

A Data-Driven Approach to Evaluating Nurse Manager Span of Control

Results from Nursing Catalyst's 2023 National Survey on Frontline Clinical Leader Span of Control

Introduction

Frontline clinical leaders are essential to advancing health system strategic priorities. In addition to driving [key outcomes](#), including staff satisfaction and care quality, managers are the lynchpins to implementing the care delivery transformation required to reduce labor costs and stabilize the workforce. In short, manager success is critical to health system survival.

Given the strategic importance of the manager role, executives have long been concerned about growing manager overload and burnout. Yet emerging evidence suggests that the manager role is becoming even more unsustainable. For example, a [2021 workload assessment](#) of acute care nurse managers found that for every eight-hour shift, managers were responsible for completing 24.3 hours of work.

The best way for system executives to reduce manager workload is to rightsize their span of control—reducing the scope of responsibilities so they can focus on only those most important. Workforce leaders have typically used [number of direct reports](#) as a proxy measure for span of control. But this definition is insufficient to measure the full scope of manager responsibility for two reasons:

1. There is no evidence-based standard for ideal manager headcount. [Two recent reports](#) show “average” headcount ranging from 50 to well over 100 direct reports per manager.
2. While the number of direct reports a manager oversees does have a significant impact on their workload, headcount doesn't account for other manager responsibilities such as pilot implementation and other essential leadership tasks that contribute to overwork.

Without a way to comprehensively measure span of control, executives are left with no clear path forward to pinpoint what responsibilities are having the greatest impact on manager workload—and where the organization has an opportunity to re-scope sustainable leadership roles.

The Health Management Academy's [Nursing Catalyst](#) research collaborative aimed to fill this gap by creating a comprehensive, quantifiable definition of manager span of control. Nursing Catalyst researchers surveyed over 1,700 frontline managers on their spans of control, as well as the variables within their work environment that impact their workload.

The following report includes a detailed analysis of national frontline manager span of control, including how span of control impacts workload, and which manager responsibilities have the greatest impact on workload. These insights can help source opportunities to rightsize the manager role and refocus on responsibilities most critical to advancing health system priorities.

Table of Contents

| | |
|---|-----------|
| Methodology | 3 |
| Executive Summary | 6 |
| Section One: Frontline Clinical Manager Span-of-Control Analysis | 9 |
| Section Two: Frontline Leadership Benchmarks | 23 |
| Section Three: Full Survey Data Report | 35 |
| • Summary of Survey Respondent Demographics | 36 |
| • Span-of-Control Variable Summaries | 37 |
| Section Four: Nursing Catalyst’s Span-of-Control Tool for Frontline Clinical Leaders | 46 |
| Acknowledgments | 55 |

Research Methodology

Nursing Catalyst researchers updated a comprehensive measurement tool for frontline manager span of control from The Ottawa Hospital (TOH), [originally published](#) in 2005. TOH tool was [validated in 2013](#), with high span of control scores linked to adverse unit outcomes.

The Ottawa Hospital Tool Primer

TOH's tool measures an individual manager's span of control by assessing and assigning point values to 16 variables impacting manager scope of work. The points for each variable are then added up for a total span-of-control score between 60 to 120 points.

The 16 variables measure the complexity of three types of leadership tasks:

1. Staffing (e.g., headcount, staff noviceness, etc.)
2. Unit operations (e.g., average patient churn, risk management, etc.)
3. Scope of manager responsibility outside day-to-day operations (e.g., the number of units the manager oversees, committee participation, etc.).

Below is an example of the scoring for one variable, headcount.

- Managers self report where they fall within designated intervals for each variable. All variables are assigned a point value ranging from 1 (least workload intensive) to 4 (most workload intensive).
- The point value is multiplied by the variable's weighted value, ranging from 2 to 5, to capture the variable's relative impact on span of control. For example, variables with a weight of five (e.g. headcount) have the greatest impact on manager workload, and variables with a weight of two have the lowest impact on workload (e.g. average patient churn).
- All variable scores are added together. Health system leaders can then compare a manager's total score to TOH's scoring system to assess whether manager span of control is appropriate.

Example Span-of-Control Variable Point Calculation

| Headcount | Definition of Level | Point | Weight | Total |
|-------------|---------------------|-------|--------|-------|
| Low | <30 | 1 | 5 | |
| Medium | 31-70 | 2 | 5 | |
| Medium-High | 71-100 | 3 | 5 | |
| High | >100 | 4 | 5 | |

Manager selects a level ranging from low to high

Level clearly defined

Point value (1-4) assigned to each level

Variable weighted (2-5) based on relative impact

Selected point value multiplied by the weight to determine total

Source: THMA research and analysis.

Nursing Catalyst’s Span-of-Control Tool for Frontline Clinical Leaders

Given that the manager role and inpatient environment has changed significantly since TOH published their tool in 2005, Nursing Catalyst researchers updated the variable definitions, intervals, and weighting to accurately reflect the manager role in 2023. To do so, researchers:

- Conducted a literature search to identify new or expanding responsibilities impacting managers;
- Held focus groups and 1:1 interviews with managers¹ to solicit feedback on the accuracy of updated variable definitions, intervals, and weighting values; and
- Distributed an online version of the updated tool a subset of managers² to solicit feedback on clarity of survey instructions before sharing widely.

The final tool measures span of control based on the following 20 variables:

- | | | |
|---------------------------------|------------------------|---------------------------------|
| 1. Hours of Operation | 8. Material Management | 15. No. Direct Managers |
| 2. Bed Size | 9. Headcount | 16. No. Physician Groups |
| 3. Census Unpredictability | 10. Diversity of Roles | 17. No. Committees, Participant |
| 4. Patient Turnover | 11. Novice Staff (%) | 18. No. Committees, Leadership |
| 5. Risk Management | 12. FMLA Usage | 19. No. Units |
| 6. No. Protocols | 13. Absenteeism | 20. No. Pilots |
| 7. Workplace Violence Incidents | 14. Staff Turnover | |

Once researchers completed Nursing Catalyst’s Span-of-Control Tool for Frontline Clinical Leaders³, the tool was adapted for distribution via an online survey. This survey was distributed to frontline managers in two ways:

1. CNOs of organizations within Nursing Catalyst’s research collaborative⁴ sent directly to their frontline managers via email.
2. AONL advertised the survey collection in an email to their full membership.

The survey was open from October 2 until December 1, 2023. After the survey was closed, researchers modified respondents to only include:

- Leaders currently working in clinical *frontline* leadership roles, defined as the leader who is primarily accountable for the day-to-day operations of one or more area(s) of service
- Leaders that are currently working in US-based health systems
- Leaders that oversee at least one hospital-based unit or area of service, including the emergency department and inpatient procedural areas (e.g. surgical services)

A total of 2,421 nursing leaders completed the survey and 1,774 were included in the final sample. The remainder of this report details the analysis of that data.

¹ n=37

² n=52.

³ See Section 4 for a complete version of the tool.

⁴ A full list of organizations supporting Nursing Catalyst’s span-of-control research is included on page 53.

Source: THMA research and analysis.

Study Limitations

- 1. Managers self reported survey data.** The full definitions provided to managers for each variable can be found in the full Nursing Catalyst span-of-control tool beginning on page 46.
- 2. Researchers did not field test the updated span-of-control tool.** After TOH constructed their tool through feedback from manager focus groups and interviews, they field tested the tool on inpatient units. While Nursing Catalyst replicated the focus groups and interviews, researchers did not field test the updated tool.
- 3. Span-of-control scores were not validated against unit outcomes.** A [2013 validation](#) of TOH's tool suggested a strong correlation between high span-of-control scores and adverse unit outcomes, which Nursing Catalyst did not repeat. As a result, researchers didn't adapt TOH's prescriptive scoring model for this analysis. Researchers instead assessed the relationship between span-of-control scores and average managers hours worked per week. Those results can be found on page 8.

Nursing Catalyst 2023 Frontline Manager Span-of-Control Survey, By the Numbers

| | | | |
|-----------|--|--------------|--|
| 35 | Total number of survey questions | 1,774 | Total responses included in final sample |
| 22 | Number of questions on span-of-control variables | 2,421 | Total number of survey responses |
| 7 | Number of questions on unit leadership support | 114 | Number of participating health systems |
| 6 | Number of questions on respondent demographics | 37 | Number of participating Nursing Catalyst member health systems |

Executive Summary

This report on Nursing Catalyst's 2023 National Survey on Frontline Clinical Leader Span of Control details a comprehensive analysis of span of control data collected in the fall of 2023.

The following report outlines the major takeaways from that work, including how span of control impacts workload, and which manager responsibilities have the greatest impact on workload. These insights can help source opportunities to rightsize the manager role and refocus on responsibilities most critical to advancing health system priorities.

Below is a short recap of the key insights from this work.

1 To assess manager span of control, executives must move beyond the typical headcount-based proxy measure to adopt a more holistic definition.

A headcount-based measure of manager span of control is insufficient to evaluate the full scope of manager responsibility for two reasons. First, there is no evidence-based standard for ideal manager headcount. And second, headcount doesn't account for other manager responsibilities such as pilot implementation and other essential leadership tasks.

Nursing Catalyst aimed to fill this gap by creating a comprehensive, quantifiable definition of manager span of control. Researchers then surveyed over 1,700 frontline managers on their spans of control, as well as the variables within their work environment that impact their workload.

2 Nurse Manager span of control scores are significantly correlated with average number of hours worked.

Nursing Catalyst's tool generates a relative score for each leader's span of control. To help executives interpret these scores, researchers examined the connection between manager span-of-control scores and the hours managers typically work per week.

Researchers found a significant correlation between these two variables—overall span of control score and numbers of hours worked weekly. This means, as a manager's span of control increases, so do hours worked. While intuitive, this is an important finding because it validates the findings in this report and means that the span of control score is an accurate predictor of manager workload. Executives can use the guide on page 12 of this report as a rough shorthand for interpreting their own managers' scores.

3 Most managers have spans of control that exceed the bounds of a typical 40-hour work week.

The average manager span-of-control score was 110. In practical terms, this means that 50% of managers have a score correlated with working more than 45 hours per week on average. Even more concerning: 25% of managers have span-of-control scores (at least 123 points) correlated with working 65 or more hours a week.

While many managers do have a workload consistent with the expectations of a leadership position (after all, the bottom 50% of managers are working 45 hours per week or fewer) these scores indicate that decades-long challenges with nurse manager overload persist today. And for at least 25% of managers, their workload has reached an unsustainable peak.

4 Key manager demographics (tenure, unit type) do not significantly impact span of control.

In addition to surveying managers on their spans of control, researchers collected information on respondent demographics, including: years of management experience, the types of units they oversee, and whether they worked in an AMC.

While there were slight variations in average spans of control between demographics, no single manager demographic was significantly different from the overall average. In other words, manager demographics don't significantly impact span of control.

5 Six variables impacting manager workload account for 45% of average span of control.

To understand the impact of 20 variables on manager span-of-control, Nursing Catalyst researchers calculated each variable's average contribution to the overall span-of-control score.

The top six variables—headcount, bed size, staff noviceness, time spent on risk management, number of pilots, and staff turnover—collectively account for 45% of the overall span-of-control score. In theory this should indicate a clear path forward for executives seeking to reduce frontline manager burnout. But in practice, the consistency suggests that some of these variables are difficult for health systems to change, particularly those tied to physical structure or larger workforce trends (bed size, staff noviceness).

6 The managers at greatest risk of overload are those who also play the biggest roles in advancing health system strategic goals.

Beyond reducing overload where it's needed most, there's another reason why executives need to target managers with especially high spans of control: these leaders play a disproportionately impactful role in advancing health system priorities.

Specifically, managers with high span-of-control scores are both responsible for the greatest number of staff and are charged with piloting the most care delivery innovations. For example, 34% managers with high spans of control oversaw more than 10 pilots in the last year, as opposed to 9% of all managers. And if health systems intend to successfully pilot and scale care delivery innovations, executives must re-focus their leaders' priorities to do so.

7 To meaningfully inflect change among managers with the greatest workload, health systems must reduce manager headcount.

While there are a variety of ways in which executives can reduce frontline manager span-of-control, one thing is certain: to meaningfully inflect change among managers with the greatest workload, health systems must reduce manager headcount.

As expected, 19 out of the 20 variables rose proportionately for managers in the top 25% of scores—except for headcount, which had a significantly higher increase. In fact, 60% managers with high spans of control oversee more than 100 staff, compared to only 19% of all managers.

8 Other than reducing headcount, the next best opportunity for executives to rightsize span of control is to provide more support for risk management and workplace violence.

When the risk management and workplace violence incident variables are combined, they collectively become the second most impactful variable on manager span-of-control scores—a strong contrast to workplace violence alone, which was consistently the least impactful variable on span of control.

While workplace violence alone doesn't account for rising manager workload, providing additional support to managers to respond to these incidents (in addition to other risk management activities) is one of the greatest opportunities health systems have to reduce manager overload.

