. Another described being at the mercy of the person who was covering for you. A few participants used the word “dread” as they thought about what they might face after being gone for several months. Five survey respondents brought up the amount of work that might pile up while gone and two described the stress it would cause. One participant described a summary of all the concerns in one statement:

I'd be concerned that whoever is in your place is not going to do the things the way you're going to do. It's not a knock against them, it's just they're not you. So, what do you have to come back to clean up when you get back, and I guess there is a little bit of what if they're better than you? Or what if they figure out they don't need you, so they eliminate your position?

Among survey respondents, 75.9%, strongly agreed or agreed with the statement, “I am concerned about the impact of interim leadership on my unit/culture”.

Some additional concerns were brought up about the interim leader role. One respondent expressed concern about an interim leader transitioning back to his/her previous role and the risk of losing him/her to another organization if there were no leadership positions available.

Another respondent brought up a concern about the transfer of knowledge between the leader and interim leader. One participant was concerned about finding interim leaders. Another suggested the hospital should create a substitute leader position to fill in for sabbaticals, and she was interested in the job. She liked the idea of covering other units for a short period of time.

***Fear of not returning to previous position.*** The focus group participants brought up the concern that some leaders might not return to their leadership role. One participant described

how the reduction of stress and the disconnect from colleagues, staff, and patients might make him/her question if he/she should return. A participant shared:

I think sometimes when people do take that time off, you may lose people. I think there are times that people think, wow, I feel much better being off and they might decide...to do something that might not be as stressful.

A couple of the participants expressed their own fear of not returning to their leadership position after taking a sabbatical. One stated, “my fear is, I would never go back.” Another said:

If I don’t come back, they have to be ok with it. I realize that wasn’t the place for me, and it’s not good for you to take someone back who doesn’t want to be there anymore.

The survey respondents did not agree with the statement “I am concerned I may not want to return to my previous position” as 55.6% of respondents disagreed or strongly disagreed with it and only 40.8% strongly agreed or agreed with it.

***Concern about effect on family.*** A few participants shared that their family could be a barrier to taking a sabbatical especially if it required travel. One participant stated, “My family would be a barrier, and depending on what the work was, what the sabbatical was, can’t do it.” Another participant shared the need to wait until her kids were out of school before she could take time off for a sabbatical. Another one had a different approach and said, “I think take the family with you or do something local.” Another shared he might not be able to do his grander plans of traveling to Europe for a sabbatical if his wife was not able to go with him because of her work commitments.

The survey respondents did not agree with the concerns about family as 61.1% of respondents disagreed or strongly disagreed with the statement, “I am concerned about the effect on my family/personal life.” Only 35.2% agree or strongly agreed with the statement. This

statement had the lowest agreement score of all concern statements. One respondent's comment reflected a different point of view, "It (sabbatical) could have a positive impact on the nurse leaders' family, thus enhance family dynamics."

***Concern about being paid.*** All focus group members were concerned about whether the sabbatical was paid time or not. This was also true with the survey respondents as 96.2% strongly agreed or agreed with the statement, "I am concerned if a sabbatical is not paid." Many participants thought it would be difficult to go without pay. One participant was also concerned about how to pay for the activity of the sabbatical or travel and asked if the organization should cover that too. When discussing the possibility of going on a sabbatical, one participant said, "It also depends on if we get paid or not...if it's not paid, now you have to de-stress all of your de-stressing per se" (referring to stress caused by not being paid).

***Concerns for the Organization.*** Focus group members discussed the concerns they thought the hospital would have regarding a sabbatical program. These concerns included the cost of the program, the impact on productivity and quality, and the fairness of a program if only offered to nurses and no other health professionals.

***Concerns about the cost of a sabbatical program.*** The concern about the costs of a sabbatical program came up in all of three focus groups and among 98.1% of survey respondents who strongly agreed or agreed with the statement, "My organization would be concerned about the cost of the program". Several participants stated the word "cost" or "money" as the first and greatest concern. One participant said, "Well maybe the financial piece, whether paid or unpaid, I guess the pay, and what would be the cost of the person covering? Where would that be sort of coming from?" Another leader talked about increasing the FTE of the supervisors to help cover the work but that also created added costs. A few leaders brought up the concern about paying

the leader to be on sabbatical without them producing something directly for the organization and wondered if the sabbatical could be a special project for the hospital instead of something to meet the needs of the nurse leader. One survey respondent had a different view about the cost of the program and thought a sabbatical could lead to “cost savings and revenue enhancement if the sabbatical is spent on innovative or efficiency (waste reduction) work.”

*Concerns about impact on productivity and quality.* Focus group participants brought up the concern about the impact on productivity and quality related to change in leadership with staff. One participant said productivity and quality could be impacted by “the change of the floor...and answering to someone else or they are not going to have you there.” Another participant shared similar thoughts:

There is always the chance that it wouldn't be run as tight as it was because the person is just coming in...they don't know who they have to follow back with for overtime and all that type of stuff. So, I think there's probably a possibility that some of their quality things might not be quite up to the same level.

Among survey respondents, 94.4% strongly agreed or agreed with the statement, “My organization would be concerned about productivity and quality”. One survey respondent commented on productivity and said, “Shifting of the critical position's workload would actually require added staff and recruitment time and efforts are intense. The training time also affects productivity.” One participant was concerned about the impact of poor performers without a consistent leader to “follow through with individuals who are having issues or performance issues may fall off the rail.” One respondent brought up a different point of view and shared “the value of nursing leadership contribution during a sabbatical is worth the time and impact on productivity.”

