Analyzing Span of Control for Frontline Clinical Managers at General Hospital

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 data on General Hospital manager span of control, to help executives assess their frontline leaders' workload. The analyses can help source opportunities to rightsize the manager role and refocus on responsibilities most critical to advancing health system priorities. In addition, this report includes data from the national survey to offer insight into how General Hospital span of control compares to the national benchmark.

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This report is based on real data. The health system name is redacted and replaced with "General Hospital."

Please do not share this report.

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 managers[1] 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 managers[2] 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 Leaders, 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 collaborative 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)

Nationally, a total of 2,421 nursing leaders completed the survey and 1,774 were included in the final sample. Of the national sample, 108 nursing leaders from General Hospital completed the survey. Respondents who selected General Hospital from a drop-down menu or wrote in the name of General Hospital are represented in the organization-specific data shown in this report.

[1] n=37
[2] n=52

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	**108**	Total responses included in final sample from General Hospital

Source: THMA research and analysis.

Section One

General Hospital Frontline Clinical Manager Span-of-Control Analysis
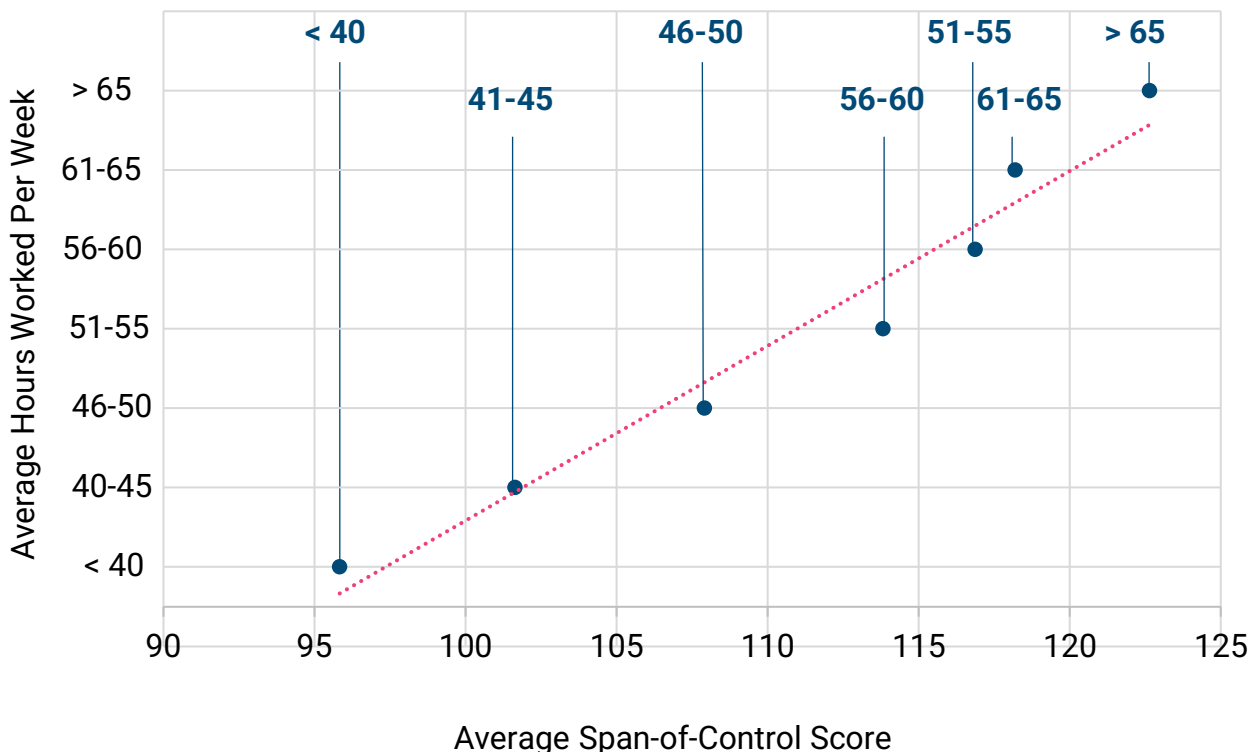
Source: THMA research and analysis.

How to Interpret Span-of-Control Scores

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 these 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.

The table below highlights the strong positive correlation between average span-of-control scores and frontline manager hours worked. To summarize: as responsibility in the work environment increase, frontline manager span-of-control scores go up. As scores increase, managers typically work more hours weekly.