Section One

Frontline Clinical Manager Span-of-Control Analysis

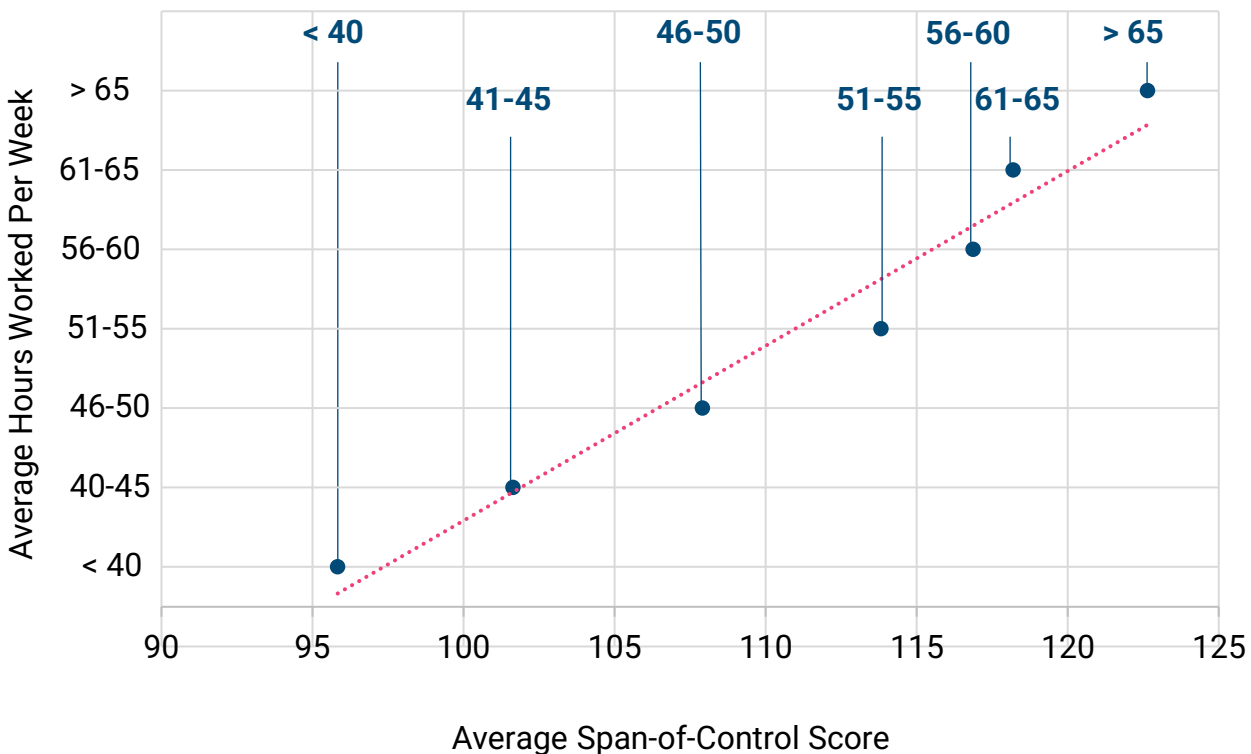
Takeaway 1: Span-of-control scores are significantly correlated with manager hours worked.

To assess the validity of the Nursing Catalyst Span-of-Control Tool for Frontline Clinical Leaders, researchers looked at the correlation of survey respondent scores with their average hours worked. The chart below shows the correlation between two types of data: the average hours per week survey respondents typically work, and the average span-of-control score for respondents within each hourly range.

In short: The span-of-control scores were positively correlated with manager hours worked. As the complexity of the work environment variables captured within Nursing Catalyst’s span-of-control tool increase, manager span-of-control scores go up. Meaning, managers with higher span-of-control scores typically work more hours per week.

This is an important finding as it validates the span-of-control score in relationship to scope of role. It also provides a useful shorthand for making sense of what any given span-of-control score may look and feel like in terms of a manager’s workload.

Figure 1: Relationship Between Average Frontline Clinical Leader Span-of-Control Score and Average Hours Worked Weekly
($R^2=0.954$)¹



¹ Researchers conducted a regression analysis to assess the relationship between the average hours survey respondents typically worked per week and average frontline clinical leader span-of-control score; hours were collected in intervals, ranging from less than 40 hours hours/week to greater than 65 hours/week.

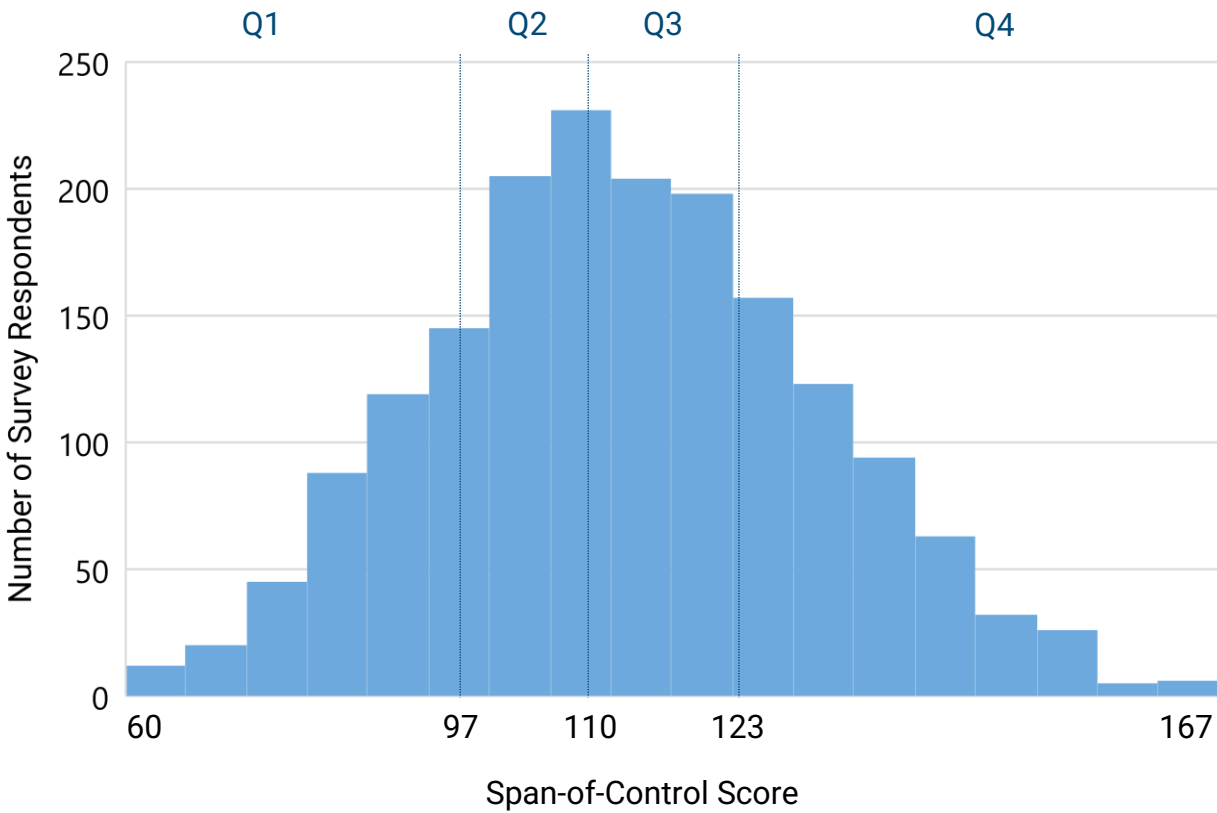
Source: THMA research and analysis.

Takeaway 2: Half of managers have spans of control correlated with working more than 45 hours per week on average.

To analyze overall manager span of control, researchers examined the distribution of span-of-control scores across all survey respondents. The minimum and maximum possible scores are 60 and 180, respectively. The figure below illustrates the actual score distribution for managers, which ranged from 60 to 167.

Figure 2: Distribution of Survey Respondent Span-of-Control Scores, between Minimum and Maximum Possible Values¹

n=1774



110

Average span-of-control score

135.4

Average span-of-control score for frontline leaders in top quartile of distribution

¹Minimum=60, Maximum=167; Range=107; Interquartile range=26

Source: THMA research and analysis.

Interpreting Span-of-Control Total Scores

The overall span-of-control score is a total score based on the 20 individual variables. Because the current tool was not field tested, the Nursing Catalyst research team is not providing a hard cut off for excessive versus appropriate span of control.

However, given the correlation between the overall span-of-control score and hours worked, leaders can use a rough shorthand for interpreting the workload associated with span-of-control scores.

We recommend referencing the following to help interpret span-of-control scores and translate those into approximate hours worked.

- 95.8 average span-of-control score: **< 40 hours/week**
- 101.6 average span-of-control score: **40-45 hours/week**
- 107.9 average span-of-control score: **46-50 hours/week**

110: Average span-of-control score

- 113.8 average span-of-control score: **51-55 hours/week**
- 116.9 average span-of-control score: **56-60 hours/week**
- 118.2 average span-of-control score: **61-65 hours/week**
- 122.6 average span-of-control score: **> 65 hours/week**

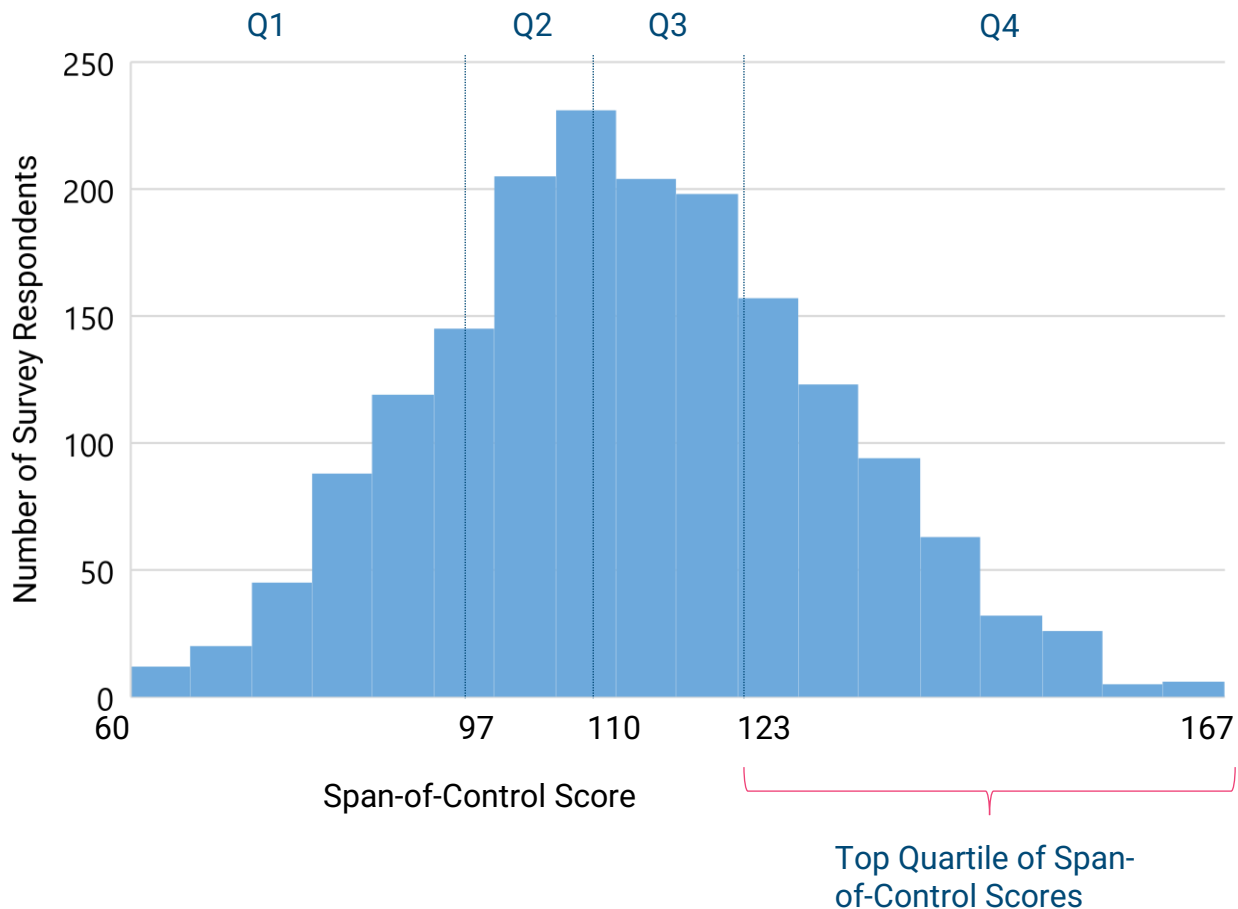
A Closer Look at Overall Span-of-Control Scores

The overall distribution of span-of-control scores adheres to a rough bell curve. While a large subset of managers have what many executives would believe to be appropriate spans of control, the data indicates that respondents within the upper half of the distribution (those with scores of 110 or above) work more than 45 hours per week on average. **Even more concerning: 25% of managers have span-of-control scores (at least 123 points) correlated with working 65 or more hours a week.**

In further analyses, we explore what variables are contributing to the overload of these managers—both for all managers, and those with especially high spans of control. We define high span of control as all respondents in the top quarter of the score distribution—although more managers than those in the top quartile could still be experiencing overload.

Figure 2: Distribution of Survey Respondent Span-of-Control Scores, between Minimum and Maximum Possible Values¹

n=1774



¹ Minimum=60, Maximum=167; Range=107; Interquartile range=26

Source: THMA research and analysis.

Takeaway 3: Key manager demographic factors do not significantly impact average span of control.

In addition to collecting data on variables impacting span of control, Nursing Catalyst researchers also surveyed respondents on key demographic factors including management experience, AMC status, the number of travel staff within their areas of service, and number and type of inpatient areas within their purview.

