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Nurse Manager Span of Control and the Impact on Employee Engagement

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Final DNP Project Report

Nurse Manager Span of Control and the Impact on Employee Engagement

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University of Kentucky

Spring 2018

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NURSE MANAGER SPAN OF CONTROL

Dedication

This work and my DNP Project is dedicated to my children, who have managed to have patience and understanding throughout finishing this degree and the many trails that have accompanied this journey. I hope that you will always remember your mother's perseverance, determination, and work ethic and remember that you are the only one that can limit your greatness. This is for my parents, brother, and niece, who I know are proud of me. This is for every new nurse that is uncertain where their nursing path will lead. Your path will find you.

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NURSE MANAGER SPAN OF CONTROL

Table of Contents

Acknowledgements.....	iii
Abstract.....	1
Introduction.....	2
Background.....	3
Purpose.....	5
Methods.....	6
Setting.....	6
Design.....	6
Sample/Participants.....	7
Data Collection.....	7
Data Analysis.....	8
Results.....	8
Span of Control and Engagement.....	8
Roles of the Nurse Manager and Assistant Nurse Manager.....	9
Discussion.....	9
Span of Control and Engagement.....	9
Roles of the Nurse Manager and Assistant Nurse Manager.....	11
Recommendations for Further Study.....	12
Limitations.....	12
Conclusion.....	13
References.....	15
Table 1: <i>Span of Control, FTE's, and Engagement Score Table</i>	18
Table 2. <i>Correlations Among Span of Control and I Trust My Leader Scores (N = 19)</i>	18
Table 3. <i>Nurse Manager Perceptions of Time Spent Performing Tasks for Their Roles and Assistant Nurse Manager Time Performing Tasks (N = 11)</i>	19
Figure 1: <i>Survey for Nurse Managers</i>	20

NURSE MANAGER SPAN OF CONTROL

Abstract

PURPOSE: The purpose of this study was to assess nurse manager span of control in medical-surgical, intermediate care, and progressive care units at Norton Healthcare and determine correlations between nurse manager span of control and employee engagement.

METHODS: For this descriptive, correlational study, the researcher analyzed data to identify relationships in span of control and employee engagement data for 19 nurse managers leading 23 inpatient care units. A survey to evaluate the role of the nurse manager and the assistant nurse manager also was done.

RESULTS: The average span of control for nurse managers was 52.2 full time equivalent employees with a range of 37.3 to 81.8 full time equivalent employees per manager. The average actual number of employees per nurse manager was 73.8 employees with a range of 51 to 110 employees per manager. No association between span of control and employee engagement was found for the Medical Surgical, Intermediate Care, and Progressive Care Units at Norton Healthcare.

CONCLUSION: Based on the findings from this study, employee engagement does not appear to be impacted by nurse manager span of control. Continued evaluations are recommended to determine if nurse manager span of control is appropriate for the ever-changing healthcare landscape.

NURSE MANAGER SPAN OF CONTROL

Nurse Manager Span of Control and the Impact on Employee Engagement

Introduction

According to American Organization of Nurse Executives (2015), “Nurse managers—nurse leaders with 24-hour accountability and responsibility for direct care unit or units—provide the vital link between the administrative strategic plan and the point of care. The nurse manager is responsible for creating safe, healthy environments that support the work of the health care team and contribute to patient engagement. The role is influential in creating a professional environment and fostering a culture where interdisciplinary team members are able to contribute to optimal patient outcomes and grow professionally” (p. 1). Studies on span of control support managers having smaller spans of control to manage relationships with direct and indirect reports. In situations where the work performed is less complex the more likely a larger span of control can be accommodated (Cathcart et al., 2004).