***Concerns about the fairness of a sabbatical program.*** The participants of the focus groups discussed concerns about the fairness of a sabbatical program for nurse leaders and the perception of staff if leaders take a sabbatical. Survey respondents' agreement was reflected in 88.9% who strongly agreed or agreed with the statement, "My organization would be concerned about the fairness of the program if only offered to nurse leaders" One participant said, "Depending on the culture...I'd be worried of the perception of it (sabbatical) from either my superior or my direct reports." A similar concern came up when a participant shared, "The only thing I'm concerned about and I worry...what are other people going to think about it. What are my staff going to think if I'm gone for a month and how are they going to feel?" Another participant shared how taking a sabbatical could lead to the perception of leaders not being serious about their positions or they don't care about their staff. A participant brought up the issue of unionized employees wanting the same benefits as leaders or it could drive a wedge into the relationship and give them "one more thing that they can complain about."

There were some comments regarding how colleagues may feel as a participant stated, "I would just worry that people might have animosity towards me. They might be jealous that they can't do the same thing because it's not an option for them." Another participant shared how it would be hard to face colleagues "when everyone is working really hard and a lot is going on and somebody else is taking time for personal refresher because they are dying on the vine."

***Concern of workload for other employees.*** Focus group participants thought the hospital would be concerned about spreading the workload to other employees if there was not an interim leader to cover a sabbatical. One participant described how this would stress other colleagues out. Another thought that if there wasn't an interim manager "then everything stops." Among survey respondents, 100% strongly agreed or agreed to the statement, "My organization would

be concerned about the distribution of workload for others while a leader is gone on sabbatical.”

One respondent spoke from personal experience about how work load can be handled:

When I took my sabbatical or personal leave it was very supported, and I think things can be done prior to lessen the impact to others and for everyone to see in the end a refreshed leader is much more valuable than one in burnout just going through the motions.

**Willingness of Nurse Leaders to Take a Sabbatical.** Focus group members had a variety of responses when asked if they would take a sabbatical if one was offered. Two participants responded affirmatively to the question with “absolutely” and “yeah, did I answer that quickly enough?” Another participant responded with hesitation and expressed a desire to see how it worked for others first. One said they would give it a try if it was paid. Another shared a willingness to take a sabbatical once the kids were grown and finances were more secure. One participant thought many other leaders would say yes to a nursing sabbatical if they had the opportunity to be off from the usual duties to focus on one thing.

Some focus group members had difficulty answering the questions about sabbaticals because they didn’t think it could ever happen in the organization. One said, “I don’t think anything will happen, there’s not a chance in hell here, that’s what I think.” Several participants had challenges embracing the sabbatical as described and came up with modified sabbatical ideas they thought would be more accepted by the organization. These ideas included taking nurse leaders off their unit to work on special projects, switching departments, partial sabbaticals (couple days off per week), working from home, and quarterly retreats. All the ideas included ongoing direct work for the organization instead of time away to do something important to the nurse leader.

There was a question on the survey that asked, “Based on the responses you made in this survey, would you participate in a sabbatical if it was offered by your employer?” and 72% replied yes, 2% replied no, and 26% replied unsure. Overall survey comments were mixed and slightly more positive. The positive comments from survey respondents included:

- love this thought and proposal
- Being weighed down by the day to day work it is hard to pursue education and innovation that could enhance my work and my unit. I think this is an excellent idea.
- I like the concept. As nurse leaders we often have our plates full, yet, have great ideas on how to improve patient care that need the time to develop.
- Excellent idea. I know that in the academic setting faculty are supported to participate in a sabbatical. There are benefits in the health care setting to support nursing leadership in a sabbatical.

Negative or skeptical comments included:

- I personally have never felt the need for this as my work load has never been overwhelming and my educational opportunities have been adequate.
- Attitudes that there is no value in a program like this
- No investment in nurse leaders in our hospital. Our CNO does not go to bat for us to be able to attend conferences
- In our national culture, sabbaticals are only heard of in academics. Before nurses or nurse leaders would get sabbaticals or ever get them, I believe the physicians would get them first or only get them.

## Summary of Findings

The key findings in the study revealed reasons the nurse leaders considered leaving their position and explored their perspective on sabbaticals. The focus group participants identified several reasons why they considered leaving their positions that were consolidated into three main themes. The three themes included an inability to disconnect from work, feeling overwhelmed and inability to catch up, and feelings of stress and burnout. The focus groups participants and survey respondents identified benefits and concerns of sabbaticals to themselves and their health care organization. The benefits of a sabbatical they identified for themselves included feeling rested, refreshed, recharged, and revitalized. They also suggested sabbaticals would reduce stress, feelings of being overwhelmed, and burnout. The participants and survey respondents said sabbaticals were an opportunity to disconnect from work and an opportunity for personal and professional growth. The respondents also reported many benefits to the organization which included nurse leader retention, recruitment, engagement, and development. They also saw a sabbatical as an innovative idea and opportunity to develop interim leaders for succession planning.

The nurse leaders in the study also identified sabbatical concerns for themselves and the organization. The main concerns for themselves consisted of leaving their unit and what might happen, being paid, and the impact of an interim leader. The study participants were concerned about the impact of poor interim leadership but also concerned about losing their job if the interim leader did a better job than them. There were lesser concerns of a sabbatical on family and fear the leader may not want to return after a sabbatical. The organizational concerns, identified by the nurse leaders in the study, were the cost of the program, the effects on productivity and quality, fairness of who can go on sabbatical, and distribution of workload to

other colleagues. Most of the nurse leaders in the study responded they would take a sabbatical if offered one.