To understand whether overall span of control significantly varied across manager demographics, researchers used the standard deviation. For those a little rusty on statistics, the standard deviation is a helpful measure for how far a group or score is from the average. So, in this case, how different a manager's span-of-control score is when we take certain demographic variables into account.

The standard deviation calculation from the overall average span-of-control score was as follows:

- Average of span of control is 109.95
- The standard deviation is 19.01
- Meaning, a significantly lower score is 90.49, and a significantly higher score is 128.96.

Despite slight variations between average span of control, displayed within the table on the next page, **no manager demographic varied beyond one standard deviation from the overall average (90.49-128.96).**

In other words, key manager demographics don't significantly impact average span of control.

Table 1: Average Frontline Manager Span of Control Across Key Demographics

Years of Frontline Management Experience

| Years of Experience | Average Span-of-Control Score |
|---------------------|-------------------------------|
| <1 (n=138) | 101.62 |
| 1-3 (n=605) | 108.95 |
| 4-10 (n=615) | 112.65 |
| >10 (n=361) | 108.76 |

Unit Type

| Type | Average Span-of-Control Score |
|------------------------------|-------------------------------|
| Adult Critical Care (n=130) | 113.33 |
| Emergency Department (n=150) | 114.15 |
| Labor & Delivery (n=93) | 110.22 |
| Medical-Surgical (n=277) | 110.74 |
| NICU (n=32) | 119.47 |
| PICU (n=10) | 114.3 |

AMC Status

| AMC Status | Average Span-of-Control Score |
|--|-------------------------------|
| Manager works within an AMC (n=853) | 111.64 |
| Manager doesn't work within an AMC (n=921) | 108.34 |

Travel Staff

| Number of Travel Staff ¹ | Average Span-of-Control Score |
|-------------------------------------|-------------------------------|
| 0-3 travel staff (n=816) | 104.5 |
| 4-6 travel staff (n=236) | 110.58 |
| 6+ travel staff (n=670) | 115.68 |

Number of Units; Diversity of Unit Types

| Number of Units within Manager Purview | Average Span-of-Control Score |
|--|-------------------------------|
| 1 unit (n=975) | 107.04 |
| 2+ units (n=799) | 113.5 |
| 2+, same unit type (n=466) | 111.06 |
| 2+, different unit types (n=333) | 116.87 |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Takeaway 4: The top six variables account for 45% of average span of control.

To understand each variable's relative impact on span of control, Nursing Catalyst researchers calculated 1) the average point value of each variable and 2) its percentage of the overall average span-of-control score, which is displayed in the following table. Researchers found that:

1. The top six most impactful variables and five least impactful variables remained consistent in their relative impact rank across manager demographics.

Six most impactful variables:

1. Headcount
2. Bed size
3. Noviceness
4. Risk management
5. Number of pilots
6. Staff turnover

Five least impactful variables:

1. Absenteeism
2. Committee participation
3. Material management
4. Workplace violence
5. Number of units

2. The top six variables collectively account for 45% of the overall span-of-control score.

However, the degree of that impact among these top six variables is not the same. For example, headcount—the most impactful variable, making up 11.5% of the average span-of-control score—has more than double the average points of the least impactful variable in the top 6 (staff turnover).

In short, the top six variables consistently have the greatest impact on span of control across virtually all managers. In theory, this should indicate a clear path forward for executives seeking to reduce frontline manager burnout. **But in practice, the consistency suggests that these variables are difficult for health systems to change, particularly those tied to physical structure or larger workforce trends (e.g., bed size, staff noviceness).**

These findings illuminate a few possible paths forward for executives seeking to reduce span of control across all frontline managers:

- Most importantly, leaders should consider what supports managers need to manage a high number of novice direct reports—for example, adding educator support or technologies to support efficient performance management.
- Risk management and the number of pilots managers oversee offer more opportunity for organizations to inflect change. For example, leaders could re-scope manager roles to shift risk management to other quality and clinical leaders (e.g., a service line CNS). Similarly, nurse scientists or internal consultants could reduce the manager burden of implementing and monitoring pilots.
- Despite their lesser impact on average span of control, the variability of the “middle” variables suggest that they are easier to address. Executives who fail to inflect change to the most impactful variables could target a greater number of middle variables to drive similar impact.

Table 1: Variables Impacting Frontline Manager Span of Control, Ranked in Descending Order of Impact on Average Respondent Score
n=1774

| Span-of-Control Variables | Average Variable Point Value | Percent of Average Span-of-Control Score |
|----------------------------------|------------------------------|--|
| 1. Headcount | 12.65 | 11.5% |
| 2. Bed size | 9.28 | 8.44% |
| 3. Noviceness | 8.5 | 7.72% |
| 4. Risk Management | 7.16 | 6.51% |
| 5. No. Pilots | 6.28 | 5.71% |
| 6. Turnover Rate | 5.85 | 5.32% |
| 7. Hours of Operation | 5.63 | 5.12% |
| 8. Census Unpredictability | 5.48 | 4.98% |
| 9. Diversity of Roles | 5.37 | 4.88% |
| 10. No. Protocols | 5.15 | 4.69% |
| 11. No. Units | 5.1 | 4.64% |
| 12. No. Committees (Leadership) | 4.74 | 4.32% |
| 13. Direct Managers | 4.24 | 3.89% |
| 14. FMLA/ADA Usage | 4.2 | 3.85% |
| 15. No. Physician Groups | 4.19 | 3.82% |
| 16. Patient Turnover | 4.14 | 3.77% |
| 17. Absenteeism | 3.53 | 3.21% |
| 18. No. Committees (participant) | 3.38 | 3.07% |
| 19. Material Management | 3.17 | 2.89% |
| 20. Workplace Violence | 3.07 | 2.80% |

The top six variables account for **more than 45%** of average span of control

The bottom five variables **remained consistent** across all manager demographics

Source: THMA research and analysis.

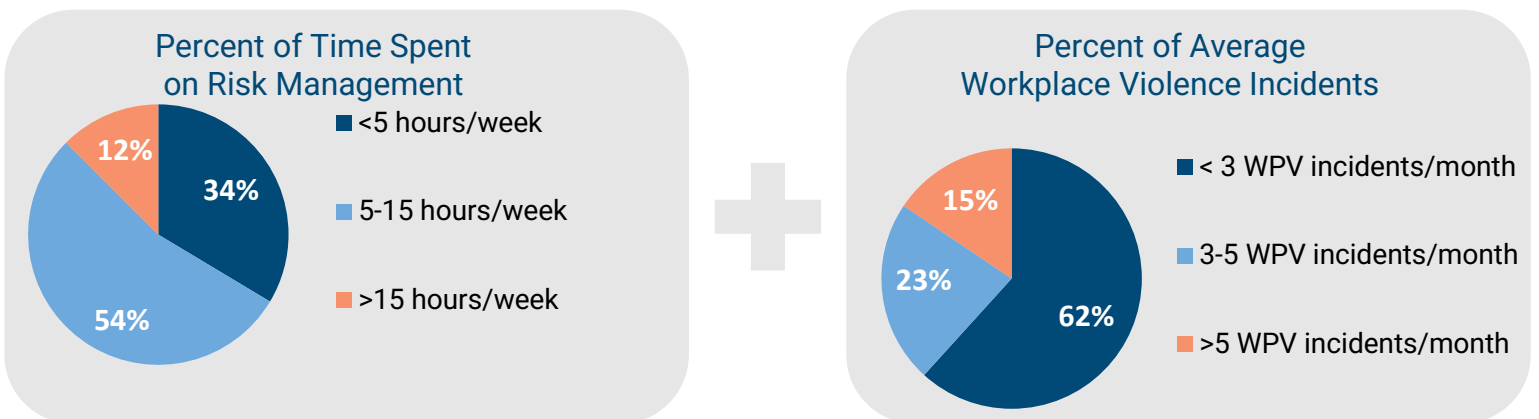
Data Spotlight: Combining the Impact of Risk Management and Workplace Violence on Span of Control

While Nursing Catalyst researchers made the choice to separate risk management (ranked fourth most impactful variable) and workplace violence (ranked last) as discrete variables within the span-of-control tool to more accurately capture the impact of both.

Yet in reality, they are overlapping responsibilities. Preventing or responding to violence is typically considered risk management, even if manager work around violence also includes tasks like emotionally supporting staff and patients.

When the **risk management and workplace violence incident variables are combined, they collectively become the second most impactful variable on manager span-of-control scores.** In other words, while workplace violence alone doesn't account for rising manager workload, providing additional support to managers to respond to these incidents (in addition to other risk management activities) is one of the greatest opportunities health systems have to rightsize the scope of the manager role. This is in stark contrast to the other most impactful variables—headcount, bed size, and staff noviceness—that are more connected to the fixed physical and workforce structures of the health system, and are harder for executives to address as a result.

Figure 3: Distribution of Nurse Manager Answers Across Risk Management and Workplace Violence Intervals
n=1774



#2 Most impactful variable to average span-of-control score (9.31% of average score)

Takeaway 5: To reduce workload among managers with the highest spans of control, executives must address high headcount.

As mentioned previously, the top 25% of managers had span-of-control scores significantly correlated with working more than 65 hours per week—the highest option available within the survey.

To understand what is contributing to these high spans of control, researchers calculated the average variable point value for two populations: all managers, and only the top quartile of managers. Then, researchers calculated the percent change between those two numbers to quantify the differences between the full manager cohort and the top quartile.

That full analysis is in the table on page 21. In short, researchers found that:

1. The six most impactful variables (headcount, bed size, noviceness, risk management, number of pilots, and staff turnover) among frontline managers with the highest span-of-control scores collectively account for 48% of the overall span-of-control score. This is consistent with the full manager cohort, for which those variables account for 45% of the average score.
2. 19 of 20 variables increased in point value among frontline managers in the top quartile. Logically, this is what we would expect to see among managers with higher scores.
3. Headcount was the only variable that had a statistically significant impact among managers with excessive spans of control. In other words, the increase in points derived from headcount was more than one standard deviation from the average. While most other variables did increase to some degree, none of those increases were statistically significant.

¹ Excessive span-of-control defined as nurse managers that fell within the upper quartile of reported span-of-control scores.

Three Ways to Reduce (the Impact of) High Headcount

While there are a variety of ways in which executives can reduce frontline manager span of control, one thing is certain: **to meaningfully inflect change among managers with the greatest workload, health systems must reduce manager headcount.**

Doing so will require significant change to health system leadership, given that maintaining a certain headcount is required to safely staff an area of service. Executives should consider implementing at least one of the following options:

- **Institute a cap on the number of direct reports a manager can oversee:** While there is little consensus in the literature on “ideal” manager headcount, Nursing Catalyst’s data indicates that many managers have a headcount too high for a sustainable workload, regardless of what other support managers are given. Executives should consider instituting an organization-wide cap on headcount to create guardrails around manager overload.
- **Reduce the number of units or teams that managers oversee:** 45% of surveyed managers oversee more than one unit or team. This inflates manager headcount well beyond the number of FTEs required for safe staffing. For managers who already oversee a unit with a large headcount, the best way to reduce their workload is to hire and/or reassign leaders to take over the secondary departments overloaded managers are responsible for.
- **Implement strategies, support, and/or technologies to support staffing work:** Even if headcount is reduced as much as possible, frontline managers are still likely to oversee dozens of direct reports. Health systems should prioritize investments into technologies or other supports to help managers most efficiently complete their staffing responsibilities, such as leveraging AI for scheduling or implementing workforce management platforms that help managers prioritize staff for recognition or feedback.

¹ Excessive span-of-control defined as nurse managers that fell within the upper quartile of reported span-of-control scores.

Table 2: Ranked Variables Among Frontline Clinical Managers with Highest Spans of Control¹
n=422

| Span-of-Control Variables | Average Variable Point Value | Percent Change ² |
|---------------------------------|------------------------------|-----------------------------|
| 1. Headcount | 17.4 | +37% |
| 2. Bed Size | 12.4 | +33% |
| 3. Noviceness | 10.2 | +20% |
| 4. Risk Management | 8.6 | +19% |
| 5. No. Pilots | 8.1 | +29% |
| 6. Staff Turnover | 7.9 | +36% |
| 7. Census Unpredictability | 6.7 | +22% |
| 8. Diversity of Roles | 6.5 | +20% |
| 9. No. Protocols | 6.3 | +21% |
| 10. Hours of Operation | 5.9 | +13% |
| 11. No. Committees, Leadership | 5.7 | +21% |
| 12. No. Units | 5.6 | +10% |
| 13. FMLA Usage | 5.0 | +19% |
| 14. No. Physician Groups | 4.8 | +14% |
| 15. Patient Turnover | 4.6 | +12% |
| 16. Absenteeism | 4.6 | +31% |
| 17. No. Managers | 4.3 | ---- |
| 18. No. Committees, Participant | 4.1 | +21% |
| 19. Workplace Violence | 3.9 | +26% |
| 20. Material Management | 3.6 | +13% |

48%

Of the average span-of-control score **comprised by the top six variables**, among managers with highest spans of control



Headcount is the only significantly higher variable among managers with highest spans of control

¹ Highest span of control defined as nurse managers that fell within the upper quartile of reported span-of-control scores.

² Percent change in average variable point values from overall respondents to those within the upper quartile.

Source: THMA research and analysis.

Data Spotlight: A Closer Look at Managers with High Spans of Control

Beyond reducing overload where it's needed most, there's another reason why executives should concentrate their efforts on managers with highest spans of control: these managers play a disproportionately impactful role in advancing health system priorities.