Today, heightened healthcare complexity, economic challenges, and organizational outcome issues increase the intricacy of the nurse manager role. Organizational challenges include but are not limited to employee engagement, employee turnover, retention, patient satisfaction, financial goals, and quality care measures. The inability to meet these organizational outcomes leads to increased spending and decreased reimbursement. The continuing economic pressures, health and safety risks associated with stressful and overloaded work environments, workforce shortages, and the impending retirement of a large cohort of nurse leaders means attention must be directed to both understanding and developing effective nursing leadership. Although leaders may directly impact outcomes at multiple levels (individuals, groups or units and organizations) their influence on patient outcomes is likely indirect through their work with others over time (Lord & Dinh 2012). Facilitating change, creating access, guiding individuals

NURSE MANAGER SPAN OF CONTROL

and team performance, and enabling staff participation in unit and patient care decision making are mechanisms that connect leadership and patient outcomes (Paquet et al. 2013). Additionally, Paquet et al. (2013) showed that manager support was associated with decreased medication errors and patient length of stay through key human resource variables like reduced absenteeism, overtime and nurse/patient ratios. When trust in the leader was high nurses participated more actively in safety organizing behaviors (e.g., discussing errors, questioning current practices) which in turn contributed to fewer medication errors (Vogus & Sutcliffe, 2007).

Background

A leader's span of control is typically defined as the number of people directly supervised by a manager (Cathcart et al., 2004). Span of control for nurse managers in the acute inpatient care setting has historically been determined by either the number of full time equivalents or the number of employees managed. Often, the total number of full time equivalents underestimates the actual number of direct reports. For example, a nurse leader may have 40 full time equivalents, but those 40 full time equivalents may translate to over 75 direct reports due to various combinations of full-time, part-time, and pro re nata direct reports.

A smaller span of control, in theory, provides more opportunities for effective leadership (Meier & Bohte, 2000). Higher incidence of unsafe behaviors and compromised employee performance are among the negative outcomes of a wide span of control (Hechanova-Alampay & Beehr, 2001). Larger spans of control for nurse managers are associated with reduced satisfaction and staff performance (Simpson, Dearman, & Graves, 2017). In addition, a wide span of control diminishes the positive impact of effective leadership styles and intensifies the negative effects of ineffective leadership styles on both staff and patient satisfaction (Meyer et al., 2011). Some literature suggests that organizational strategies to create manageable spans of

NURSE MANAGER SPAN OF CONTROL

control for frontline managers are essential to ensure they are able to achieve exemplary job and unit outcomes while having the necessary time and energy to facilitate staff work engagement (Wong et al., 2013).

In a study of nurse manager span of control (Wong et al., 2015), a non-experimental predictive survey design was used to examine front line manager span of control in 14 Canadian academic hospitals. Managers (n = 121) completed an online survey of work characteristics and The Ottawa Hospital (TOH) span of control tool. Unit turnover data was collected from organizational databases. Wong revealed that the combination of span of control and core self-evaluation significantly predicted role overload, work control and job satisfaction, but only span of control predicted unit adverse outcomes and neither significantly predicted unit turnover (Wong et al., 2015). This study supported the need for organizational strategies to create manageable span of control and illustrated that span of control does impact unit outcomes.

Thew (2018) shared how Cincinnati Children's Hospital restructured their manager and director leadership due to leadership work-life balance and a lack of applications for nurse manager and director positions when positions were vacant. Cincinnati Children's established a 1:25 ratio of managers to FTEs to address time needed for strategic planning, networking, process improvement, education, and mentoring. In this model, a unit with 50 FTEs had one nurse director and then received an additional nurse manager. A unit with 75 FTEs had one director and received two additional nurse managers. Restructuring resulted in increased time for strategic planning, networking, process improvement, education, and mentoring. One-to-one time with direct reports increased and onboarding new staff members improved. The increase in manager support also allowed for directors to dedicate time to coaching the nurse managers on essential skills, such as HR issues, how to analyze a budget, and understanding overtime

NURSE MANAGER SPAN OF CONTROL

variations instead of helping managers follow up on issues that they now had time to resolve (Thew, 2018).