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

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

How to Interpret Span-of-Control Scores

To better understand the workload dynamics of frontline clinical leaders, Nursing Catalyst researchers examined the impact of key variables on span-of-control. As you are reading through your organization's report, it is important to understand that span-of-control scores are a relative measure of workload based on 20 variables, including the number, skill, stability, and diversity of the staff who report to them; complexity of the unit(s) they oversee; and the scope of manager responsibility outside day-to-day operations.

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.

When reviewing your report and assessing the practical implications of span-of-control scores in terms of manager workload, use this statistically significant guide to help translate scores into approximate hours worked. Leaders can reference the following average scores for each hourly range:

- 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: National 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**

118.8: General Hospital average span-of-control score

- 122.6 average span-of-control score: **> 65 hours/week**

Analysis 1: Looking at Average Span of Control for Frontline Clinical Leaders at General Hospital

To analyze typical manager span-of-control, Nursing Catalyst researchers examined the distribution of span-of-control scores across all survey respondents. The minimum and maximum possible scores are 60 and 180, respectively.

Initially, we wanted to understand frontline manager span-of-control scores and the associated workload implications according to the guide on page 8. To do so, we looked at the distribution of span-of-control scores across all survey respondents for General Hospital and compared that distribution to the national cohort.

The overall distribution at General Hospital adheres to a rough bell curve. Although a large portion of managers have what many executives would consider appropriate spans of control, the data shows that individuals in the upper half of the distribution (those with scores over 118.8 or higher) typically work more than 60 hours per week on average.

Below we highlight two key data points to consider: General Hospital's average span-of-control score, and in comparison, the national average span-of-control score.

118.8	**110**
General Hospital average span-of-control score	National average span-of-control score

On the following page, you'll find two charts: Figure 1 shows General Hospital's distribution of span-of-control scores, which ranged from 73 to 154. Figure 2 illustrates the national score distribution, ranging from 60 to 167, for comparison.

In future analyses, we will explore what variables are having the greatest impact on manager span of control.

Source: THMA research and analysis.