## **Discussion**

Through the responses of the nurse leader focus groups and surveys, I can gain insight into their perceptions on the value of sabbaticals. The participants identified benefits of sabbaticals to nurse leaders and the organization. The benefits to the nurse leaders are 1) feeling rested, refreshed, re-energized, and revitalized, 2) feeling less stressed, overwhelmed, and burned out, 3) the ability to disconnect from work, and 4) the opportunity for personal and professional development. These benefits align with the literature that find sabbaticals allow for an opportunity to break away from work, to disengage, to rest (Morgan & Lynn, 2007), to prevent emotional and physical burnout, to rejuvenate the body, mind, and spirit (Linnell & Wolfred, 2009), and for professional development (Benshoff & Spruill, 2002). The benefits to the organization include 1) nurse leader recruitment and retention, 2) an innovative program, 3) increased nurse leader engagement, 4) an opportunity to develop interim leaders, and 5) growth and transformation of leaders to benefit the organization. These benefits align with the literature that posits sabbaticals improve job satisfaction, engagement, and retention (Swenty et al., 2011), are incentives to attract, highly qualified people (Carr & Tang, 2005), and are innovative ways for interim leaders to gain knowledge and experience to prepare them for future leadership positions (Linnell & Wolfred, 2009). Sabbaticals also allow employees time to learn, to grow, and to re-engage their passion for the work they do (Carr & Tang, 2005).

Individual and organizational concerns are also important to identify when considering the value of sabbaticals. The greatest individual concerns identified by participants include concerns about 1) their unit/staff, 2) the interim leadership coverage, 3) losing their position, and

4) not being paid. Organizational concerns identified by the participants are 1) the cost of the program, 2) the impact on productivity and quality, 3) the fairness and perceptions of staff about nurse leaders taking sabbaticals, and 4) workload of others. The literature does not support the concern about being paid for a sabbatical but does suggest that cost of salary, benefits, and replacement employees are one of the greatest concerns for companies (Carr & Tang, 2005). Still, a cost-benefit analysis of sabbaticals does show they are fiscally sound when comparing all possible costs and benefits (Schaar et al., 2012; Ozarow, 1993). The literature finds an interim leader can place strain on the organization because of their lack of knowledge and experience which could impact unit staff, productivity, quality, and the workload of others (Linnell & Wolfred, 2009). The literature does not support concerns about the fairness of the program but does discuss concerns about politics around interim leader selection (Linnell & Wolfred, 2009). Regarding participants' fear of losing their position, the literature reports a risk of losing a position if the organization discovers a person is no longer the best fit (Linnell & Wolfred, 2009). Concerns about not wanting to return to a position were identified by the focus groups but not agreed upon by the survey respondents. The literature, however, finds employees not returning to their role to be a concern of the organization (Carr & Tang, 2005), but another study disagrees and finds leaders often return with a renewed commitment and loyalty to the organization (Linnell & Wolfred, 2009).

Theoretically, the quality caring model (Duffy, 2018) describes the importance of the act of caring and feelings of being “cared for” to happen at every level of a health care organization. Caring is a “significant concept for nurses because it is tied to the fundamental relational aspect of our work” (Duffy, 2018, p. 52). Nurses care for their patients so patients feel cared for, nurse leaders care for nurses, so nurses feel cared for, and administration cares for nurse leaders, so

nurse leaders feel cared for. Caring for all colleagues should happen vertically and horizontally in an organization. Duffy (2018) states “cared for” can be described in many ways including valued, worthy, whole, supported, encouraged, engaged, empowered, and hopeful. When this model is in practice, patients receive better care and patients experience better patient outcomes (Duffy, 2018). Duffy (2018) goes on to explain the importance of nurse leaders creating caring work environments that allow staff to develop, evolve, and self-advance. This aligns with the literature that finds the most important work of a nurse leader is to connect and care for their nurses (Baggett et al., 2016) along with creating healthy work environments so nurses can thrive (Shirey, 2017). Nurse leaders also “play an instrumental role in staff nurse retention and ultimately the quality of patient care” (Brown et al., 2013, p.46). For nurse leaders to be effective in their role, they too, must feel “cared for” or valued by their colleagues and leaders (Duffy, 2018).

The nurse leader participants in my study shared many responses that suggest they don't feel “cared for” for or valued in their organizations. The first statements came up when participants were asked what benefits they saw in sabbaticals for nurse leaders. One said she couldn't answer the question because she couldn't envision sabbaticals ever happening in the organization. Another one shared that sabbaticals were unrealistic because she thought the hospital would never pay for them. One participant stated at the end of an interview, “I don't think anything will happen. There's not a chance in hell here, that's what I think.” Several participants expressed concerns about the cost of the program and didn't think the hospital would pay for it unless there was a direct, tangible, immediate return on their investment. This thinking led two of the focus groups to ideas of doing special projects or changing departments instead of traditional sabbaticals. These ideas turned sabbaticals into a transactional arrangement instead of

an investment in a future transformational leader. Concerns brought up about not being paid or the cost of the program also suggested the participants didn't feel their organizations were willing to invest in them.

As participants suggested their organization didn't value them enough to send them on sabbatical, they also presented a paradoxical concern that they thought of themselves of such value they couldn't be replaced. This was demonstrated as participants described their fears and concerns about what would happen to their unit or staff while they were gone. They discussed the potential diminishment of the relationships and loss of the investment made in their unit. This discussion led participants on to their concerns about the negative impact of an interim leader on their unit while they were gone.

The concerns participants brought up about interim leaders suggested there was a lack of caring or feeling valued between colleagues. A sabbatical should be an empowerment and growth opportunity to develop interim leaders (Levin, 2013). Yet, this did not come up as an idea from the focus groups. The participants shared more about what could go wrong if they left on sabbatical rather than positive opportunities that could take place. A few participants talked about feeling guilty or were worried about others feeling jealous if they took a sabbatical which also spoke to the lack of caring between colleagues. I didn't hear phrases like, "My colleagues would be happy for me" or "I'm excited for my leader to have the opportunity for a break and to come back refreshed" in the focus groups. I didn't hear anyone say they felt worthy or deserving of a sabbatical for their years of service to the organization. There was more discussion about why leaders shouldn't get a sabbatical instead of why they should get one.