One outcome that may be impacted by the span of control of the nurse manager is employee engagement. Engagement was conceptualized by Kahn (1990) as the harnessing of organizational members selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances (p.694). Nurse engagement with the organization and the profession reduces compassion fatigue, burnout, and turnover while improving teamwork, the patient experience, and organizational outcomes across multiple measures. Improved outcomes may include fewer hospital acquired conditions, staffing efficiency, a positive work environment, staff empowerment, and the ability to connect with patients and colleagues (Demsey 2016). Engaged employees have greater organizational commitment which contributes to both the morale of the organization and to the loyalty the employee feels to their organization (Macauley, 2015, p. 300). Nursing leaders have a profound influence on building engagement. Macauley (2015) stated that employees that are engaged state that the relationship is what keeps them there, gives them courage, gives them motivation, and makes them want to come in and give their best every single day.

Purpose

The purpose of this study was to assess nurse manager span of control and identify any correlated trends in employee engagement on Medical Surgical, Intermediate Care, and Progressive Care units at Norton Healthcare.

The objectives for this study were:

1. To examine current nurse manager span of control at Norton Healthcare through number of full time equivalent and total number of employees.

NURSE MANAGER SPAN OF CONTROL

2. To assess for correlations in nurse manager span of control and employee engagement as measured by “I trust my leader” results.
3. To assess the current roles of the nurse manager and assistant nurse manager.

Methods

Setting

This project was carried out at Norton Healthcare in Louisville, Kentucky. Norton Healthcare is a leader in serving adult and pediatric patients throughout Greater Louisville, Southern Indiana, the commonwealth of Kentucky and beyond. In this study, span of control was examined for 19 inpatient nurse managers that oversee 23 medical surgical, intermediate care, and progressive care inpatient units at four Norton Healthcare hospitals. For the purpose of this report the hospitals included in this study will be identified as hospital A, hospital B, hospital C, and hospital D. The four hospitals included in this study, though part of a healthcare system, have individual and unique characteristics, locations, patient specialties, and personalities. The units included in this study care are unique as well. Units may be designated as general units caring for a variety of patients or designated by service line such as oncology, cardiac, or neurology. Staffing ratios on all units included in this study are dependent on patient need.

Design

This study employed a descriptive, correlational design to identify relationships in nurse manager span of control and employee engagement for medical-surgical, intermediate care, and progressive care adult inpatient units at Norton Healthcare. Due to leadership structure variances throughout the patient care units, a survey to evaluate the role and job duties of the nurse manager and the assistant nurse manager within the departments was also distributed to all nurse managers.

NURSE MANAGER SPAN OF CONTROL

Sample/Participants

The sample for this evaluation was obtained through human resources at Norton Healthcare. Human resources provided data by hospital and unit that included the number of full time equivalent employees, the number of employees, employee engagement data, and years of experience for each nurse manager. Information identifying the specific hospital, unit, and nurse manager was blinded to the researcher by human resources prior to release of information to the researcher. A survey to evaluate the role of the nurse manager and the assistant nurse manager within the department was distributed to all nurse managers. Departments excluded from this study included those designated for intensive care, pediatric, behavioral health, emergency, surgical, and outpatient care areas.

Data Collection

Approvals from the University of Kentucky Institutional Review Board (IRB) and the Norton Healthcare Office of Research and Administration (NHORA) were obtained prior to the collection of data. This study was based on a retrospective review of 2017 employee engagement data, specifically “I trust my leader” scores, and nurse manager span of control in terms of full time equivalent employees and actual number of employees for Medical Surgical, Intermediate Care, and Progressive Care units from four hospitals at Norton Healthcare. Employee engagement data, nurse manager span of control, and the names of nurse managers for survey distribution was obtained by human resources and distributed to the researcher through the Norton Healthcare Research Office.