As seen in the graphs below, these managers are both responsible for the greatest number of staff and are charged with piloting the most care delivery innovations. For example, 60% managers with high spans of control oversee more than 100 staff, compared to only 19% of all managers. Even more troubling: 34% managers with high spans of control oversaw more than 10 pilots in the last year, as opposed to 9% of all managers.

In other words: **it's the managers who are most essential to key health system strategic priorities—stabilizing the workforce and transforming care delivery—who are also at greatest risk of burnout.**

Figure 1: Number of Direct Reports Among Managers in the Top Quartile of Span-of-Control Scores, as a Percentage of Survey Respondents¹

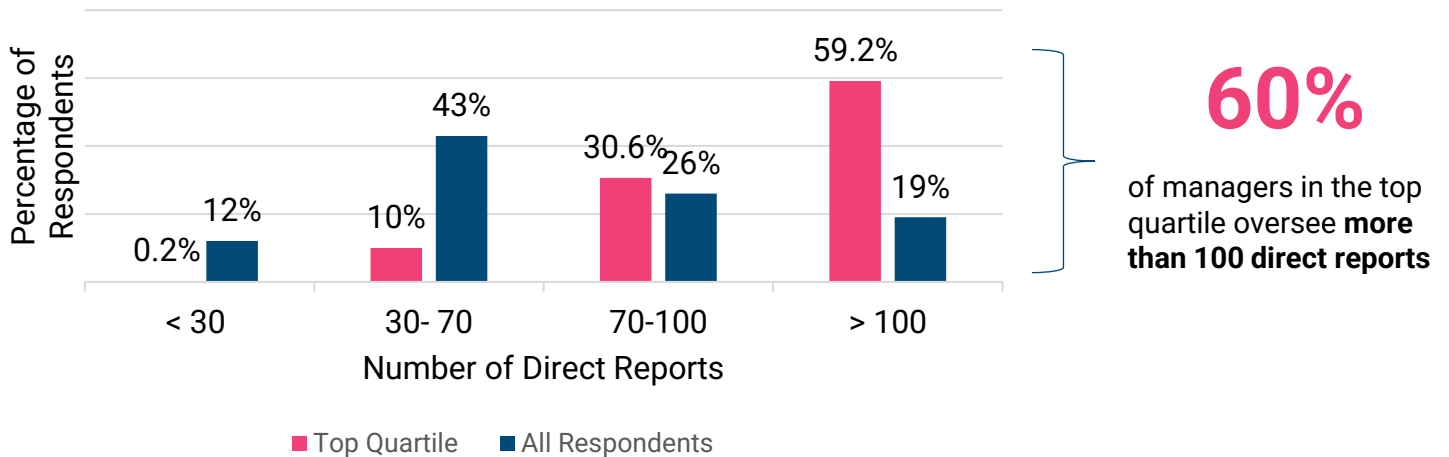
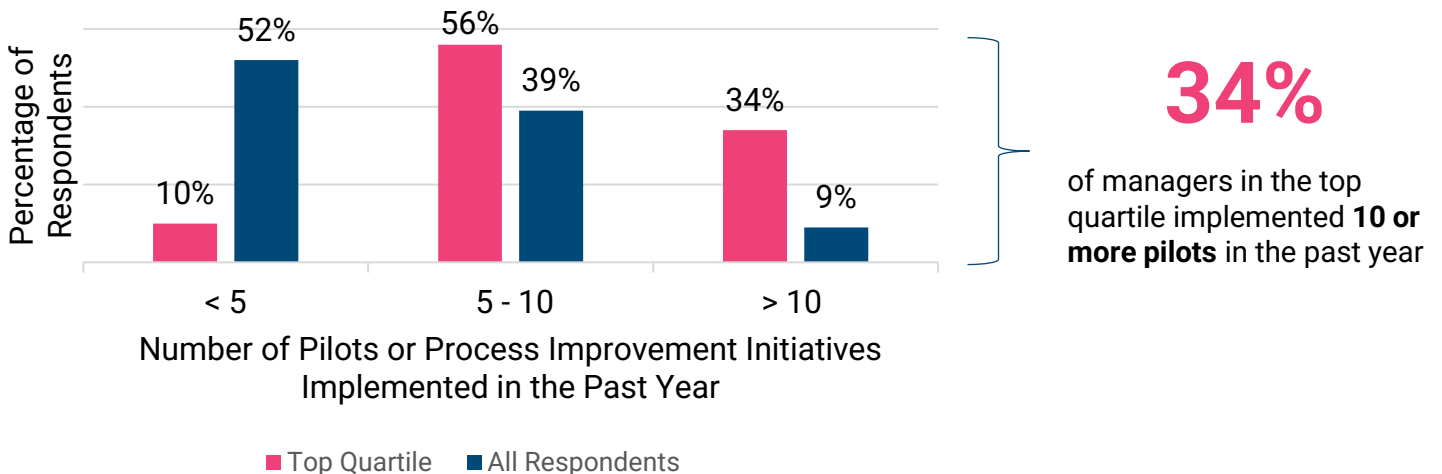


Figure 2: Number of Pilots Overseen by Managers in the Top Quartile of Span-of-Control Scores, as a Percentage of Survey Respondents²



¹ n=422

² n=1774

Section Two

Frontline Leadership Benchmarks

Introduction to Frontline Leadership Benchmarks

In addition to benchmarking variables that impact frontline clinical leader span of control, Nursing Catalyst researchers also surveyed frontline leaders on the types of unit-level leadership support they typically have. Specifically, the survey asked managers:

1. Whether they had the support of other unit-level leaders (e.g., assistant nurse managers, nurse educators) within their areas of oversight
2. How many FTEs of leadership support¹ were present on their units during a typical week

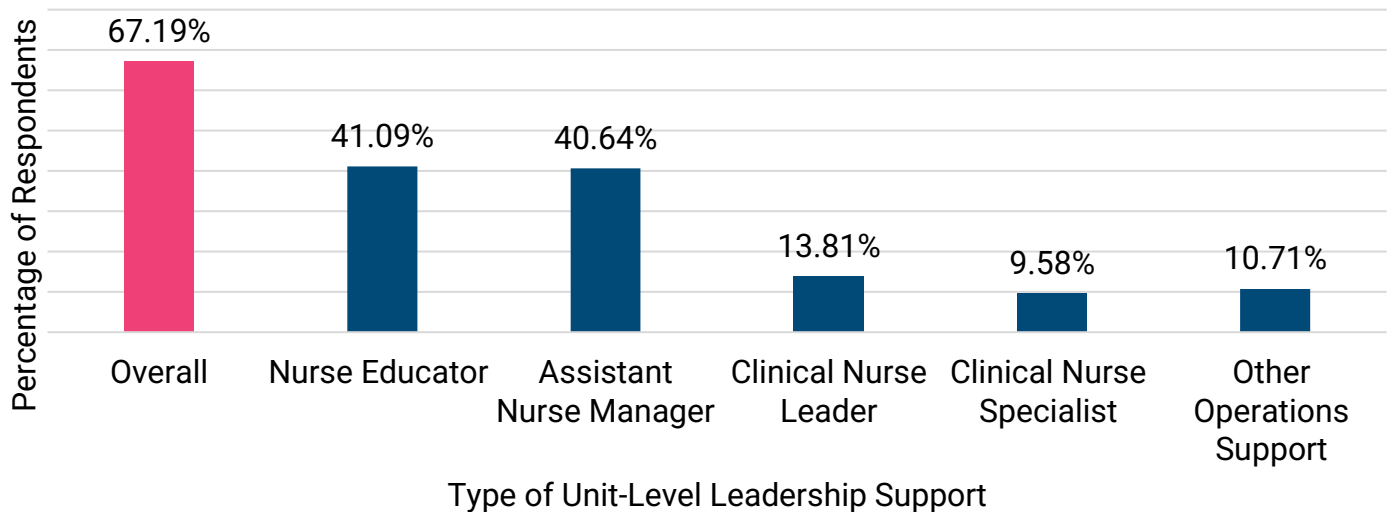
The following pages summarize that data into leadership benchmarks, both for overall respondents and for key manager demographics—such as those who work within AMCs, or who oversee specific types of units (e.g., med-surg, critical care).

Nursing Executives can use that data to assess how their organization’s unit-level leadership structures compare to the national benchmark, and pinpoint where their leaders need additional support.

Please note: As with all data in this report, managers self-reported the type (by title) and FTEs of support present on their units. As such, there is likely some variation present in these benchmarks, given the variability in scope of those unit leadership roles between organizations.

Figure 1: Percentage of Frontline Clinical Managers With Unit-Level Leadership Support, By Role

n=1774



¹An FTE is defined as 40 hours/week of support, regardless of whether the unit leader reports directly to the frontline clinical manager.

Source: THMA research and analysis.

Table 1: Percentage of Frontline Clinical Managers With Unit-Level Leadership Support, By Role and FTE



Unit-Level Leadership
Benchmarks: Overall

| | | Assistant Nurse Manager Support (n=721) | |
|-----------|---------------------------|---|---------------------------|
| FTEs | Percentage of Respondents | FTEs | Percentage of Respondents |
| < 0.25 | 2.4% | < 0.25 | 2.4% |
| 0.25-0.50 | 5.4% | 0.25-0.50 | 5.4% |
| 0.51-1.0 | 33.1% | 0.51-1.0 | 33.1% |
| 1.1-2.0 | 33.1% | 1.1-2.0 | 33.1% |
| 2.1-3.0 | 8.0% | 2.1-3.0 | 8.0% |
| 3.1-4.0 | 8.0% | 3.1-4.0 | 8.0% |
| 4.1-5.0 | 3.0% | 4.1-5.0 | 3.0% |
| > 5.0 | 7.0% | > 5.0 | 7.0% |

| Clinical Nurse Leader Support (n=245) | | Clinical Nurse Specialist Support (n=170) | |
|---------------------------------------|---------------------------|---|---------------------------|
| FTEs | Percentage of Respondents | FTEs | Percentage of Respondents |
| < 0.25 | 6.5% | < 0.25 | 11.0% |
| 0.25-0.50 | 4.1% | 0.25-0.50 | 16.5% |
| 0.51-1.0 | 25.7% | 0.51-1.0 | 47.1% |
| 1.1-2.0 | 22.0% | 1.1-2.0 | 21.8% |
| 2.1-3.0 | 9.4% | 2.1-3.0 | 1.2% |
| 3.1-4.0 | 14.7% | 3.1-4.0 | 1.2% |
| 4.1-5.0 | 4.5% | 4.1-5.0 | --- |
| > 5.0 | 13.1% | > 5.0 | 1.2% |

| Nurse Educator Support (n=729) | | Other Operations Support (n=190) | |
|--------------------------------|---------------------------|----------------------------------|---------------------------|
| FTEs | Percentage of Respondents | FTEs | Percentage of Respondents |
| < 0.25 | 19.2% | < 0.25 | 7.4% |
| 0.25-0.50 | 19.6% | 0.25-0.50 | 7.9% |
| 0.51-1.0 | 37.6% | 0.51-1.0 | 32.6% |
| 1.1-2.0 | 18.1% | 1.1-2.0 | 33.7% |
| 2.1-3.0 | 2.1% | 2.1-3.0 | 5.3% |
| 3.1-4.0 | 0.55% | 3.1-4.0 | 2.6% |
| 4.1-5.0 | 0.55% | 4.1-5.0 | 2.1% |
| > 5.0 | 2.3% | > 5.0 | 8.4% |

Source: THMA research and analysis.

Table 2: Percentage of Frontline Clinical Managers With Unit-Level Support That Work at an AMC, By Role and FTE



**Unit-Level Leadership
Benchmarks: AMC**

| | | Assistant Nurse Manager Support (n=387) | | | |
|------------------|----------------------------------|--|----------------------------------|--|--|
| | | FTEs | <i>Percentage of Respondents</i> | | |
| | | < 0.25 | 2.6% | | |
| | | 0.25-0.50 | 4.4% | | |
| | | 0.51-1.0 | 29.7% | | |
| | | 1.1-2.0 | 32.5% | | |
| | | 2.1-3.0 | 9.8% | | |
| | | 3.1-4.0 | 7.8% | | |
| | | 4.1-5.0 | 4.7% | | |
| | | > 5.0 | 8.5% | | |
| | | Clinical Nurse Leader Support (n=99) | | Clinical Nurse Specialist Support (n=116) | |
| FTEs | <i>Percentage of Respondents</i> | | | <i>Percentage of Respondents</i> | |
| < 0.25 | 5% | | | 13.8% | |
| 0.25-0.50 | 3% | | | 17.2 | |
| 0.51-1.0 | 26.3% | | | 45.7% | |
| 1.1-2.0 | 18.2% | | | 19% | |
| 2.1-3.0 | 12.1% | | | 0.9% | |
| 3.1-4.0 | 11.1% | | | 1.7% | |
| 4.1-5.0 | 5.1% | | | --- | |
| > 5.0 | 19.2% | | | 1.7% | |
| | | Nurse Educator Support (n=403) | | Other Operations Support (n=101) | |
| FTEs | <i>Percentage of Respondents</i> | | | <i>Percentage of Respondents</i> | |
| < 0.25 | 18.9% | | | 5.9% | |
| 0.25-0.50 | 18.9% | | | 10.9% | |
| 0.51-1.0 | 38.2% | | | 28.7% | |
| 1.1-2.0 | 17.6% | | | 37.6% | |
| 2.1-3.0 | 2.8% | | | 4% | |
| 3.1-4.0 | 0.7% | | | 3% | |
| 4.1-5.0 | 0.7% | | | 2% | |
| > 5.0 | 2.2% | | | 7.9% | |

Source: THMA research and analysis.