Several survey respondents made comments that further supported feelings of not being cared for or valued by their organizations. One said their organization had "attitudes that there is

no value in a program like this.” Another talked about the lack of investment in nurse leaders. “Resistance from providers” was also shared as something that would be a barrier to a sabbatical program. One survey respondent thought “a manager would still be called or interrupted by corporation while out on sabbatical” and didn’t “feel this would honor a true sabbatical.” A leader described how sabbaticals were only for academia and said, “before nurses or nurse leaders would get sabbaticals or ever get them, I believe the physicians would get them first or only get them.” The final example supporting respondents not feeling cared for or valued by their organization was when 70.4% of respondents agreed they had concerns about their position being eliminated while gone. Care from an organization and feeling cared for or valued is important for nurse leaders because of their key role in caring for their nurses (Duffy, 2018). Caring is a positive resource needed by nurse leaders to help maintain their well-being as described in the COR theory (Hobfoll, 2001).

The COR theory (Hobfoll, 2001) is motivational and integrative stress theory. The theory suggests that people are motivated to protect, retain, and enhance their psychological resources as well as try to acquire new ones (Davidson et al., 2010). The theory also describes how the evaluation of resources can estimate work place stress and burnout and interventions to reduce them (Hobfoll & Shirom, 2001). Stress happens when a person’s resources are lost, threatened to be lost, unable to be protected, or there is an inability to acquire new ones (Hobfoll, 2001). This theory can be described metaphorically as a reservoir of water with the water being a person’s resources. The level of water is a person’s well-being. The lower the water level, the less resources a person has and the more stress they feel. When the water level is high the resources are great, and stress is low. The level of the water is impacted by the speed and amount of water

that is released which is equal to resource losses. The amount of rain that replenishes the reservoir are the resource gains. I see nurse leaders as a reservoir that is draining quickly.

The participants in the study described three main themes as to why they consider leaving their job and these stresses are resource losses for a nurse leader. These themes were the inability to disconnect from work, feeling overwhelmed and not being able to catch up, and feelings of stress and burnout. These resource losses are described in the literature. Steege et al. (2017) found nurse leaders were unable to get a break, to rest, and recharge due to constant interruptions of cell phones and emails at work and at home. Nurse leaders also experienced exhaustion and fatigue from the 24-hour accountability, high stress and demands from staff, administration, along with juggling multiple priorities (Steege et al., 2017). The sources of burnout for nurse leaders included “organizational stress, personnel issues, improper work-life balance, lack of boundaries, and technology overload” (Kelly & Adams, 2018, p. 25). As the reservoir drains and nurse leaders experience resource loss at a rapid rate, the solution lies in slowing down the resource loss and increasing the resource gains. This is what sabbaticals could offer.

The benefits of sabbaticals the participants in the study described could reduce resource loss and provide resource gain for nurse leaders. The participants saw sabbaticals as an opportunity to disconnect from work which would slow the resource loss of too much work time and offer the resource gain of time away from work and respite. The participants also saw sabbaticals as an opportunity to decrease stress and feelings of being overwhelmed. This would decrease the resource loss of inability to control one’s life and goals or poor self-efficacy. Participants thought sabbaticals could help them feel rested, refreshed, re-energized, and revitalized which would add resource gains of energy and health to the reservoir. Another

opportunity for a resource gain from a sabbatical is personal and professional development which is the gain of professional knowledge and advancement.

It is important to note that challenges or barriers identified by the participants could also cause some resource loss because of the worry and stress to the leader. Participants identified concerns about their unit/staff, interim leader coverage, not being paid, and the fear their positions might be eliminated while gone. Not being paid was the greatest concern and would be a resource loss of money. The stress of not being paid for a sabbatical could cause a greater resource loss than the loss from a stressful job.

Well-being is improved by a reduction in resource loss and an increase in resource gain (Davidson et al., 2010) which is something sabbaticals can offer. Feeling valuable to others is another resource gain (Hobfoll, 2001) that could be achieved through an organization caring for their nurse leaders (Duffy, 2018). Offering sabbaticals could serve as a caring gesture toward nurse leaders to show they are cared for and valued. When asked the question, “How you would feel if offered a sabbatical?”, one participant replied, “I would feel like the organization values me as a person, not just as a nurse or an employee.” Another leader responded to the question:

It makes you feel valued I think and knowing that there will be a culture shift to support you in career development or just enjoying your family or things like that. Knowing that your organization, your hospital, will do that, and knowing that the work that you can do will be even more valuable when you come back refreshed, and realizing why you took on this position is really personal.

If nurse leaders are key to the caring and retention of nurses, then organizations must start with an investment in nurse leaders to improve the care for patients. There is limited research on nursing sabbaticals and none on sabbaticals for nurse leaders which represents a significant gap.

This is a reason why further research on sabbaticals as an investment in nurse leaders is so important.

### **Summary**

In summary, my research shows how sabbaticals can uniquely meet the needs of nurse leaders to combat the stress in their role. The nurse leader participants perceive sabbaticals to have many personal benefits which include feeling rested, refreshed, and revitalized, reducing stress, feeling overwhelmed, and burnout, and the opportunity for personal and professional development. Study participants also identify several benefits of sabbaticals to organizations. These benefits are nurse leader recruitment and retention, engagement, leadership development for interim leaders, innovation, and personal and professional growth of the leader that could benefit the organization. Participants recognize there are individual and organizational concerns to be considered if implementing a sabbatical program. Individual concerns include concerns about unit/staff, interim leadership coverage, being paid, and fear of their position being eliminated while gone. Organizational concerns consist of the cost of the program, quality and productivity, fairness of a program, and the distribution of workload. Concern about not being paid and concern about the cost of the program appear to be two greatest concerns. The cost of the program should be considered a human capital investment in the leadership of the organization and evaluated against the costs incurred by leadership turnover which impacts nursing turnover and patient care.