Information about the leadership responsibilities of nurse managers and assistant nurse managers was obtained through a REDCap survey of nurse managers. See Figure 1 for a copy of the survey. The nineteen nurse managers were requested to complete the REDCap survey that

NURSE MANAGER SPAN OF CONTROL

was focused on job responsibilities of the nurse manager and assistant nurse manager. Survey data was collected and managed using REDCap electronic data capture tools hosted at University of Kentucky. REDCap (Research Electronic Data Capture) is a secure, web-based application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export procedures for seamless data downloads to common statistical packages; and 4) procedures for importing data from external sources (Harris, 2009).

Data Analysis

Descriptive statistics, including frequency distributions, means, and standard deviations were used to describe span of control and employee engagement correlations. Continuous variables were compared using Pearson's Correlation coefficient. All analysis was conducted using SPSS version 22; an [*alpha*] level of .05 was used for statistical significance throughout.

Results

Span of Control and Engagement

Span of control and "I trust my leader" employee engagement data for 19 nurse managers leading 1,403 staff members on 32 Medical Surgical, Intermediate Care, and Progressive Care units was examined. The average span of control for nurse managers was 52.2 full time equivalent employees with a range of 37.3 to 81.8 full time equivalent employees per manager. The average actual number of employees per nurse manager was 73.8 employees with a range of 51 to 110 employees per manager. See Table 1 and 2 for additional information. When examining the data, two units reported through human resources were omitted due to less than seven participants completing the engagement survey and one nurse manager was omitted due to having only 11 direct reports. Employee engagement data, specifically "I trust my leader" scores

NURSE MANAGER SPAN OF CONTROL

for the 19 nurse managers in this study, ranged from 30% to 100%. Overall, 84.9% of staff in the studied units reported that they trusted their leader. For eight units, engagement data illustrated that 91% of staff or greater trusted their leader. When comparing the span of control for the nursing leader and the corresponding “I trust my leader” score for the unit, no significant correlation was determined; however, eleven units reported that less than 70% of staff reported that they trusted their leader.

Roles of the Nurse Manager and Assistant Nurse Manager

Seventy three percent of nurse managers reported being involved in the assessment, evaluation, or treatment of more than one patient each day. Ninety one percent of nurse managers reported that they participate in daily patient rounding and 100% reported daily patient satisfaction rounding. When nurse managers were asked “I would be a better leader if I didn’t spend so much time doing?”, 54.5% of nurse managers reported they spent too much time managing patient flow and bed placement. Nurse managers reported that Assistant Nurse Managers would be better leaders if they did not spend so much time tracking attendance (54.5%) and time keeping (63.6%). Approximately 90.9% of nurse managers reported that they would be a better leader if they didn’t spend so much time in meetings. See Table 3 for more information on the survey results.

Discussion

Span of Control and Engagement

Span of control for nurse managers at Norton Healthcare was 52.2 full time equivalent employees with a range of 37.3 to 81.8 full time equivalent employees per manager. According to the Advisory Board Company (2015), span of control nationally ranged from overseeing fewer than 12 nurses to more than 173 frontline nurses. Headcount more accurately illustrates the

NURSE MANAGER SPAN OF CONTROL

amount of “people management” at a given leadership level and regardless of an employee’s part-time or full-time status, his or her manager is still responsible for the full scope of managerial responsibility such as performance evaluations and disciplinary actions (Advisory Board, 2015). The Advisory Board Company (2015) recommended that span of control should consider individual manager competency, spatial layout of the department, manager talent availability, and time required for strategic priorities. Norton Healthcare has a variety of structural differences between unit designs, designated Alpha Units for piloting new projects, and promotes nurses with little leadership training into leadership roles. Five nurse managers have more than one unit assigned. As suggested by the Advisory Board, Norton Healthcare has an opportunity to individualize span of control based on the needs of the staff, unit, patients, and manager.