Table 3: Percentage of Frontline Clinical Managers That Oversee 1 Unit Or Area of Service With Unit-Level Support, By Role and FTE



Unit-Level Leadership
Benchmarks: Managers
Who Oversee One Unit

| | | Assistant Nurse Manager Support (n=385) | |
|-----------|---------------------------|---|---------------------------|
| FTEs | Percentage of Respondents | FTEs | Percentage of Respondents |
| < 0.25 | 1.6% | < 0.25 | 1.6% |
| 0.25-0.50 | 4.9% | 0.25-0.50 | 4.9% |
| 0.51-1.0 | 37.1% | 0.51-1.0 | 37.1% |
| 1.1-2.0 | 32.2% | 1.1-2.0 | 32.2% |
| 2.1-3.0 | 8% | 2.1-3.0 | 8% |
| 3.1-4.0 | 7.8% | 3.1-4.0 | 7.8% |
| 4.1-5.0 | 2.9% | 4.1-5.0 | 2.9% |
| > 5.0 | 5.5% | > 5.0 | 5.5% |

| Clinical Nurse Leader Support (n=138) | | Clinical Nurse Specialist Support (n=109) | |
|---------------------------------------|---------------------------|---|---------------------------|
| FTEs | Percentage of Respondents | FTEs | Percentage of Respondents |
| < 0.25 | 3.6% | < 0.25 | 11% |
| 0.25-0.50 | 2.9% | 0.25-0.50 | 17.4% |
| 0.51-1.0 | 21.7% | 0.51-1.0 | 43.1% |
| 1.1-2.0 | 23.9% | 1.1-2.0 | 24.8% |
| 2.1-3.0 | 10.9% | 2.1-3.0 | 1.8% |
| 3.1-4.0 | 18.1% | 3.1-4.0 | 0.9% |
| 4.1-5.0 | 5.1% | 4.1-5.0 | --- |
| > 5.0 | 13.8% | > 5.0 | 0.9% |

| Nurse Educator Support (n=408) | | Other Operations Support (n=96) | |
|--------------------------------|---------------------------|---------------------------------|---------------------------|
| FTEs | Percentage of Respondents | FTEs | Percentage of Respondents |
| < 0.25 | 18.4% | < 0.25 | 5.2% |
| 0.25-0.50 | 20.8% | 0.25-0.50 | 9.4% |
| 0.51-1.0 | 37.8% | 0.51-1.0 | 34.4% |
| 1.1-2.0 | 18.1% | 1.1-2.0 | 31.3% |
| 2.1-3.0 | 2.2% | 2.1-3.0 | 4.2% |
| 3.1-4.0 | 0.7% | 3.1-4.0 | 4.2% |
| 4.1-5.0 | --- | 4.1-5.0 | 3.1% |
| > 5.0 | 2% | > 5.0 | 8.2% |

Source: THMA research and analysis.

Table 4: Percentage of Frontline Clinical Managers That Oversee > 1 Unit Or Area of Service With Unit-Level Support, By Role and FTE



Unit-Level Leadership
 Benchmarks: Managers who
 Oversee More Than One Unit

| | | | Assistant Nurse Manager Support (n=336) | |
|-------------|----------------------------------|--|---|----------------------------------|
| | | | FTEs | <i>Percentage of Respondents</i> |
| | | | < 0.25 | 3.3% |
| | | | 0.25-0.50 | 6% |
| | | | 0.51-1.0 | 28.6% |
| | | | 1.1-2.0 | 33.9% |
| | | | 2.1-3.0 | 7.7% |
| | | | 3.1-4.0 | 8% |
| | | | 4.1-5.0 | 3.9% |
| | | | > 5.0 | 8.6% |
| | | Clinical Nurse Leader Support (n=107) | Clinical Nurse Specialist Support (n=61) | |
| FTEs | <i>Percentage of Respondents</i> | | <i>Percentage of Respondents</i> | |
| < 0.25 | 10.3% | | 11.5% | |
| 0.25-0.50 | 5.6% | | 14.8 | |
| 0.51-1.0 | 30.8% | | 54% | |
| 1.1-2.0 | 19.6% | | 16.5% | |
| 2.1-3.0 | 7.5% | | --- | |
| 3.1-4.0 | 10.3% | | 1.6% | |
| 4.1-5.0 | 3.8% | | --- | |
| > 5.0 | 12.1% | | 1.6% | |
| | | Nurse Educator Support (n=321) | Other Operations Support (n=94) | |
| FTEs | <i>Percentage of Respondents</i> | | <i>Percentage of Respondents</i> | |
| < 0.25 | 20.3% | | 9.6% | |
| 0.25-0.50 | 18% | | 6.4% | |
| 0.51-1.0 | 37.4% | | 30.8% | |
| 1.1-2.0 | 18% | | 36.2% | |
| 2.1-3.0 | 1.9% | | 6.3% | |
| 3.1-4.0 | 0.3% | | 1.1% | |
| 4.1-5.0 | 1.3% | | 1.1% | |
| > 5.0 | 2.8% | | 8.5% | |

Source: THMA research and analysis.

Table 5: Percentage of Med-Surg Frontline Clinical Managers With Unit-Level Support, By Role and FTE

| | | Assistant Nurse Manager Support (n=118) | | | |
|---|---------------------------|---|---------------------------|--|--|
| | | FTEs | Percentage of Respondents | | |
| <p>Unit-Level Leadership Benchmarks: Med-Surg</p> | < 0.25 | | 1.7% | | |
| | 0.25-0.50 | | 5.9% | | |
| | 0.51-1.0 | | 39.8% | | |
| | 1.1-2.0 | | 25.4% | | |
| | 2.1-3.0 | | 7.6% | | |
| | 3.1-4.0 | | 11% | | |
| | 4.1-5.0 | | 2.5% | | |
| | > 5.0 | | 5.9% | | |
| | | Clinical Nurse Leader Support (n=36) | | Clinical Nurse Specialist Support (n=19) | |
| FTEs | Percentage of Respondents | Percentage of Respondents | | Percentage of Respondents | |
| < 0.25 | 5.6% | | | 10.5% | |
| 0.25-0.50 | 2.8% | | | 26.3% | |
| 0.51-1.0 | 11.1% | | | 31.6% | |
| 1.1-2.0 | 19.4% | | | 21.1% | |
| 2.1-3.0 | 19.4% | | | 5.25% | |
| 3.1-4.0 | 27.8% | | | 5.25% | |
| 4.1-5.0 | --- | | | --- | |
| > 5.0 | 13.9% | | | --- | |
| | | Nurse Educator Support (n=120) | | Other Operations Support (n=18) | |
| FTEs | Percentage of Respondents | Percentage of Respondents | | Percentage of Respondents | |
| < 0.25 | 16.7 | | | 16.7% | |
| 0.25-0.50 | 31.7% | | | 27.7% | |
| 0.51-1.0 | 35% | | | 38.9% | |
| 1.1-2.0 | 13.3% | | | 16.7% | |
| 2.1-3.0 | 2.5% | | | --- | |
| 3.1-4.0 | --- | | | --- | |
| 4.1-5.0 | --- | | | --- | |
| > 5.0 | 0.8% | | | --- | |

Source: THMA research and analysis.

Table 6: Percentage of Critical Care Frontline Clinical Managers With Unit-Level Support, By Role and FTE¹



**Unit-Level Leadership
Benchmarks: Critical
Care (ICU, PICU, NICU)**

| | | Assistant Nurse Manager Support (n=84) | |
|-------------|----------------------------------|---|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | --- | --- | |
| 0.25-0.50 | 6% | 6% | |
| 0.51-1.0 | 34.5% | 34.5% | |
| 1.1-2.0 | 28.6% | 28.6% | |
| 2.1-3.0 | 7.1% | 7.1% | |
| 3.1-4.0 | 13.1% | 13.1% | |
| 4.1-5.0 | 2.4% | 2.4% | |
| > 5.0 | 8.3% | 8.3% | |

| Clinical Nurse Leader Support (n=24) | | Clinical Nurse Specialist Support (n=29) | |
|---|----------------------------------|---|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | --- | 3.5% | |
| 0.25-0.50 | 4.2% | 6.9% | |
| 0.51-1.0 | 41.6% | 51.7% | |
| 1.1-2.0 | 12.5% | 37.9% | |
| 2.1-3.0 | 8.3% | --- | |
| 3.1-4.0 | 12.5% | --- | |
| 4.1-5.0 | 4.2% | --- | |
| > 5.0 | 16.7% | --- | |

| Nurse Educator Support (n=85) | | Other Operations Support (n=14) | |
|--------------------------------------|----------------------------------|--|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | 20% | 7.1% | |
| 0.25-0.50 | 14.1% | 7.1% | |
| 0.51-1.0 | 40% | 50% | |
| 1.1-2.0 | 20% | 21.5% | |
| 2.1-3.0 | 3.5% | --- | |
| 3.1-4.0 | --- | 7.1% | |
| 4.1-5.0 | --- | --- | |
| > 5.0 | 2.4% | 7.1% | |

¹Critical Care includes ICU, NICU, and PICU.

Source: THMA research and analysis.

Table 7: Percentage of Frontline Clinical Managers With Unit-Level Support Who Oversee < 30 Direct Reports, By Role and FTE



**Unit-Level Leadership
Benchmarks: Managers Who
Oversee <30 Direct Reports**

| | | Assistant Nurse Manager Support (n=29) | |
|-------------|----------------------------------|---|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | | 13.8% | |
| 0.25-0.50 | | 6.9% | |
| 0.51-1.0 | | 24.1% | |
| 1.1-2.0 | | 37.9% | |
| 2.1-3.0 | | 3.4% | |
| 3.1-4.0 | | 6.9% | |
| 4.1-5.0 | | 3.4% | |
| > 5.0 | | 3.4% | |

| Clinical Nurse Leader Support (n=22) | | Clinical Nurse Specialist Support (n=8) | |
|---|----------------------------------|--|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | 18.2% | 12.5% | |
| 0.25-0.50 | 13.6% | --- | |
| 0.51-1.0 | 27.3% | 12.5% | |
| 1.1-2.0 | 22.7% | 62.5% | |
| 2.1-3.0 | 9.1% | --- | |
| 3.1-4.0 | --- | --- | |
| 4.1-5.0 | --- | --- | |
| > 5.0 | 9.1% | 12.5% | |

| Nurse Educator Support (n=41) | | Other Operations Support (n=22) | |
|--------------------------------------|----------------------------------|--|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | 34.2% | 9.1% | |
| 0.25-0.50 | 22% | 4.5% | |
| 0.51-1.0 | 14.6% | 22.7% | |
| 1.1-2.0 | 24.4% | 36.4% | |
| 2.1-3.0 | --- | 9.1% | |
| 3.1-4.0 | --- | --- | |
| 4.1-5.0 | 2.4% | --- | |
| > 5.0 | 2.4% | 18.2% | |

Source: THMA research and analysis.

Table 8: Percentage of Frontline Clinical Managers With Unit-Level Support Who Oversee 30-70 Direct Reports, By Role and FTE



**Unit-Level Leadership
Benchmarks: Managers Who
Oversee 30-70 Direct Reports**

| | | | Assistant Nurse Manager Support (n=273) | |
|------------------|----------------------------------|--|---|----------------------------------|
| | | | FTEs | <i>Percentage of Respondents</i> |
| | | | < 0.25 | 2.6% |
| | | | 0.25-0.50 | 5.9% |
| | | | 0.51-1.0 | 38.8% |
| | | | 1.1-2.0 | 30.4% |
| | | | 2.1-3.0 | 8.4% |
| | | | 3.1-4.0 | 7.3% |
| | | | 4.1-5.0 | 4.4% |
| | | | > 5.0 | 2.2% |
| | | Clinical Nurse Leader Support (n=101) | Clinical Nurse Specialist Support (n=57) | |
| FTEs | <i>Percentage of Respondents</i> | | <i>Percentage of Respondents</i> | |
| < 0.25 | 6.9% | | 17.5% | |
| 0.25-0.50 | 3% | | 14% | |
| 0.51-1.0 | 31.7% | | 47.4% | |
| 1.1-2.0 | 27.7% | | 15.8% | |
| 2.1-3.0 | 8.9% | | 1.8% | |
| 3.1-4.0 | 12.9% | | 1.8% | |
| 4.1-5.0 | 1% | | --- | |
| > 5.0 | 7.9% | | 1.8% | |
| | | Nurse Educator Support (n=273) | Other Operations Support (n=62) | |
| FTEs | <i>Percentage of Respondents</i> | | <i>Percentage of Respondents</i> | |
| < 0.25 | 22.3% | | 6.5% | |
| 0.25-0.50 | 24.2% | | 8% | |
| 0.51-1.0 | 33.3% | | 35.5% | |
| 1.1-2.0 | 15% | | 35.5% | |
| 2.1-3.0 | 2.2% | | 4.8% | |
| 3.1-4.0 | 1% | | 6.5% | |
| 4.1-5.0 | 1% | | --- | |
| > 5.0 | 1.5% | | 3.2% | |

Source: THMA research and analysis.