An interesting discovery from my findings was the degree to which hospital-based nurse leaders do not feel cared for and valued in their organizations. Participants expressed anxieties over leaving their units, worry about interim coverage, guilt, and concerns about what others would think or feel about them going on sabbatical. The leaders were also concerned about the

cost of the program, not being paid, had a fear of losing their job, and were skeptical about a program ever happening. These concerns and feelings could be signs of nurse leaders are not feeling valued by colleagues and administration. A sabbatical could be an opportunity for administration to show nurse leaders they do value and care for them by investing in them.

### **Implications and Recommendations**

As a nurse manager of many years, I personally relate to the challenges nurse leaders face in their role. The 24-hour accountability and inability to disconnect makes me feel stressed and overwhelmed at times. In fact, while writing this paper, I checked my work email and saw a safety report for a patient who fell and hit his head. He was on his way to CT scan to check for a head bleed. This news immediately distracted me as I worried about the patient's prognosis and think of the nurse who most likely was devastated about the event. This was a real live example of taking a few days of vacation to focus on my thesis but unable to fully disconnect and get a break.

One may ask why I checked my email while on vacation? I was off for a few days and needed to keep up with emails as a proactive measure to prevent falling behind and getting overwhelmed when I returned to work. However, my stress increased further when I read an email that included a lengthy assignment that was due before I returned. Then I needed to ask myself, "Do I ignore it and say I was on vacation?" knowing there could still be consequences of not completing the assignment on time.

These are only a couple of examples of the type of stress I deal with as a nurse manager. I related to what I read in the literature and heard from the focus group members about the struggles and challenges nurse leaders face and the reasons they think about leaving their role. I am concerned about the future of nurse leaders and believe sabbaticals could be a strategy for

them to feel rested, refreshed, re-energized, and revitalized in their role. For these reasons I'd like to make the following recommendations.

I believe continued work needs to be done to advance sabbaticals into the nursing profession and further research on the effects of sabbaticals on nurse leader burnout and retention. Presently there is little research on sabbaticals for nurses and none for nurse leaders. Elements of what should be considered in a sabbatical program were gathered from focus group participants and validated through the survey (see Appendix I). Questions came up from participants that would also be worthy of study including the optimal length of time for a sabbatical, how long the effects of a sabbatical might last, and how effective special projects might be an option to give nurse leaders a break from their unit and do something different. I also think further research should be done to explore how nurse leaders perceive their value in an organization and what factors increase or decrease it. I think it would also be interesting to see the relationship between a nurse leader's perceived feelings of value or being cared for and patient care outcomes.

### **Conclusion**

A looming nursing shortage is on the horizon and nurse leaders are needed more than ever to help navigate through troubled waters. Nurse leaders play a key role in reducing nursing burnout and turnover by creating positive, caring, supportive, and empowering work environments for nurses. Unfortunately, nurse leaders are pulled in multiple directions as they work long hours and manage heavy workloads, large spans of control, regulatory requirements, quality initiatives, productivity, patient complaints, and personnel issues. These stresses and demands cause leader burnout and turnover which affect staff nurses and in turn impact patients.

Sabbaticals are a proven strategy to rejuvenate and retain employees in other professions, but there is limited research on the use of sabbaticals for nurses and none available on nurse leaders. The purpose of this study was to evaluate how nurse leaders perceive the value of sabbaticals to rejuvenate and retain nurse leaders in a hospital setting. The study participants identified benefits and challenges of sabbaticals, but in the end, most nurse leader participants said they would take one if it was offered to them. Hospital administrators need to utilize creative strategies to reduce nurse leader burnout and turnover because of their key role in the retention of staff nurses. A sabbatical may be that creative answer.

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## Appendix A

### Email Invitation to RNs to Participate in a Focus Group

To: ANW Nurse leaders

Subject: Focus Groups on Nursing Sabbaticals

Hello Abbott Northwestern Nurse Leaders:

I'm looking for some help with a study I'm doing to explore a strategy to revitalize nurse leaders and reduce turnover.

My name is Debbie Scott RN, BSN, NE-BC and I am a manager of H5200 and AHRMC. I am also a graduate student at St. Catherine University. I am doing a project on nursing sabbaticals and looking for nurse leaders to participate in some focus groups. The purpose is to gather information on nurse leaders' perception of the value of nursing sabbaticals to revitalize and retain nurse leaders in a hospital setting. The focus groups will be on \_\_\_\_\_ at \_\_\_\_\_ and \_\_\_\_\_ at \_\_\_\_\_.

Please respond to [deb.scott@allina.com](mailto:deb.scott@allina.com) or call me at 612-775-3646 by \_\_\_\_\_ if interested in participating in a focus group and let me know which date and time you would like to attend.

Thank you for your consideration,

Debbie Scott

[deb.scott@allina.com](mailto:deb.scott@allina.com)

612-775-3646

## Appendix B

### Email Response to Interested Participants

Current Date

Dear Participant,

Thank you for your willingness to participate in a focus group on Nursing Sabbaticals I am a graduate student at St. Catherine University under the supervision of Sharon Radd, Ed. D., a faculty member in the Department of Organizational Leadership. I am completing this study as a part of my program, Master of Arts in Organizational Leadership: Healthcare Leadership Concentration.

To make sure that this project is both ethical and credible, it is important that each participant be fully informed of the risks and benefits of the study, as well as of their rights as a participant. Please read the attached Informed Consent Form for this important information. I will review this information with you at the beginning of the focus group and ask you to sign it then.