Cathcart et al. (2004) recommended that to optimize SOC and the impact on employee engagement, organizations need to pay particular attention to the large work groups, in which nurse managers frequently had direct accountability for 75 to 150 employees. They found that managers with larger spans of control managed at arm’s length, enforced standards and rules, and had less positive interactions with direct reports. This study supported that large spans of control deprived the team of the support they need to sustain strong group process, thereby reducing overall performance (Cathcart et al., 2004). Smaller spans of control were supported by Kim, Choi, and Cho (2016), who found that consequences of optimal span of control for front-line nurse managers included an increase in nurse and nurse manager satisfaction, decreased turnover, improved patient satisfaction, and more cost-effective management. In the units examined in the study at Norton Healthcare, 8 of the 19 nurse managers have greater than 75

NURSE MANAGER SPAN OF CONTROL

employees. This data supports the need for further considerations to reduce SOC for inpatient nurse managers at Norton Healthcare.

Roles of the Nurse Manager and Assistant Nurse Manager

Nurse managers are historically selected based on clinical skills and lack formal leadership preparation (Warshawsky, Rayens, Stefaniak, & Rahman, 2013, p. 971). Many are recruited from the bedside before entering a nurse manager position and are chosen for their position based on informal leadership attributes exhibited in their bedside role. For many reasons, novice managers may feel unprepared to handle some situations that occur as a daily part of their role. Insecurities likely exist since nurse managers are responsible for creating conditions that enable front-line nursing staff to deliver high-quality patient care. This is not skill that can be taught quickly nor is it a job that just anyone can do. To teach these skills, it is important to provide an environment through which novice managers can develop skills in effective communication in complex nursing environments. Individual managers own sustainability in terms of turnover and health may be influenced by managerial working conditions and individual resources (Meyer et al., 2011). Teaching, coaching, mentoring, supervising and counselling are fundamental to success of the nurse manager, as is the need for continuing professional development. In the nurse manager survey at Norton Healthcare, 54.5% of nurse managers reported they spend too much time managing patient flow and bed placement and 90.9% of nurse managers reported that they would be a better leader if they didn't spend so much time in meetings. Managers also reported that 54.5% of nurse managers spend 0-25% of their time on their own professional development. These survey results indicate that there is an opportunity for continued evaluation of SOC to ensure managers develop leadership skills to

NURSE MANAGER SPAN OF CONTROL

optimize leadership support in order to positively impact inpatient care units at Norton Healthcare.

Recommendations for Further Study

The purpose of this study was to better understand the impact SOC has on employee engagement and assess the current roles of the nurse manager and assistant nurse managers on Medical Surgical, Intermediate Care, and Progressive Care units at Norton Healthcare. As heightened healthcare complexity, economic, and organizational outcome challenges continue to increase the intricacy of the nurse manager role, organizations must continue to examine variables that impact effective nursing leadership. Overall the study results and literature analysis show that there is an opportunity to consider further span of control evaluations based on organizational needs, individual manager competency, spatial layout of the department, manager talent availability, and time required for strategic priorities as described by the Advisory Board Company (2015). Examining nurse manager SOC and the impact on employee engagement in a larger scale study or for consecutive years may also provide robust data and trends to help guide Norton Healthcare's future span of control planning.

Limitations

Several limitations were identified in the design of this study of span of control and employee engagement. The data collected was from one organization and one year; therefore, the sample size of the study was limited. Factors such as nurse manager and staff turnover or the fluctuation in full time equivalent employees or number of employees could be inaccurate, distorting the outcomes of either group. Additionally, the use of technology and the impact on enhanced manager/staff interaction, accessibility, and communication was not assessed for this study. Although all of the data was analyzed and not randomly selected, the sample size for

NURSE MANAGER SPAN OF CONTROL

certain variables (total number of nurse managers and role of the nurse manager/assistant nurse manger) remained small. A smaller sample size can make it difficult to find a statistical difference between data sets. Another limitation would be the engagement data used for this study. The “I trust my leader” score may not be a reliable or valid indicator of true picture of engagement and is only one component of how Norton Healthcare measures engagement. Since this was a blinded study, correlations between SOC and availability of ANM support per manager could not be determined nor would it pose as value added information given the variation in the roles of the ANM throughout the Norton Healthcare system.