Data Spotlight: Distribution of Manager Span-of-Control Scores

Figure 1: Distribution of General Hospital Survey Respondent Span-of-Control Scores, between Minimum and Maximum Possible Values
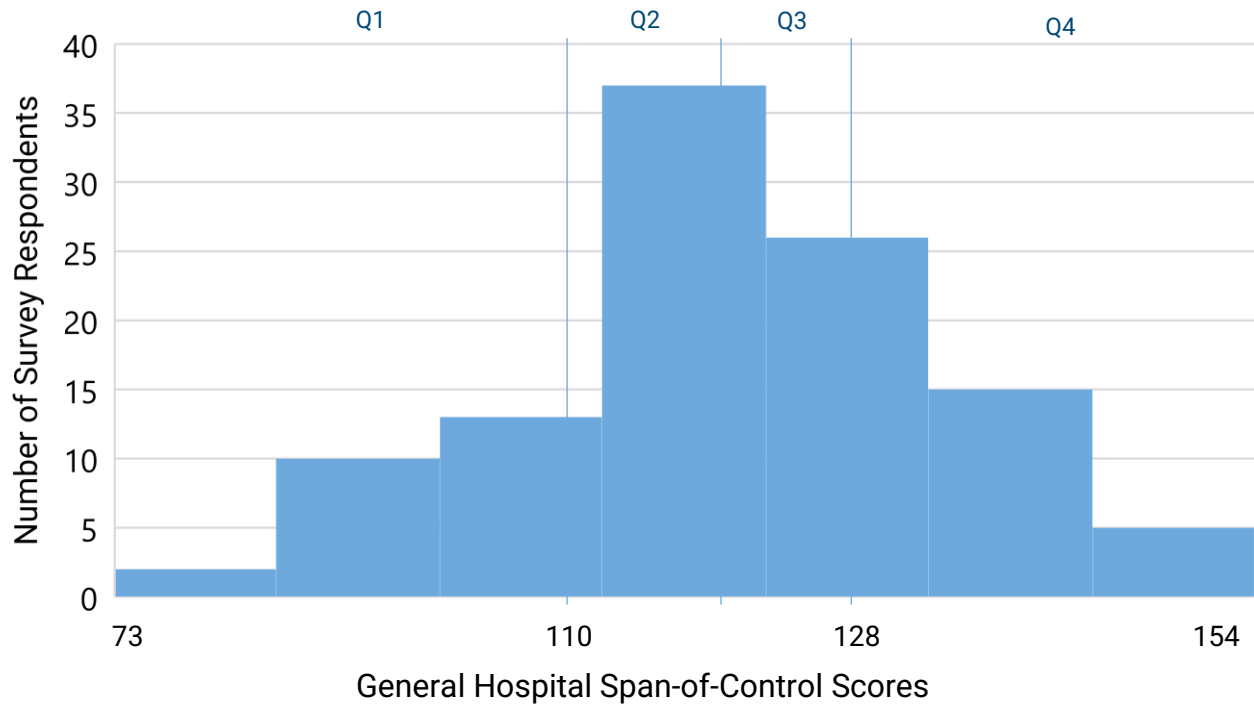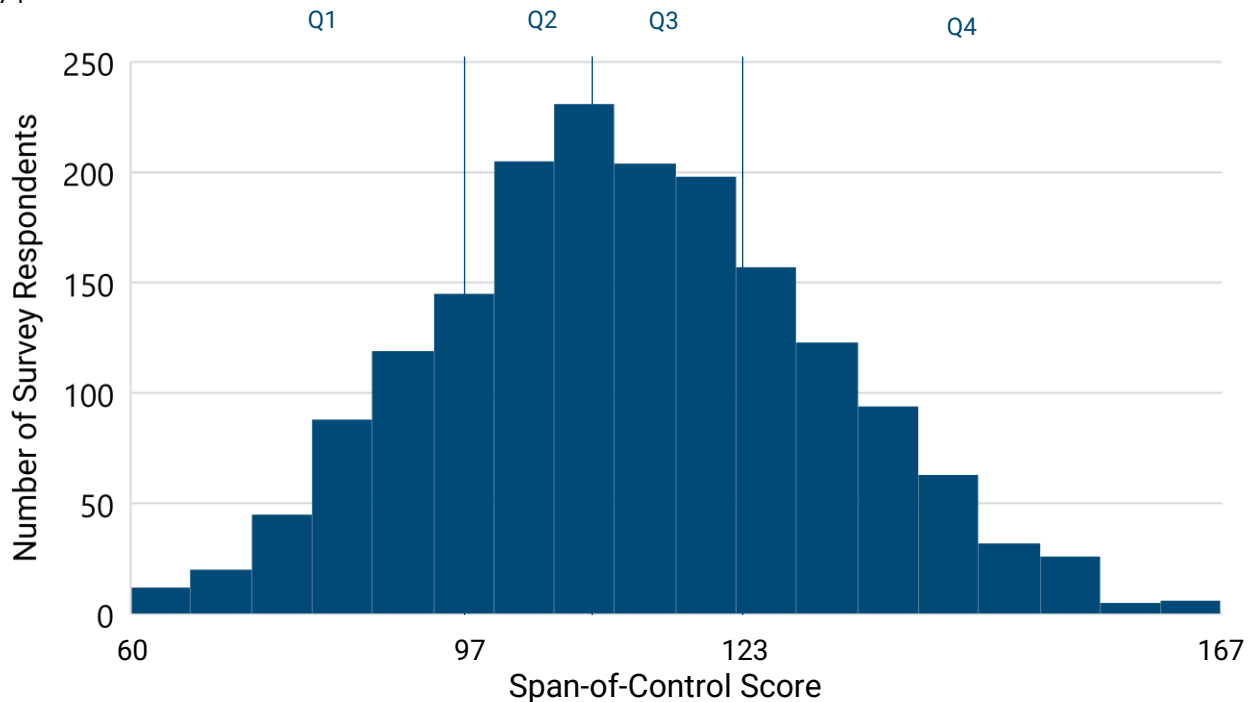
n=108

Figure 2: Distribution of National Survey Respondent Span-of-Control Scores, between Minimum and Maximum Possible Values[1]

n=1774

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

Source: THMA research and analysis.

Analysis 2: Understanding the Impact of Key Demographic Factors on 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 span of control varied across manager demographics, researchers calculated the standard deviation from the overall average span-of-control score. For those a little rusty on statistics, the standard deviation is a helpful measure for how far a group or number is from the average. So, in this case, how different a particular demographic's span-of-control scores are from the typical manager.

The standard deviation calculation from General Hospital's average span-of-control score is shown below, alongside the calculation for the national average for comparison.