Table 9: Percentage of Frontline Clinical Managers With Unit-Level Support Who Oversee 71-100 Direct Reports, By Role and FTE



**Unit-Level Leadership
Benchmarks: Managers Who
Oversee 71-100 Direct Reports**

| | | Assistant Nurse Manager Support (n=218) | |
|------------------|----------------------------------|--|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | | 1.4% | |
| 0.25-0.50 | | 7.3% | |
| 0.51-1.0 | | 38.9% | |
| 1.1-2.0 | | 28.9% | |
| 2.1-3.0 | | 6% | |
| 3.1-4.0 | | 11.9% | |
| 4.1-5.0 | | 2.3% | |
| > 5.0 | | 7.8% | |

| Clinical Nurse Leader Support (n=65) | | Clinical Nurse Specialist Support (n=64) | |
|---|----------------------------------|---|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | 3.1% | 9.4% | |
| 0.25-0.50 | 6.2% | 25% | |
| 0.51-1.0 | 18.5 | 45.3% | |
| 1.1-2.0 | 20% | 17.2% | |
| 2.1-3.0 | 13.8% | 1.6% | |
| 3.1-4.0 | 20% | 1.6% | |
| 4.1-5.0 | 6.2% | --- | |
| > 5.0 | 9.2% | --- | |

| Nurse Educator Support (n=220) | | Other Operations Support (n=55) | |
|---------------------------------------|----------------------------------|--|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | 18.6% | 3.6% | |
| 0.25-0.50 | 23.2% | 14.5% | |
| 0.51-1.0 | 40% | 36.4% | |
| 1.1-2.0 | 12.3% | 29.1% | |
| 2.1-3.0 | 1.8% | 3.6% | |
| 3.1-4.0 | 0.5% | 1.8% | |
| 4.1-5.0 | 0.5% | 1.8% | |
| > 5.0 | 3.2% | 9.1% | |

Source: THMA research and analysis.

Table 10: Percentage of Frontline Clinical Managers With Unit-Level Support Who Oversee >100 Direct Reports, By Role and FTE



**Unit-Level Leadership
Benchmarks: Managers Who
Oversee >100 Direct Reports**

| | | Assistant Nurse Manager Support (n=201) | |
|-------------|----------------------------------|--|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | | 1.5% | |
| 0.25-0.50 | | 2.5% | |
| 0.51-1.0 | | 20.4% | |
| 1.1-2.0 | | 40.3% | |
| 2.1-3.0 | | 9.9% | |
| 3.1-4.0 | | 9.4% | |
| 4.1-5.0 | | 3% | |
| > 5.0 | | 13% | |

| Clinical Nurse Leader Support (n=57) | | Clinical Nurse Specialist Support (n=41) | |
|---|----------------------------------|---|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | 5.3% | 4.9% | |
| 0.25-0.50 | --- | 9.8% | |
| 0.51-1.0 | 22.8% | 56.1% | |
| 1.1-2.0 | 14% | 29.2% | |
| 2.1-3.0 | 5.3% | --- | |
| 3.1-4.0 | 17.5% | --- | |
| 4.1-5.0 | 7% | --- | |
| > 5.0 | 28.1% | --- | |

| Nurse Educator Support (n=195) | | Other Operations Support (n=51) | |
|---------------------------------------|----------------------------------|--|--|
| FTEs | <i>Percentage of Respondents</i> | <i>Percentage of Respondents</i> | |
| < 0.25 | 12.3% | 11.8% | |
| 0.25-0.50 | 8.8% | 14.5% | |
| 0.51-1.0 | 45.6% | 36.4% | |
| 1.1-2.0 | 27.7% | 29.1% | |
| 2.1-3.0 | 2.6% | 3.6% | |
| 3.1-4.0 | 1% | 1.8% | |
| 4.1-5.0 | --- | 1.8% | |
| > 5.0 | 2.6% | 9.8% | |

Source: THMA research and analysis.

Section Three

Full Survey **Data Report**

Table 1: Key Demographics of Frontline Clinical Leader Survey Respondents (n=1774)

Years of Frontline Management Experience

| Years of Experience | Percentage of Respondents |
|---------------------|---------------------------|
| <1 year (n=138) | 8% |
| 1-3 years (n=605) | 35% |
| 4-10 years (n=615) | 35% |
| >10 years (n=361) | 21% |

Unit Type

| Type | Percentage of Respondents |
|------------------------------|---------------------------|
| Adult Critical Care (n=130) | 19% |
| Emergency Department (n=150) | 22% |
| Labor & Delivery (n=93) | 13% |
| Medical-Surgical (n=277) | 40% |
| NICU (n=32) | 4% |
| PICU (n=10) | 2% |

AMC Status

| AMC Status | Percentage of Respondents |
|--|---------------------------|
| Manager works within an AMC (n=853) | 48% |
| Manager doesn't work within an AMC (n=921) | 52% |

Travel Staff

| Number of Travel Staff ¹ | Percentage of Respondents |
|-------------------------------------|---------------------------|
| 0-3 travel staff (n=816) | 47% |
| 4-6 travel staff (n=236) | 14% |
| 6+ travel staff (n=670) | 39% |

Number of Units; Diversity of Unit Types

| Number of Units within Manager Purview | Percent of Respondents |
|--|------------------------|
| 1 unit (n=975) | 55% |
| 2+ units (n=799) | 45% |
| 2+ units, same unit type (n=466) | 58% |
| 2+ units, different unit types (n=333) | 42% |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Data Spotlight: Volume of Staff

Volume of Staff: Defined as the total number of employees reporting up through the frontline clinical leader, including any staff reporting to assistant nurse managers or other leaders who report to the frontline clinical leader.

Number of Direct Reports, as a Percentage of Survey Respondents

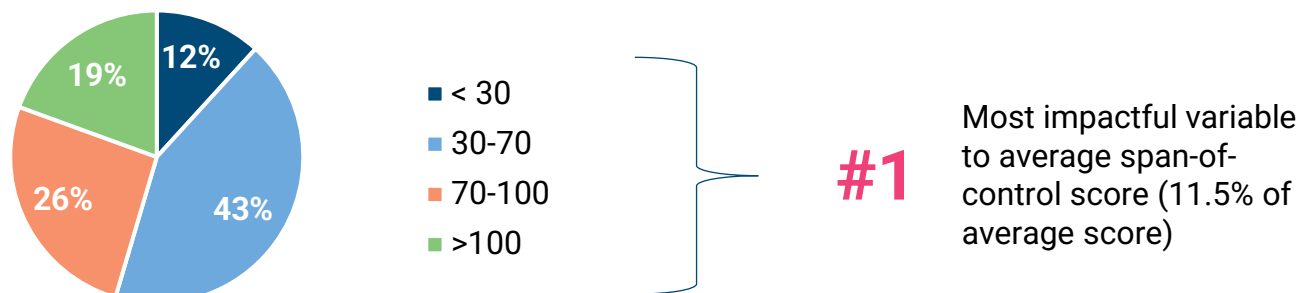


Table 2: Percentage of Survey Respondents, By Number of Direct Reports and Key Demographics

| | Number of Direct Reports | | | |
|---------------------------------|--------------------------|-------|--------|-------|
| | < 30 | 30-70 | 71-100 | > 100 |
| Manager Experience | | | | |
| <1 year | 18% | 19% | 9% | 18% |
| 1-3 years | 11% | 25% | 19% | 11% |
| 4-10 years | 11% | 27% | 21% | 11% |
| >10 years | 9% | 26% | 24% | 9% |
| Unit Type | | | | |
| Adult Critical Care | 0.58% | 6% | 6% | 6% |
| ED | 3% | 7% | 5% | 6% |
| Labor & Delivery | 2% | 5% | 4% | 3% |
| Medical-Surgical | 2% | 20% | 13% | 5% |
| NICU | 0.14% | 0.72% | 0.87% | 3% |
| PICU | 0.14% | 0.43% | 0.43% | 0.43% |
| AMC Status | | | | |
| Yes | 1% | 40% | 28% | 35% |
| No | 14% | 46% | 24% | 16% |
| Travel Staff¹ | | | | |
| 0-3 travel staff | 9% | 22% | 10% | 6% |
| 4-6 travel staff | 1% | 6% | 4% | 2% |
| 6+ travel staff | 2% | 15% | 11% | 10% |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Data Spotlight: Bed Size

Bed Size: Defined as the total number of licensed beds in all units of service that were overseen by the frontline clinical leader; leaders who primarily oversee resource team(s) selected <24.

Number of Beds Overseen, as a Percentage of Survey Respondents

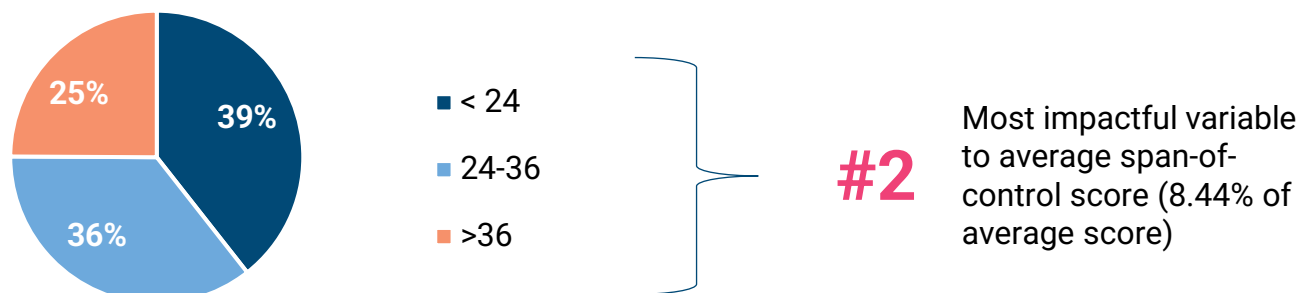


Table 3: Percentage of Survey Respondents, By Number of Beds Overseen and Key Demographics

| | Number of Licensed Beds Overseen | | |
|---------------------------------|----------------------------------|-------|-----|
| | < 24 | 24-36 | >36 |
| Manager Experience | | | |
| <1 year | 4% | 1% | 3% |
| 1-3 years | 14% | 8% | 13% |
| 4-10 years | 14% | 10% | 12% |
| >10 years | 8% | 5% | 7% |
| Unit Type | | | |
| Adult Critical Care | 11% | 6% | 2% |
| ED | 8% | 5% | 8% |
| Labor & Delivery | 7% | 4% | 3% |
| Medical-Surgical | 5% | 24% | 12% |
| NICU | 1% | 1% | 3% |
| PICU | 1% | 0% | 0% |
| AMC Status | | | |
| Yes | 18% | 17% | 13% |
| No | 22% | 19% | 12% |
| Travel Staff¹ | | | |
| 0-3 travel staff | 14% | 7% | 5% |
| 4-6 travel staff | 16% | 13% | 6% |
| 6+ travel staff | 10% | 15% | 13% |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Data Spotlight: Noviceness

% of Novice Nurses: Novice nurses were identified by Benner’s definition of clinical competence¹, which could include new graduate nurses or those new to a particular specialty.

Percent of Novice Nurses In Reporting Line, as a Percentage of Survey Respondents

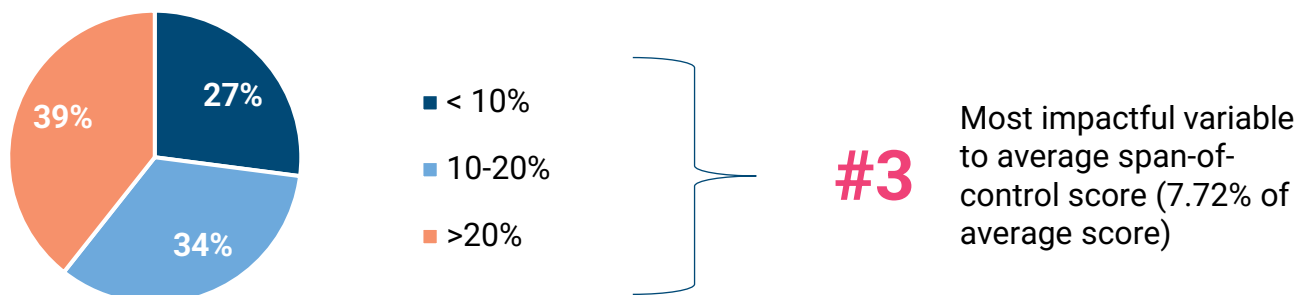


Table 4: Percentage of Survey Respondents, By Percent of Novice Nurses and Key Demographics

| | Percent of Novice Nurses | | |
|---------------------------------|--------------------------|--------|------|
| | <10% | 10-20% | >20% |
| Manager Experience | | | |
| <1 year | 2% | 3% | 3% |
| 1-3 years | 9% | 13% | 14% |
| 4-10 years | 9% | 12% | 14% |
| >10 years | 7% | 6% | 8% |
| Unit Type | | | |
| Adult Critical Care | 2% | 7% | 10% |
| ED | 7% | 6% | 9% |
| Labor & Delivery | 3% | 5% | 6% |
| Medical-Surgical | 8% | 13% | 19% |
| NICU | 1% | 1% | 2% |
| PICU | 0% | 0% | 1% |
| AMC Status | | | |
| Yes | 12% | 16% | 20% |
| No | 15% | 18% | 19% |
| Travel Staff¹ | | | |
| 0-3 travel staff | 18% | 16% | 13% |
| 4-6 travel staff | 3% | 5% | 6% |
| 6+ travel staff | 6% | 12% | 20% |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Data Spotlight: Turnover Rates

Turnover Rate: Defined as the total number of new hires onboarded to areas of service within the past year.