Conclusion

The goal of this study was to demonstrate the impact of nurse manager span of control on employee engagement, as measured by “I trust my leader” scores. Through this study, there was no identified correlation between nurse manager SOC and employee engagement. Nurse manager survey results revealed that nurse managers feel that they spend too much time in meetings and a significant amount of time on patient bed flow. These activities pull the leader away from their most important objective in their role, being the vital link between the administrative strategic plan and the point of care. At the time of this study it was reported that Norton Healthcare currently does not utilize a SOC assessment tool for the evaluation of appropriate SOC. In order to move toward an optimal span of control, the first step is to develop a comprehensive tool, the second step to validate the tool and the last step to identify an optimal span (Wong et al., 2015).

Literature supports that SOC impacts employee engagement, organizational outcomes, incidence of adverse outcomes, and patient satisfaction. Additional studies to examine SOC at Norton Healthcare and the impact on outcomes would guide appropriate SOC optimization for the

NURSE MANAGER SPAN OF CONTROL

future. Healthcare's continuously evolving complexity requires organizational commitment to provide appropriate leadership to support staff caring for patients in an ever-changing healthcare landscape.

NURSE MANAGER SPAN OF CONTROL

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NURSE MANAGER SPAN OF CONTROL

Table 1: *Span of Control, FTE's, and Engagement Score Table*

Hospital	Unit	"I Trust My Leader Score"	Total FTEs	Total Employees
Hospital A	Unit 5	96.2%	59.20	87
Hospital A	Unit 8 & 10	92.1%	60.78	80
Hospital A	Unit 2 & 4	81.4%	25.64	72
Hospital A	Unit 1 & 3	74.7%	37.36	53
Hospital A	Unit 11	77.1%	58.10	83
Hospital A	Unit 6	63.8%	54.45	82
Hospital B	Unit 5	78.1%	38.60	51
Hospital B	Unit 2	91.7%	48.20	74
Hospital B	Unit 6,8,9	60.4%	27.27	110
Hospital B	Unit 1	88.2%	54.40	74
Hospital B	Unit 7	84.4%	48.10	70
Hospital B	Unit 4	81.6%	60.80	84
Hospital C	Unit 5 & 6	68.8%	39.60	55
Hospital C	Unit 7	63.5%	42.80	62
Hospital C	Unit 4	64.4%	49.70	62
Hospital C	Unit 3	96.7%	52.70	81
Hospital D	Unit 1	85.2%	43.10	63
Hospital D	Unit 3	91.2%	41.10	60
Hospital D	Unit 2	78.8%	70.40	100

Table 2. *Correlations Among Span of Control and I Trust My Leader Scores (N = 19)*

Variable	"I Trust My Leader" Score <i>r (p)</i>
FTEs	-0.08 (.74)
Number of Employees	0.01 (.96)

NURSE MANAGER SPAN OF CONTROL

Table 3. Nurse Manager Perceptions of Time Spent Performing Tasks for Their Roles and Assistant Nurse Manager Time Performing Tasks (N = 11)