Standard Deviation for General Hospital's Average Span-of-Control Score	Standard Deviation for National Average Span-of-Control Score
• Average span-of-control: 118.85 • **Standard deviation: 15.98** • Significantly lower score: **102.86** • Significantly higher score: **134.84**	• Average span-of-control: 109.95 • **Standard deviation: 19.01** • Significantly lower score: **90.49** • Significantly higher score: **128.96**

The table on the following page shows key manager demographics accompanied by the average span-of-control, both nationally and within your organization. Nursing Catalyst researchers cut the data by key manager demographics to understand if there was a relationship between specific types of managers and their average spans of control.

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, both at General Hospital and within the national cohort.**

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

Years of Frontline Management Experience

Years of Experience	Gen Hospital Average SoC Score		National Average SoC Score[1]	
<1	109.33	n=9	101.62	n=138
1-3	115.66	n=42	108.95	n=605
4-6	120.61	n=21	112.07	n=354
7-10	126.23	n=21	113.23	n=261
>10	118.53	n=13	108.76	n=361

Unit Type

Type	Gen Hospital Average SoC Score		National Average SoC Score	
Medical-Surgical	117.58	n=19	110.74	n=277
Surgery	111.92	n=13	103.29	n=187
Emergency Department	132.00	n=10	114.15	n=150
Special Medical	121.17	n=6	104.11	n=124
Adult Critical Care	118.60	n=5	113.33	n=130

AMC Status

AMC Status	Gen Hospital Average SoC Score		National Average SoC Score	
Works within an AMC	119.33	n=24	111.64	n=853
Doesn't work within an AMC	118.71	n=84	108.34	n=921

Travel Staff

Number of Travel Staff[2]	Gen Hospital Average SoC Score		National Average SoC Score	
0 travel staff	112.89	n=28	103.5	n=463
1-3 travel staff	118.35	n=31	105.41	n=353
4-6 travel staff	123.33	n=15	110.58	n=236
6+ travel staff	121.46	n=32	115.68	n=670

Number of Units; Diversity of Unit Types

Number of Units within Manager Purview	Gen Hospital Average SoC Score		National Average SoC Score	
1 unit	117.00	n=42	107.04	n=975
2+ units	120.03	n=66	113.5	n=799
2+, same unit type	120.11	n=26	111.06	n=267
2+, different unit types	119.97	n=40	116.87	n=532

[1] SoC: span-of-control.
[2] Total number of agency or travel staff working within manager areas of purview in the past year
Source: THMA research and analysis.

Analysis 3: Understanding the Relative Impact of Key Variables on 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 table on the following page.

1. **Within General Hospital, the top six variables collectively account for 46% of the overall span-of-control score.** However, the degree of that impact of these top six variables is not the same. Although the degree of average impact changes by individual variable, the data indicate that workload is disproportionately driven by these six variables.

2. The top six variables contributing most to overall average span-of-control and the five contributing least to overall average span-of-control at General Hospital are listed below. **You can find the full list of variables compared to the national averages in the table on the following page.**

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. FMLA/ADA Usage
2. Absenteeism
3. Committee participation
4. Workplace violence
5. Material management

The table on the following page ranks the variables in descending order by overall impact to average span-of-control. You can use this table to understand what key variables have the most influence on the span-of-control for frontline managers at your organization compared to national data.

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[1]Variables refer to the various factors contributing to nurse manager's workload.
Source: THMA research and analysis.

Table 2: Variables Impacting Frontline Manager Span-of-Control, Ranked from Most to Least Impactful to Average Respondent Score

Span-of-Control Variables	General Hospital (n=108)		National (n=1774)	
Ranked by Organization Data	Average Variable Point Value	% of Average SoC	Average Variable Point Value	% of Average SoC
1. Headcount	14.35	12.08%	12.65	11.50%
2. Bed size	10.23	8.61%	9.28	8.44%
3. Noviceness	9.59	8.07%	8.5	7.72%
4. Risk Management	7.52	6.33%	7.16	6.51%
5. No. Pilots	6.7	5.64%	6.28	5.71%
6. Turnover Rate	6.47	5.45%	5.85	5.32%
7. Census Unpredictability	5.83	4.91%	5.48	4.98%
8. Hours of Operation	5.7	4.80%	5.63	5.12%
9. No. Protocols	5.69	4.79%	5.15	4.69%
19. No. Units	5.52	4.65%	2.9	2.63%
10. No. Committees (Leadership)	5.39	4.53%	4.74	4.32%
11. Diversity of Roles	5.36	4.51%	5.37	4.88%
12. No. Physician Groups	4.35	3.66%	4.19	3.82%
13. Patient Turnover	4.28	3.60%	4.14	3.77%
14. Direct Managers	4.2	3.54%	4.24	3.89%
15. FMLA/ADA Usage	4.06	3.41%	4.2	3.85%
16. Absenteeism	3.91	3.29%	3.53	3.21%
17. No. Committees (Participant)	3.8	3.19%	3.38	3.07%
18. Workplace Violence	3.61	3.04%	3.07	2.80%
20. Materials Management	3.17	2.66%	3.17	2.89%