Number of New Hires, as a Percentage of Survey Respondents

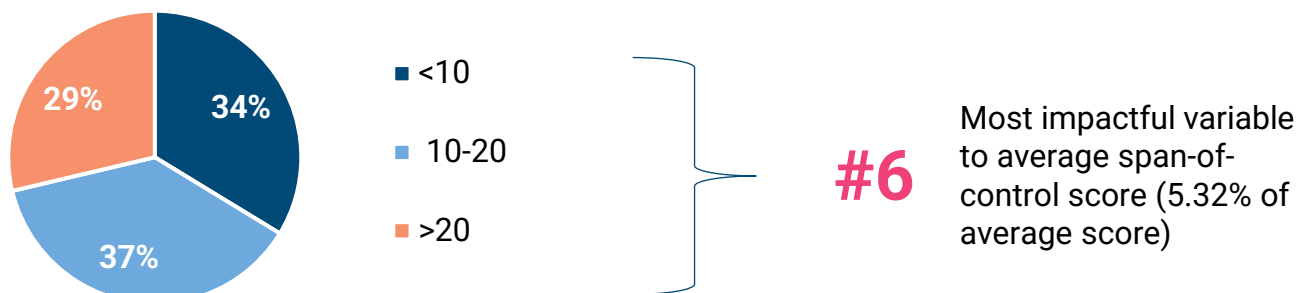


Table 7: Percentage of Survey Respondents, By Number of New Hires and Key Demographics

| | Number of New Hires | | |
|---------------------------------|---------------------|-------|-----|
| | <10 | 10-20 | >20 |
| Manager Experience | | | |
| <1 year | 3% | 3% | 1% |
| 1-3 years | 10% | 14% | 11% |
| 4-10 years | 12% | 13% | 11% |
| >10 years | 9% | 7% | 5% |
| Unit Type | | | |
| Adult Critical Care | 3% | 7% | 9% |
| ED | 6% | 7% | 9% |
| Labor & Delivery | 4% | 5% | 4% |
| Medical-Surgical | 12% | 18% | 10% |
| NICU | 1% | 1% | 3% |
| PICU | 0% | 0% | 1% |
| AMC Status | | | |
| Yes | 14% | 18% | 16% |
| No | 20% | 20% | 13% |
| Travel Staff¹ | | | |
| 0-3 travel staff | 17% | 23% | 8% |
| 4-6 travel staff | 6% | 3% | 4% |
| 6+ travel staff | 15% | 8% | 16% |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Data Spotlight: Risk Management

Risk Management: Defined as the average time spent on actual or preventative activities including CQI, comment cards, patient complaints, incident reports, quality assurance, litigation, etc. per week in the past year, for all areas of service under the frontline clinical leader purview.

Percent of Time Spent on Risk Management, as a Percentage of Survey Respondents

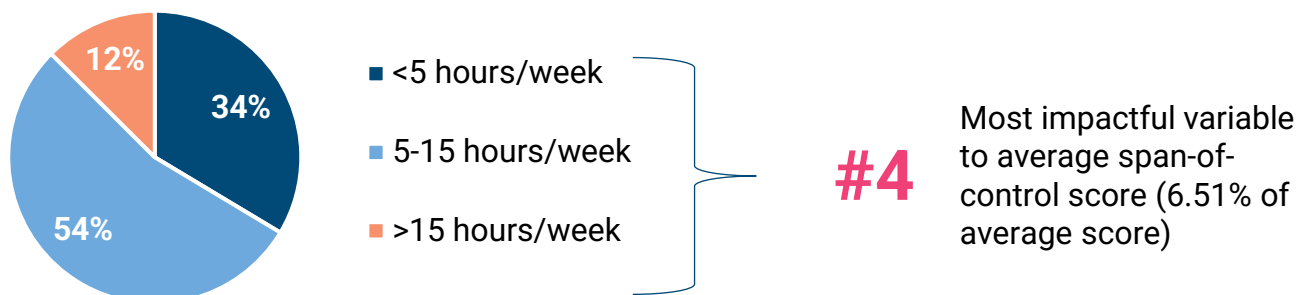


Table 5: Percentage of Survey Respondents, By Time Spent on Risk Management and Key Demographics

| Manager Experience | Percent of Time Spent on Risk Management | | |
|---------------------------|--|-----------------|----------------|
| | <5 hours/week | 5-15 hours/week | >15 hours/week |
| <1 year | 3% | 4% | 1% |
| 1-3 years | 8% | 11% | 2% |
| 4-10 years | 18% | 30% | 7% |
| >10 years | 5% | 8% | 2% |
| Unit Type | <5 hours/week | 5-15 hours/week | >15 hours/week |
| Adult Critical Care | 4% | 12% | 2% |
| ED | 5% | 13% | 4% |
| Labor & Delivery | 4% | 8% | 1% |
| Medical-Surgical | 11% | 22% | 7% |
| NICU | 2% | 2% | 1% |
| PICU | 0% | 1% | 0% |
| AMC Status | <5 hours/week | 5-15 hours/week | >15 hours/week |
| Yes | 16% | 27% | 6% |
| No | 18% | 27% | 7% |
| Travel Staff ¹ | <5 hours/week | 5-15 hours/week | >15 hours/week |
| 0-3 travel staff | 19% | 24% | 4% |
| 4-6 travel staff | 5% | 7% | 2% |
| 6+ travel staff | 10% | 22% | 6% |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Data Spotlight: No. of Pilots

Innovation (No. of Pilots): Defined as the total number of active pilots or process improvement initiatives that were implemented in areas of service in the past year.

Number of Active Pilots, as a Percentage of Survey Respondents

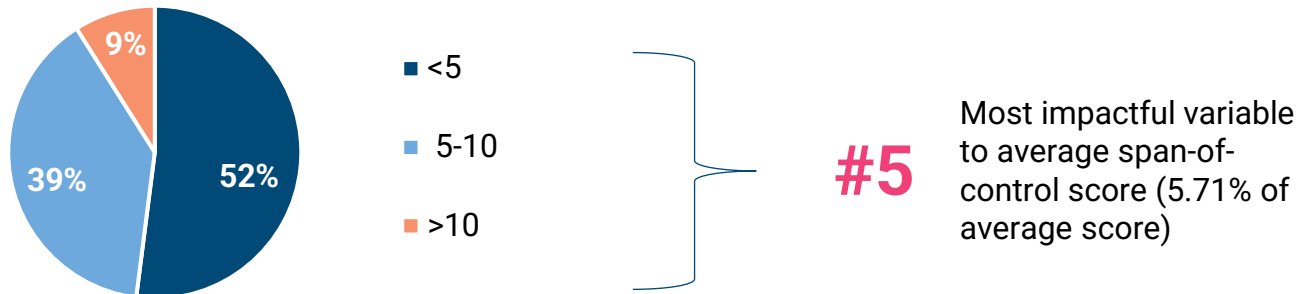


Table 6: Percentage of Survey Respondents, By Number of Active Pilots and Key Demographics

| | Number of Active Pilots | | |
|---------------------------------|-------------------------|------|-----|
| | <5 | 5-10 | >10 |
| Manager Experience | | | |
| <1 year | 2% | 5% | 0% |
| 1-3 years | 13% | 19% | 3% |
| 4-10 years | 15% | 17% | 4% |
| >10 years | 9% | 11% | 1% |
| Unit Type | | | |
| Adult Critical Care | 9% | 8% | 2% |
| ED | 9% | 9% | 3% |
| Labor & Delivery | 7% | 5% | 1% |
| Medical-Surgical | 22% | 15% | 3% |
| NICU | 2% | 2% | 1% |
| PICU | 0% | 1% | 0% |
| AMC Status | | | |
| Yes | 24% | 20% | 5% |
| No | 28% | 19% | 4% |
| Travel Staff¹ | | | |
| 0-3 travel staff | 26% | 17% | 4% |
| 4-6 travel staff | 7% | 5% | 1% |
| 6+ travel staff | 19% | 16% | 4% |

¹ Total number of agency or travel staff working within manager areas of purview in the past year.

Source: THMA research and analysis.

Data Spotlight: Span-of-Control Variable Summary

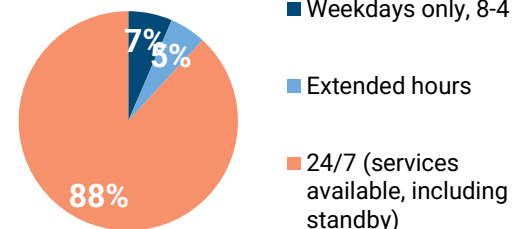
Rank

Variable Definition

Percentage of Survey Respondents

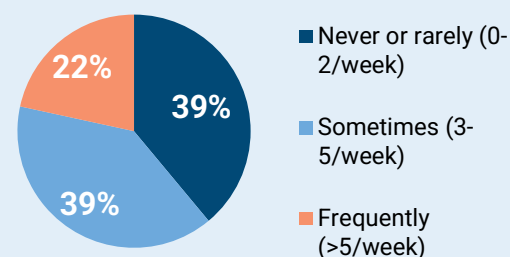
#7

Hours of Operation: Defined as the hours of operation for the areas of service that the frontline clinical leader is accountable for; if there is variation between multiple areas of service, the most expansive option was selected. Leaders who oversee resource team(s) selected 24/7.



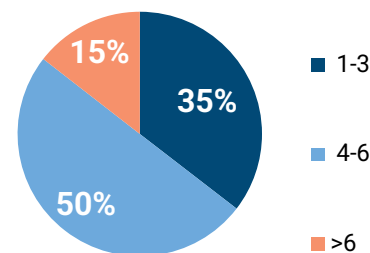
#8

Census Unpredictability: Defined as the average frequency of staff reassignment on a shift per week in the past year, for all areas of service that were under the frontline clinical leader purview.



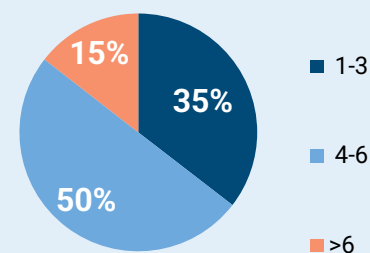
#9

Diversity of Roles: Defined as the total number of distinct roles (e.g., those with different job codes) reporting up through the frontline clinical leader.



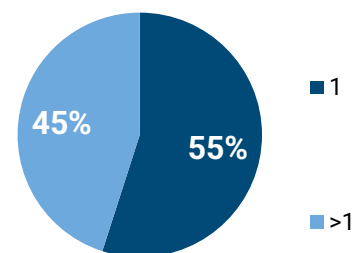
#10
(tied)

No. of New Protocols: Defined as the average number of new clinical protocols, EHR or other technology workflows, and additional frontline competencies introduced per month in the past year, for all areas of service that were under the frontline clinical leader purview.



#10
(tied)

No. of Units: Defined as the total number of units or areas of service for which the frontline clinical leader was accountable.



Data Spotlight: Span-of-Control Variable Summary

| Rank | Variable Definition | Percentage of Survey Respondents |
|------|--|---|
| #11 | Committees: Chair or Other Leadership Positions: Defined as the total number of committees for which the frontline clinical leader was the chair, co-chair, or another leadership role (e.g., unit-based council advisor) in the past year. | <ul style="list-style-type: none"> 0-1 2-3 >4 |
| #12 | Direct Managers: Defined as the total number of individuals the frontline clinical leader reports to. | <ul style="list-style-type: none"> 1 >1 |
| #13 | FMLA/ADA Usage: Defined as the average percentage of direct or indirect reports using protected medical and disability-related leave in the past year, for all areas of service that were under the frontline clinical leader purview. | <ul style="list-style-type: none"> <10% 10-20% >20% |
| #14 | No. of Physician Groups: Defined as the total number of physician groups working across all areas of service that were under the frontline clinical leader purview in the past year. | <ul style="list-style-type: none"> <3 3-5 >5 |
| #15 | Patient Turnover: Defined as the average daily patient turnover in the past year, for all areas of service that were under the frontline clinical leader purview. | <ul style="list-style-type: none"> < 5 patients/day >15 patients/day 5-15 patients/day |

Source: THMA research and analysis.

Data Spotlight: Span-of-Control Variable Summary

| Rank | Variable Definition | Percentage of Survey Respondents |
|------|---|---|
| #16 | <p>Absenteeism: Defined as the average number of call-outs per week in the past year, for all areas of service that were under the frontline clinical leader purview.</p> | <ul style="list-style-type: none"> ■ < 4 ■ 4-8 ■ > 8 |
| #17 | <p>Committees: Active Participant: Defined as the total number of committees for which the frontline clinical leader was an active participant, but not the chair, co-chair, or other leadership role in the past year.</p> | <ul style="list-style-type: none"> ■ < 5 ■ 5-10 ■ > 10 |
| #18 | <p>Material Management: Defined as the average time spent on maintenance, replacement of specialized equipment, and vendor relations per week in the past year, for all areas of service that were under the frontline clinical leader purview.</p> | <ul style="list-style-type: none"> ■ < 4 hours/week ■ 4-8 hours/week ■ > 8 hours/week |
| #19 | <p>No. Workplace Violence Incidents (WPV): Defined as the average number of workplace violence incidents (with patients, visitors, or staff) per month in the past year, for all areas of service that were under the frontline clinical leader purview.</p> | <ul style="list-style-type: none"> ■ < 3 WPV incidents/month ■ 3-5 WPV incidents/month ■ > 5 WPV incidents/month |

Source: THMA research and analysis.