The focus group will meet on:

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

If you have any questions about the form or the study, please do not hesitate to discuss them with me.

Thank you for your support of my study,

Debbie Scott, RN, BSN, NE-BC

Email: deb.scott@allina.com

Phone: 612-775-3646 (work)

612-209-7143 (cell)

**Appendix C**  
**Reminder Email for Focus Groups**

Current Date \_\_\_\_\_

Dear Participant,

Thank you again for your willingness to participate in a focus group on Nursing Sabbaticals.  
This a reminder of the meeting on:

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Light refreshments will be served. Please review the consent prior to the meeting. If for any reason you cannot attend, please contact me as soon as possible.

Thank you for your support of my study,

Debbie Scott, RN, BSN, NE-BC

Email: deb.scott@allina.com

Phone: 612-775-3646 (work)

612-209-7143 (cell)

## Appendix D

### Message for newsletter and emails to recruit for survey

Hello MOLN colleagues:

What are your thoughts on the value of nursing sabbaticals? This is what I would like to find out through a quick survey which needs to be completed by Feb. 15

My name is Debbie Scott RN, BSN, NE-BC and am a manager at Abbott Northwestern Hospital. I am also a graduate student at St. Catherine University doing a project on nursing sabbaticals. The purpose of the project is to gather information on nurse leaders' perception of the value of sabbaticals to revitalize and retain nurse leaders in a hospital setting. The survey should only take about 10-15 minutes of your time.

Please click on the attached link to complete the survey. If the link doesn't work, then cut and paste it into the URL field.

<https://www.surveymonkey.com/r/SQNPVXM>

For follow up questions connect directly with Debbie Scott by email: [deb.scott@allina.com](mailto:deb.scott@allina.com) or by phone: 612-775-3646

## Appendix E

### Consent Form for Focus Groups on Nursing Sabbaticals Study Conducted by Debbie Scott RN, BSN, NE-BC Student at St Catherine University

You are invited to participate in a focus group on nursing sabbaticals. Debbie Scott is the project lead and the purpose is to gather information on nurse leaders' perception of the value of nursing sabbaticals to revitalize and retain nurse leaders. Questions about this study can be directed to Debbie Scott RN, BSN, NE-BC, 612-775-3646; [deb.scott@allina.com](mailto:deb.scott@allina.com), Sharon Radd, Ed.D., Advisor, [siradd@stkate.edu](mailto:siradd@stkate.edu), or Institutional Reviewer Board Chair: John Schmitt, PT, PhD, [651.690.7739](tel:651.690.7739); [jsschmitt@stkate.edu](mailto:jsschmitt@stkate.edu).

This focus group could take up to two hours. You will be asked to respond to several questions about nursing sabbaticals. Your participation is completely voluntary, and your decision to participate will not affect your relationship with the project lead, Abbott Northwestern, or St. Catherine University. The risks associated with your participation are minimal. If, however, you experience any discomfort or do not wish to participate, you may opt out of this focus group, choose to “pass” in response to any question, or withdraw from this group at any time without any penalty.

The format of the focus group will depend on the size of the group and will influence the way responses are recorded. There will be note-taking and audio-recording of the group discussion. The records of the focus group will be kept in a secure location for no longer than six months after conclusion the study and no later than June of 2020, whichever comes first.

Confidentiality cannot be assured in focus groups except on the part of the project lead. That is, group members cannot be forced to ensure the confidentiality of other participants' answers. The project lead will ask focus group participants to respect the privacy of others but cannot enforce it. The project lead will not disclose identities and will keep the identities of all participants confidential. Reports generated from this focus group may be reported as group averages, composite stories, paraphrased wording, and/or direct quotes. A “composite story” refers to writing a story that includes elements from many different individuals' stories. Every measure will be taken to ensure information cannot be used to identify its source and cannot be linked back its source

**By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.**

**Participant's Name (printed):** \_\_\_\_\_

**Participant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any questions about this study, please contact Debbie Scott: [deb.scott@allina.com](mailto:deb.scott@allina.com) or 612-775-3646.

## Appendix F

### Focus Group Questions

Opening Question	1. Ask everyone to state their name, role, years worked, and one thing they enjoy doing outside of work.
Retention Question	2. What helps keep you working here at Abbott Northwestern hospital? What makes you think about leaving?
Transition Question	3. What is your understanding of a sabbatical and what are your thoughts of sabbaticals for nurse leaders?
Introduction Statement and Visioning Exercise	I will share what a sabbatical is and its purpose along with a couple of examples. I will then ask group members to picture themselves taking a sabbatical. ( <i>Questions to consider: What would they do? Where would they go? How long? What would they achieve? What would they need? What would it feel like?</i> ) Ask if anyone is willing to share their vision.
Key Questions on sabbaticals	4. How would you envision a nursing sabbatical program at our organization? ( <i>Probing questions if needed: Who could apply? How chosen? Who chooses? How long? Paid or unpaid? What would determine success? What would make it of value? What expectations should there be?</i> )
	5. What benefits do you see, if any, of nursing sabbaticals to nurse leaders and to the organization? ( <i>Probing questions if needed: How do you see nursing sabbaticals achieving this? What impact do you see on nursing satisfaction, personal and professional development, burnout, retention, and loyalty to the organization? How does it influence your decision to work here? How does it relate to Magnet designation?</i> )
	6. What challenges do you see, if any, of nursing sabbaticals to the nurse and to the organization? ( <i>Probing questions if needed: What impact do you see on nursing staffing and skill mix? What financial considerations? What would be biggest barrier preventing you from taking a sabbatical? What support would you need to overcome that barrier?</i> )
Ending/closure question	7. Can you think of anything that hasn't been shared that is relevant to what we talked about?