Source: THMA research and analysis.

Analysis 4: Understanding the Impact of Variables on Managers with High Spans of Control

To understand each variable's relative impact on managers with the highest spans of control—defined here as those in the top quartile of scores—Nursing Catalyst researchers analyzed the difference in average score for each variable between all respondents and just those within the top quartile.

Understanding that difference provides leaders with insight into which, if any, variables are disproportionately impactful among frontline managers with the highest spans of control. To do so, Nursing Catalyst researchers calculated the average point value of each variable for two populations: all managers, and only the top quartile of managers (e.g., those with high spans of control). We then used those numbers to calculate the percent change in points between those two populations.

The full analysis can be found in the table on the following page. In short, researchers found that:

1. **17 of 20 variables increased in point value** among General Hospital frontline managers with high spans of control.

2. **Headcount and bed size had statistically significant increases** among managers with high spans of control, meaning that the increase in points derived from these two variables were more than one standard deviation from the average. While most other variables did increase to some degree, none of those increases were statistically significant.

The table on the following page illustrates the percent change in each variable from all respondents to those categorized as having high spans of control, both within your organization and nationally. The consistency observed across the top six variables **shows the strong impact of these variables on frontline managers with high spans of control.**

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Table 3: Percent Change of Managers with High Spans of Control[1]

Span-of-Control Variables	General Hospital (n=29)		National (n=422)	
Ranked by Organization Data	Average Variable Point Value	Percent Change	Average Variable Point Value	Percent Change
1. Headcount	18.4	**+30%**	17.4	**+37%**
2. Bed size	12.4	**+32%**	12.4	**+33%**
3. Noviceness	10.9	**+7%**	10.2	**+20%**
4. Risk Management	8.4	**-1%**	8.6	**+19%**
5. Turnover Rate	8.0	**+25%**	7.9	**+36%**
6. No. Pilots	7.9	**+24%**	8.1	**+29%**
7. Diversity of Roles	7.1	**+24%**	6.5	**+20%**
8. Census Unpredictability	6.8	**+30%**	6.7	**+22%**
9. No. Protocols	6.8	**+24%**	6.3	**+21%**
10. No. Committees (Leadership)	6.1	**+25%**	5.7	**+21%**
11. Hours of Operation	6.0	**+7%**	5.9	**+13%**
12. Absenteeism	4.8	**+35%**	4.6	**+31%**
13. No. Physician Groups	4.8	**-6%**	4.8	**+14%**
14. FMLA/ADA Usage	4.7	**+33%**	4.2	**+19%**
15. Patient Turnover	4.6	**+26%**	4.6	**+12%**
16. Workplace Violence	4.4	**+47%**	3.9	**+26%**
17. No. Committees (Participant)	4.2	**+3%**	4.1	**+21%**
18. Direct Managers	4.0	----	4.3	----
19. Materials Management	3.4	**+9%**	3.6	**+13%**
20. No. Units	3.3	**+3%**	5.6	**+10%**

47%

Of General Hospital average span-of-control is attributed to the **top six variables** among managers with high spans of control

Headcount and **Bed size** are the only significantly higher variables among General Hospital managers with high spans-of-control

[1] High 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.

Section Two

Frontline Leadership Benchmarks

Comparing General Hospital Frontline Leadership Structures to a National Benchmark

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 support[1] were present on their units during a typical week

The following pages summarize that data into leadership benchmarks, both for overall respondents and for those who work within AMCs. In the chart below, you'll see your organization's benchmarking data and the national benchmarking data for comparison.

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.