Section Four

Nursing Catalyst's **Span-of-Control Tool** for Frontline Clinical Leaders

Nursing Catalyst's Span-of-Control Tool for Frontline Clinical Leaders¹

Nursing Catalyst's span-of-control tool measures frontline clinical leader span of control by quantifying three types of manager work: unit, staffing, and program responsibilities. This tool measures a total of 20 variables that impact manager span of control, generating a relative span-of-control score for each user.

Nursing executives can use this tool to measure frontline manager span of control and understand which variables are having the greatest impact on manager workload. Leaders can also compare their managers' span-of-control scores to Nursing Catalyst's 2023 national benchmarks to identify organization-specific opportunities to re-scope the manager role.

Assumptions

- The goal of this tool is to measure the span of control for frontline clinical leaders in the hospital setting.
- This tool is based off [The Ottawa Hospital's 2005 validated span-of-control tool](#) and updated for the scope of frontline clinical leader responsibility in 2023.
- The goal of this tool is to measure the total scope of responsibility for which the frontline clinical leader is accountable. Thus, the impact of assistant nurse managers or other unit-based leaders is not accounted for in these measurements.
- A baseline and standardized level of nursing education support is assumed
- This tool only measures the span of control for hospital-based frontline clinical managers (including inpatient units, emergency departments, and procedural areas). This does not include manager roles outside the hospital, including infusion centers, clinics, or other outpatient/ambulatory/home health sites of care.

Definitions

- **Frontline clinical leader:** The leader who is primarily accountable for the day-to-day operations of one or more hospital-based area(s) of service.
- **Clinical director:** A leader who manages a team of frontline clinical leaders with primary accountability for the day-to-day operations of the area(s) of service. This tool does not measure the span of control for clinical directors or any other leader without direct oversight of a hospital unit or area of service.
- **Span of control:** Span of control is defined as control of frontline clinical leaders based on the number, skill, stability, and diversity of staff; the complexity of the unit(s); and the diversity of the program for which the frontline clinical leader is responsible.

¹ Adapted from [The Ottawa Hospital's Tool for Clinical Managers](#) (2005).

Source: THMA research and analysis.

Unit-Focused Indicators

Complexity Considerations:

- Hours of operation
- Unit/area of service size
- Unpredictability of census
- High patient turnover
- Risk of litigation
- Amount of preventative or actual risk management tasks
- No. workplace violence incidents
- No. new clinical protocols, technology workflows, or other frontline competencies

Material Management Considerations:

- Units with specialized equipment
- Units with a large amount of equipment
- Time taken to deal with vendors, maintenance, replacement, ensuring completeness

Complexity

Hours of Operation: Defined as the hours of operation for the areas of service that the frontline clinical leader is accountable for; if there is variation between multiple areas of service, select the most expansive option. Leaders who oversee resource team(s) should select 24/7

| Hours of Operation | Definition of Level | Point | Weight | Total |
|--------------------|--|-------|--------|-------|
| Low | Weekdays only, 8-4 | 1 | 2 | |
| Medium | Extended Hours | 2 | 2 | |
| High | 24/7 (services available, including standby) | 3 | 2 | |

Bed Size: Defined as the total number of licensed beds in all units of service overseen by the frontline clinical leader; leaders who primarily oversee resource team(s) should select <24

| Bed Size | Definition of Level | Point | Weight | Total |
|----------|---------------------|-------|--------|-------|
| Low | <24 beds | 1 | 5 | |
| Medium | 24-36 beds | 2 | 5 | |
| High | >36 beds | 3 | 5 | |

Census Unpredictability: Defined as the average frequency of staff reassignment on a shift per week in the past year, for all areas of service under frontline clinical leader purview

| Census Unpredictability | Definition of Level | Point | Weight | Total |
|-------------------------|---|-------|--------|-------|
| Low | Never or rarely (0–2/week) have reassignment of staff on a shift. | 1 | 3 | |
| Medium | Sometimes (3–5/week) have reassignment of staff on a shift. | 2 | 3 | |
| High | Frequently (>5/week) have reassignment of staff on a shift | 3 | 3 | |

Patient Turnover: Defined as the average daily patient turnover in the past year, for all areas of service under frontline clinical leader purview

| Patient Turnover | Definition of Level | Point | Weight | Total |
|------------------|---------------------|-------|--------|-------|
| Low | <5 patients/day | 1 | 2 | |
| Medium | 5-15 patients/day | 2 | 2 | |
| High | >15 patients/day | 3 | 2 | |

Risk Management: Defined as the average time spent on actual or preventative activities including CQI, comment cards, patient complaints, incident reports, quality assurance, litigation, etc. per week in the past year, for all areas of service under frontline clinical leader purview

| Risk Management | Definition of Level | Point | Weight | Total |
|-----------------|---------------------|-------|--------|-------|
| Low | <5 hours/week | 1 | 4 | |
| Medium | 5-15 hours/week | 2 | 4 | |
| High | >15 hours/week | 3 | 4 | |

No. Workplace Violence Incidents (WPV): Defined as the average number of workplace violence incidents (with patients, visitors, or staff) per month in the past year, for all areas of service under frontline clinical leader purview

| No. WPV Incidents | Definition of Level | Point | Weight | Total |
|-------------------|-------------------------|-------|--------|-------|
| Low | <3 WPV incidents/month | 1 | 2 | |
| Medium | 3-5 WPV incidents/month | 2 | 2 | |
| High | >5 WPV incidents/month | 3 | 2 | |

No. of New Protocols: Defined as the average number of new clinical protocols, EHR or other technology workflows, and additional frontline competencies introduced per month in the past year, for all areas of service under frontline clinical leader purview

| No. of New Protocols | Definition of Level | Point | Weight | Total |
|----------------------|-------------------------|-------|--------|-------|
| Low | <3 new protocols/month | 1 | 3 | |
| Medium | 3-5 new protocols/month | 2 | 3 | |
| High | >5 new protocols/month | 3 | 3 | |

Material Management

Material Management: Defined as the average time spent on maintenance, replacement of specialized equipment, and vendor relations per week in the past year, for all areas of service under frontline clinical leader purview

| Material Management | Definition of Level | Point | Weight | Total |
|---------------------|---------------------|-------|--------|-------|
| Low | <4 hours/week | 1 | 2 | |
| Medium | 4-8 hours/week | 2 | 2 | |
| High | >8 hours/week | 3 | 2 | |

Staff-Focused Indicators

Volume of Staff Considerations:

- No. of staff reporting up through the frontline clinical ladder

Skill Level of Staff Considerations:

- Experience (% of novice nurses)

Staffing Stability Considerations:

- Turnover rate
- Absenteeism
- FMLA/ADA usage

Diversity of Roles Considerations:

- No. of categories of staff directly reporting to the frontline clinical leader

Volume of Staff

Volume of Staff: Defined as the total number of employees reporting up through frontline clinical leader, including any staff reporting to assistant nurse managers or other leaders who report to frontline clinical leader

| Volume of Staff | Definition of Level | Point | Weight | Total |
|-----------------|---------------------|-------|--------|-------|
| Low | <30 employees | 1 | 5 | |
| Medium | 30-70 employees | 2 | 5 | |
| Medium-High | 71-100 employees | 3 | 5 | |
| High | >100 employees | 4 | 5 | |

Skill Level of Staff

% of Novice Nurses: Novice nurses are identified by Benner’s definition of clinical competence¹, which could include new graduate nurses or those new to a particular specialty.

| % of Novice Nurses | Definition of Level | Point | Weight | Total |
|--------------------|---------------------|-------|--------|-------|
| Low | <10% | 1 | 4 | |
| Medium | 10-20% | 2 | 4 | |
| High | >20% | 3 | 4 | |

Source: THMA research and analysis.

1. Benner, P. (1983). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34

Staffing Stability

Turnover Rate: Defined as the total number of new hires onboarded to areas of service within the past year

| Turnover Rate | Definition of Level | Point | Weight | Total |
|---------------|---------------------|-------|--------|-------|
| Low | <10 new hires | 1 | 3 | |
| Medium | 10-20 new hires | 2 | 3 | |
| High | >20 new hires | 3 | 3 | |

Absenteeism: Defined as the average number of call-outs per week in the past year, for all areas of service under frontline clinical leader purview

| Absenteeism | Definition of Level | Point | Weight | Total |
|-------------|------------------------|-------|--------|-------|
| Low | <4 call-outs per week | 1 | 2 | |
| Medium | 4-8 call-outs per week | 2 | 2 | |
| High | >8 call-outs per week | 3 | 2 | |

FMLA/ADA Usage: Defined as the average percentage of direct or indirect reports using protected medical and disability-related leave in the past year, for all areas of service under frontline clinical leader purview

| FMLA/ADA Usage | Definition of Level | Point | Weight | Total |
|----------------|---------------------|-------|--------|-------|
| Low | <10% | 1 | 3 | |
| Medium | 10-20% | 2 | 3 | |
| High | >20% | 3 | 3 | |

Diversity of Roles

Diversity of Roles: Defined as the total number of distinct roles (e.g., those with different job codes) who report up through the frontline clinical leader

| Diversity of Roles | Definition of Level | Point | Weight | Total |
|--------------------|---------------------|-------|--------|-------|
| Low | 1-3 roles | 1 | 3 | |
| Medium | 4-6 roles | 2 | 3 | |
| High | >6 roles | 3 | 3 | |

Source: THMA research and analysis.

Program-Focused Indicators

Scope of Manager Responsibility Considerations:

- No. directors, VPs and portfolios to report to
- No. units
- No. hospital or system committees frontline manager participates in
- No. hospital or system committees frontline manager has an active leadership role in
- No. active pilots or process improvement initiatives implemented in areas of service

Scope of Manager Responsibility

Direct Managers: Defined as the total number of individuals the frontline clinical leader reports to

| Direct Managers | Definition of Level | Point | Weight | Total |
|-----------------|---------------------|-------|--------|-------|
| Medium | 1 manager | 2 | 2 | |
| High | >1 managers | 3 | 2 | |

No. of Physician Groups: Defined as the total number of physician groups working across all areas of service under the frontline clinical leader purview in the past year

| No. of Physician Groups | Definition of Level | Point | Weight | Total |
|-------------------------|----------------------|-------|--------|-------|
| Low | <3 physician groups | 1 | 2 | |
| Medium | 3-5 physician groups | 2 | 2 | |
| High | >5 physician groups | 3 | 2 | |

Committees: Chair or Other Leadership Positions: Defined as the total number of committees for which the frontline clinical leader is the chair, co-chair, or another leadership role (e.g., unit-based council advisor) in the past year

| Committees: Chair or Other Leadership Positions | Definition of Level | Point | Weight | Total |
|---|---------------------|-------|--------|-------|
| Low | 0-1 committees | 1 | 3 | |
| Medium | 2-3 committees | 2 | 3 | |
| High | >4 committees | 3 | 3 | |

Committees: Active Participant: Defined as the total number of committees for which the frontline clinical leader is an active participant, but not the chair, co-chair, or other leadership role in the past year

| Committees: Active Participant | Definition of Level | Point | Weight | Total |
|--------------------------------|---------------------|-------|--------|-------|
| Low | <5 committees | 1 | 2 | |
| Medium | 5-10 committees | 2 | 2 | |
| High | >10 committees | 3 | 2 | |

Innovation: Defined as the total number of active pilots or process improvement (PI) initiatives implemented on areas of service in the past year

| Innovation | Definition of Level | Point | Weight | Total |
|------------|-----------------------------------|-------|--------|-------|
| Low | <5 pilots and/or PI initiatives | 1 | 4 | |
| Medium | 5-10 pilots and/or PI initiatives | 2 | 4 | |
| High | >10 pilots and/or PI initiatives | 3 | 4 | |

No. of Units: Defined as the total number of units or areas of service for which the frontline clinical leader is accountable.

- For those managers who have >1 units spread across the campus(es) and not side by side, please add an additional 2 points to your total.
- For those managers who have >1 units who serve different patient populations (e.g., PACU and same-day surgery, step-down and critical care) please add an additional 2 points to your total.
- Regional programs are considered a unit; staffing teams are considered a unit.

| No. of Units | Definition of Level | Point | Weight | Total |
|--------------|---------------------|-------|--------|-------|
| Medium | 1 unit | 1 | 2 | |
| High | >1 units | 2 | 2 | |

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About Nursing Catalyst

Nursing Catalyst is an innovation incubator helping leaders at all levels plan, pilot, and scale change across the nursing enterprise. There are two parts of the program: 1) the Nurse Manager Idea Labs, and 2) a Research-Backed Innovation Collaborative for CNEs and other nursing executives.

Nursing Catalyst, in Two Parts



Cross-System Nurse Manager Idea Labs

- 9-month innovation sprint for high-performing, high-potential nurse managers
- Participants select a “test of change” to pitch to leadership and pilot on their unit
- Peer and leadership virtual touchpoints along the way provide support, opportunities to share lessons learned



Research-Backed Innovation Collaborative

- Cross-system innovation incubator to support strategic decision-making on top challenges that need disruption and emerging solutions and technologies that will disrupt how the nursing enterprise operates
- Research, insights, and data to help action on innovation

Learn more about The Health Management Academy's Nursing Catalyst program today.