**Appendix G**

**Demographic Information for Focus Group Participants**

Completion of this form is voluntary, and responses are not associated with consents. Information is anonymous, and data is reported only in aggregate numbers.

- 1) Age: \_\_\_\_\_
- 2) Gender: \_\_\_\_\_
- 3) Present Nurse Leader role: \_\_\_\_\_
- 4) Highest Education Level: \_\_\_\_\_
- 5) Total number of years in worked in nursing profession: \_\_\_\_\_
- 6) Numbers of years in nursing leadership role (supervisor and above): \_\_\_\_\_
- 7) Do you have previous knowledge of/experience with sabbaticals: Yes No?

If yes, please describe:

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## Appendix H

### Sabbaticals for Nurse Leaders Consent and Survey

You are invited to participate in this project because you are a nurse leader in a hospital. This project is being conducted by Debbie Scott, RN, BSN, NE-BC, student at St. Catherine University. The purpose is to gather information on nurse leaders' perception of the value of nursing sabbaticals to revitalize and retain nurse leaders. It will take approximately 10-15 minutes to complete.

Your responses to this survey will be anonymous and results will be presented in a way that no one will be identifiable. However, please note this in an online survey, no guarantees can be made regarding the interception of data by any third parties.

Your participation is voluntary and your decision to participate will not affect your relationships with the project lead, MOLN, or St. Catherine University. If you decide to stop at any time you may do so. You may also skip any item that you do not want to answer. If you have any questions about this project, please contact Debbie Scott (612-775-3646 or deb.scott@allina.com); the faculty advisor, Sharon Radd, Ed.D., (siradd@stkate.edu), or the Institutional Reviewer Board Chair: John Schmitt, PhD, (651-690-7739 or jsschmitt@stkate.edu). By responding to items on this survey you are giving me your consent to allow me to use your responses for quality and educational purposes.

Please read the following before starting the survey:

- **Definition:** A sabbatical is not a vacation. It is an intentional break away from work and its stressors to pursue personal or professional development. Presently, though not always common, sabbaticals tend to be offered to professionals in the fields of Education, Ministry, Non-profit leadership, and Corporations.
- **Purpose:** A sabbatical can provide time for rest, renewal, refreshed thinking, learning, and different work.
- **Examples of what people have done on sabbaticals include:** Research, creating a new program, special projects, writing or publishing, education, travel, mission work, public service work, internship, completion of a lifelong dream. It can be paid or unpaid and can range from one month to a full year.

Survey Questions:

- 1) To what extent do you agree or disagree with the following statements on the benefits of sabbaticals for you personally:

	Strongly agree	Agree	Disagree	Strongly disagree	No opinion
Sabbaticals decrease stress and feelings of being overwhelmed					
Sabbaticals allow you to disconnect from work					

Sabbaticals enable you to feel rested, refreshed, re-energized, and revitalized					
Sabbaticals reduce your risk of burnout					
Sabbaticals provide an opportunity for personal and professional development					

- 2) To what extent do you agree or disagree with the following statements on the benefits to an organization if there was a sabbatical program for nurse leaders:

	Strongly agree	Agree	Disagree	Strongly disagree	No opinion
Sabbaticals increase retention					
Sabbaticals are innovative					
Sabbaticals increase leader engagement					
Sabbaticals are a recruitment tool					
Sabbaticals allow leadership development for interim leaders covering for sabbatical participants					
Personal and professional growth of leaders during a sabbatical positively impacts the organization as a whole					

- 3) Are there any additional benefits of a sabbatical you can think of for yourself or your organization?
- 

- 4) To what extent do you agree or disagree with the following statements on the challenges or barriers of sabbaticals for you personally:

I am concerned...	Strongly agree	Agree	Disagree	Strongly disagree	No opinion
for my staff/unit while gone					
about the impact of interim leadership on my unit/culture					
I may not want to return to my previous position					
if sabbatical is not paid					
about the effect on my family and personal life					
about my position being eliminated while gone					

- 5) To what extent do you agree or disagree with the following statements on the challenges or barriers to your organization if there was a sabbatical program?

My organization would be concerned about...	Strongly agree	Agree	Disagree	Strongly disagree	No opinion
the cost of the program					
the impact on productivity and quality					
the fairness of the program if only offered to nurse leaders					
the distribution of workload for others while a leader is gone on sabbatical					

- 6) Are there any additional barriers or challenges of a sabbatical you can think of for yourself or the organization?
- 

- 7) To what extent should these elements be included in a sabbatical program:

	Absolutely Essential	Very Important	Not so Important	Not Needed	No opinion
Criteria for who can apply					
Application process					
Applicant to propose a sabbatical plan and goals to achieve					
Criteria for types of sabbaticals are acceptable and how long					
Selection process					
Financial and organizational support					
Interim leadership coverage					
Clear organizational expectations upon return from sabbatical (e.g. work requirement, report or summary of activity and goals)					
Job return guarantee					

- 8) Any other elements that should be included?
- 

- 9) Based on the responses you made in this survey, would you participate in a sabbatical if it was offered by your employer? Yes No Unsure

- 10) Is there anything else you would like to say or comment on that is not covered in this survey?
-

## 11) Demographic Information

- a. Present Nurse Leader role:  
Supervisor\_\_\_\_\_ Manager\_\_\_\_\_ Director \_\_\_\_\_ Other\_\_\_\_\_
- b. Highest education level  
AD\_\_\_\_\_ BA/BSN \_\_\_\_\_ MA/MS\_\_\_\_\_ DNP/Doctorate\_\_\_\_\_
- c. Total number of years worked in nursing profession:  
0-10\_\_\_\_\_ 11-20\_\_\_\_\_ 21-30\_\_\_\_\_ 31-40\_\_\_\_\_
- d. Total number of years in a nursing leadership role (supervisor and above):  
0-5 \_\_\_\_\_ 6-10\_\_\_\_\_ 11-15\_\_\_\_\_ 16-20\_\_\_\_\_ 21-25 \_\_\_\_\_ >26\_\_\_\_\_
- e. Presently work in a:  
Metro hospital\_\_\_\_\_ Regional hospital\_\_\_\_\_ Rural hospital\_\_\_\_\_
- Don't work in a hospital\_\_\_\_\_