Task	Time Spent for Nurse Manager				Time Spent for Assistant Nurse Manager			
	0-25% n (%)	26-50% n (%)	51-75% n (%)	78-100% n (%)	0-25% n (%)	26-50% n (%)	51-75% n (%)	78-100% n (%)
Assessment, evaluation, or treatment of more than one patient	8 (72.7%)	2 (18.2%)	0 (0.0%)	0 (0.0%)	5 (45.5%)	3 (27.3%)	2 (18.2%)	1 (9.1%)
Patient Care Rounding	1 (9.1%)	5 (45.5%)	5 (45.5%)	0 (0.0%)	1 (9.1%)	8 (72.7%)	1 (9.1%)	1 (9.1%)
Cypher Rounding- Patient satisfaction	0 (0.0%)	4 (36.4%)	7 (63.6%)	0 (0.0%)	0 (0.0%)	8 (72.7%)	1 (9.1%)	2 (18.2%)
Interdisciplinary Rounding	5 (45.5%)	4 (36.4%)	2 (18.2%)	0 (0.0%)	2 (18.2%)	5 (45.5%)	0 (0.0%)	3 (27.3%)
Mentoring	3 (27.3%)	3 (27.3%)	2 (18.2%)	2 (18.2%)	5 (45.5%)	2 (18.2%)	3 (27.3%)	0 (0.0%)
Training	4 (36.4%)	4 (36.4%)	4 (36.4%)	0 (0.0%)	5 (45.5%)	4 (36.4%)	2 (18.2%)	0 (0.0%)
Performance Management	2 (18.2%)	2 (18.2%)	6 (54.5%)	1 (9.1%)	4 (36.4%)	3 (27.3%)	2 (18.2%)	0 (0.0%)
Professional Development	4 (36.4%)	4 (36.4%)	2 (18.2%)	1 (9.1%)	6 (54.5%)	4 (36.4%)	0 (0.0%)	0 (0.0%)
Interviews and Hiring	3 (27.3%)	5 (45.5%)	2 (18.2%)	1 (9.1%)	7 (63.6%)	2 (18.2%)	0 (0.0%)	0 (0.0%)
Attendance Tracking	7 (63.6%)	1 (9.1%)	3 (27.3%)	0 (0.0%)	4 (36.4%)	3 (27.3%)	0 (0.0%)	4 (36.4%)
Time Keeping	6 (54.5%)	3 (27.3%)	2 (18.2%)	0 (0.0%)	4 (36.4%)	3 (27.3%)	0 (0.0%)	4 (36.4%)
Staff Rewards and Recognition	4 (36.4%)	4 (36.4%)	1 (9.1%)	2 (18.2%)	8 (72.7%)	2 (18.2%)	1 (9.1%)	0 (0.0%)
Diagnosing and Solving Staffing Needs	1 (9.1%)	5 (45.5%)	4 (36.4%)	1 (9.1%)	1 (9.1%)	3 (27.3%)	2 (18.2%)	0 (0.0%)
Management of Patient Flow and Bed Placement	3 (27.3%)	5 (45.5%)	2 (18.2%)	1 (9.1%)	3 (27.3%)	3 (27.3%)	2 (18.2%)	0 (0.0%)
Budget Forecasting and Execution	2 (18.2%)	5 (45.5%)	4 (36.4%)	0 (0.0%)	7 (63.6%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Budget Monitoring and Accountability	1 (9.1%)	5 (45.5%)	3 (27.3%)	2 (18.2%)	7 (63.6%)	1 (9.1%)	1 (9.1%)	0 (0.0%)
Your Own Professional Development	6 (54.5%)	1 (9.1%)	4 (36.4%)	0 (0.0%)	6 (54.5%)	5 (45.5%)	0 (0.0%)	0 (0.0%)
Patient and Family Complaints/Grievances	5 (45.5%)	4 (36.4%)	2 (18.2%)	0 (0.0%)	5 (45.5%)	4 (36.4%)	2 (18.2%)	0 (0.0%)
Patient Safety Reports/Safety Issues	3 (27.3%)	3 (27.3%)	4 (36.4%)	1 (9.1%)	6 (54.5%)	3 (27.3%)	1 (9.1%)	0 (0.0%)
Time in Meetings	2 (18.2%)	4 (36.4%)	4 (36.4%)	1 (9.1%)	10 (91.9%)	1 (9.1%)	0 (0.0%)	0 (0.0%)

NURSE MANAGER SPAN OF CONTROL

Note: Information in columns represents the number of participants/percent of total participants in relation to the percent of time spent on specific daily tasks.