## Appendix I

### Elements to be Included in a Sabbatical Program

The following elements were identified by focus group participants and validated by nurse leader survey responses:

Table 2

Elements to be Included in a Sabbatical Program  
(SA/A=Strongly agree/Agree WA=Weighted average)

Element	Focus Group supportive comments	Survey Response SA/A % WA
Criteria for who can apply	<ul style="list-style-type: none"> <li>• I think an application type thing because otherwise it's, "Well, she's a low-performing leader, how come she gets to go?"</li> <li>• You have to be in the role for a certain amount of time, you have to be a high performer...for a certain time.</li> <li>• Probably have to be some rules about how long you're here before you're eligible for a sabbatical so, they don't have people just starting.</li> <li>• I mean I think that's fair to the people who have been here for a while, gives an incentive for some longevity and retention.</li> </ul>	98.2% 3.62
Application process	<ul style="list-style-type: none"> <li>• There would be an application process.</li> <li>• You'd have to sign up for it and then and then someone would choose you from it.</li> <li>• Yes, an application process.</li> </ul>	100% 3.63
Applicant to propose a sabbatical plan and goals to achieve	<ul style="list-style-type: none"> <li>• The only thing I would worry about is this application. When you're talking that it can be for things that aren't okay, this is work, this is this, this is that.</li> <li>• If someone just truly wanted to take a couple of months off to go relax with their children or whatever it is, would that person be rejected versus the person that's like no but I'm going to go do a mission trip, and then I'm going to do this and this and, it's like I don't know. I think that it</li> </ul>	98.1% 3.79

	would become like, this is approved and looked up on or looked at highly.	
Criteria for types of sabbaticals that are acceptable and how long	<p>Types of sabbaticals</p> <ul style="list-style-type: none"> <li>• It would have to be a process of what kind of submission could you put forth and probably part of that would have to be how does it help the greater good of the organization.</li> <li>• And I think maybe they'd have different criteria users, sabbatical and then there's sabbatical that's maybe where you're going on a trip to do research or something related that maybe could even be paid for whereas the other, that's for your own leisure or benefit.</li> </ul> <p>Length of time</p> <ul style="list-style-type: none"> <li>• I think more than a month, two to three up to one year. I think about six months.</li> <li>• I would say if you are training someone, you gotta take six months to a year.</li> <li>• I think if you're really gonna get away with the intentions of stepping away, and becoming personally refreshed whatever that looks like, and then doing whatever it is you decide to do in a sabbatical, I think six months.</li> </ul>	100% 3.72
Selection process	<ul style="list-style-type: none"> <li>• Make sure it's organized, and all your T's are crossed right? If someone's going to be the one choosing and organizing it, they'd have to make sure that we're on board with it.</li> <li>• You would have to have process obviously...how you were going to select people, and you have to submit probably your ideas.</li> <li>• There'd be somebody who'd have to be in charge...who reviews who's going on sabbatical and why.</li> </ul>	100% 3.56
Financial and organizational support	<ul style="list-style-type: none"> <li>• And if you're doing something, invest in the profession, or the hospital, then I think that the opportunity for grant money. Say you wanted to go to do a mission or want to go do something there would be grant</li> </ul>	98% 3.62

	<p>money to apply to help you do those things. Or if you wanted to do research, that they would help support that financial a little bit.</p> <ul style="list-style-type: none"> <li>• I think paid is one thing. None of us can go without pay.</li> <li>• It has to be paid.</li> <li>• I think you have to have peer support to go and have to have peers saying that they're supporting you.</li> <li>• Everyone in my community thinks it's okay to go, because they're the ones that are gonna be picking up the slack even if there is someone.</li> </ul>	
Interim leadership coverage	<ul style="list-style-type: none"> <li>• I would have to have some sort of support to cover my unit for that time</li> <li>• I think someone else to cover your job, time to train in for a little while.</li> <li>• I think doing interim while their manager's gone</li> <li>• Put somebody into the position</li> </ul>	96% 3.75
Clear organizational expectations upon return from sabbatical (e.g. work requirement, report or summary of activity and goals)	<ul style="list-style-type: none"> <li>• there should be some ownership of whoever's taking that sabbatical to come back, to be able to provide, "This is what I did," or, "Here are my learnings," or whatever it is that affects the organization</li> <li>• I would anticipate to share some findings. You are technically going from the organization so, they probably do want to know the benefit. That's why I think sharing the learnings and maybe it would encourage other people to go on sabbatical as well.</li> <li>• You could blog a document a journal or something what you're doing.</li> <li>• And then to be called a sabbatical there needs to be some refreshment. So, can't it be like you switching jobs, and going all in, and burning yourself out of that job, and expecting to be refreshed, because you did something different? So there has to be clear vision, expectations.</li> </ul>	98% 3.72
Job return guarantee	<ul style="list-style-type: none"> <li>• And then also need to guarantee your job back.</li> </ul>	100% WA 3.87

Survey comments:

- Level of management look at highest turnover level and start with that area.
- Description of how goals of the sabbatical benefit the organization
- I think the clear goals are important. I am unsure of the financial support... I think this may lead to misuse. I would rather use PTO accrual being able to support a sabbatical leave.
- Regular check ins with a leader about sabbatical and goals.