Figure 1: *Survey for Nurse Managers*

1. The following best describes your level of experience in your current role:
 - a. 0-1 year
 - b. 2-5 year
 - c. 6+ year

2. During the last year, select the option which best describes time spent performing each job function:

	N/A	1-25%	26-50%	51-75%	76-100%
Assessment, evaluation, or treatment of more than one patient					
Patient Care Rounding					
Cipher Rounding- Patient satisfaction					
Interdisciplinary Rounding					
Mentoring					
Training					
Performance Management					
Professional Development					
Interviews and Hiring					
Attendance Tracking					
Time Keeping					
Staff Rewards and Recognition					
Diagnosing and Solving Staffing Needs					
Management of Patient Flow and Bed Placement					
Budget Forecasting and Execution					
Budget Monitoring and Accountability					

NURSE MANAGER SPAN OF CONTROL

Your Own Professional Development					
Patient and Family Complaints/Grievances					
Patient Safety Reports/Safety Issues					
Time in Meetings					

3. How realistic are your expectations in your roles as a leader?
 - a. Extremely Realistic
 - b. Very Realistic
 - c. Somewhat Realistic
 - d. Not So Realistic
 - e. Not at All Realistic

4. In the last year, my role has changed to include responsibility for assessment, treatment, and evaluation of at least one patient.
 - a. Routinely
 - b. As Needed
 - c. N/A

5. My leadership role allows me the opportunity to impact patient satisfaction
 - a. Strongly Disagree
 - b. Disagree
 - c. Neutral/Neither agree or disagree
 - d. Agree
 - e. Strongly Agree

6. I understand how my work impact organizational business goals.
 - a. Strongly Disagree
 - b. Disagree
 - c. Neutral/Neither agree or disagree
 - d. Agree
 - e. Strongly Agree

7. I feel like I would be a better leader if I didn't spend so much time doing the following:

	N/A	1-25%	26-50%	51-75%	76-100%
Assessment, evaluation, or treatment of more than one patient					
Patient Care Rounding					

NURSE MANAGER SPAN OF CONTROL

Cipher Rounding- Patient satisfaction					
Interdisciplinary Rounding					
Mentoring					
Training					
Performance Management					
Professional Development					
Interviews and Hiring					
Attendance Tracking					
Time Keeping					
Staff Rewards and Recognition					
Diagnosing and Solving Staffing Needs					
Management of Patient Flow and Bed Placement					
Budget Forecasting and Execution					
Budget Monitoring and Accountability					
Your Own Professional Development					
Patient and Family Complaints/Grievances					
Patient Safety Reports/Safety Issues					
Time in Meetings					

8. During the last year, select the option which best describes time that you Assistant Nurse Manager(s) spent performing each job function:

	N/A	1-25%	26-50%	51-75%	76-100%
Assessment, evaluation, or treatment of more than one patient					
Patient Care Rounding					
Cipher Rounding- Patient satisfaction					

NURSE MANAGER SPAN OF CONTROL

Interdisciplinary Rounding					
Mentoring					
Training					
Performance Management					
Professional Development					
Interviews and Hiring					
Attendance Tracking					
Time Keeping					
Staff Rewards and Recognition					
Diagnosing and Solving Staffing Needs					
Management of Patient Flow and Bed Placement					
Budget Forecasting and Execution					
Budget Monitoring and Accountability					
Your Own Professional Development					
Patient and Family Complaints/Grievances					
Patient Safety Reports/Safety Issues					
Time in Meetings					

9. I feel like the Assistant Nurse Manager(s) would better leaders if they didn't spend so much time doing the following:

	N/A	1-25%	26-50%	51-75%	76-100%
Assessment, evaluation, or treatment of more than one patient					
Patient Care Rounding					
Cipher Rounding- Patient satisfaction					
Interdisciplinary Rounding					
Mentoring					

NURSE MANAGER SPAN OF CONTROL

Training					
Performance Management					
Professional Development					
Interviews and Hiring					
Attendance Tracking					
Time Keeping					
Staff Rewards and Recognition					
Diagnosing and Solving Staffing Needs					
Management of Patient Flow and Bed Placement					
Budget Forecasting and Execution					
Budget Monitoring and Accountability					
Your Own Professional Development					
Patient and Family Complaints/Grievances					
Patient Safety Reports/Safety Issues					
Time in Meetings					