Figure 1: Percentage of Frontline Clinical Managers With Unit-Level Leadership Support, By Role, General Hospital and National[2]
n=108, n=1192
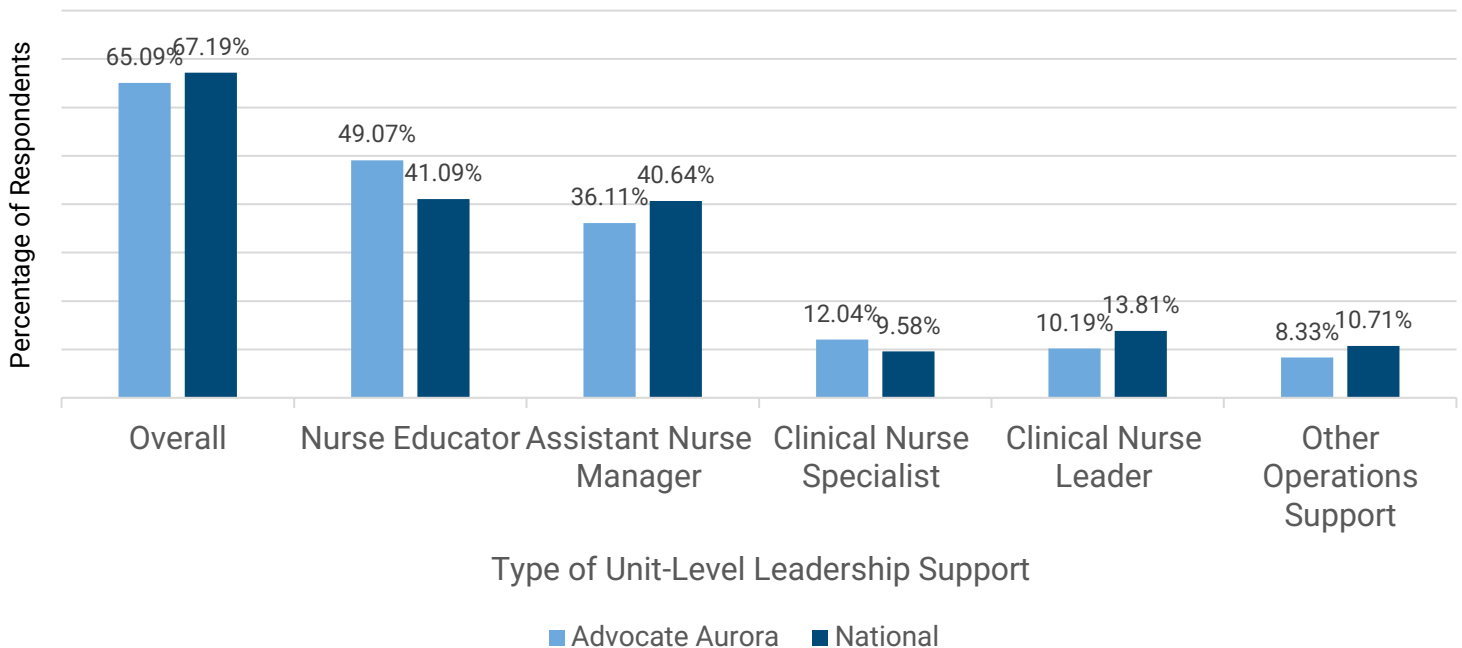
[1]An FTE is defined as 40 hours/week of support, regardless of whether the unit leader reports directly to the frontline clinical manager.
[2] As with all data in this report, managers self-reported the type (by title) and FTEs of support present on their units. As such, there is likely some variation present in these benchmarks, given the variability in scope of those unit leadership roles between organizations.

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

Showing Percentage of Respondents

	Assistant Nurse Manager Support	
FTEs	**General Hospital (n=39)**	**National (n=721)**
< 0.25	17.9%	2.4%
0.25-0.50	28.2%	5.4%
0.51-1.0	35.9%	33.1%
1.1-2.0	5.1%	33.1%
2.1-3.0	10.3%	8.0%
3.1-4.0	2.6%	8.0%
4.1-5.0	17.9%	3.0%
> 5.0	28.2%	7.0%

	Clinical Nurse Leader Support		Clinical Nurse Specialist Support	
FTEs	**General Hospital (n=11)**	**National (n=245)**	**General Hospital (n=13)**	**National (n=170)**
< 0.25	----	6.5%	----	11.0%
0.25-0.50	----	4.1%	23.1%	16.5%
0.51-1.0	----	25.7%	38.5%	47.1%
1.1-2.0	18.2%	22.0%	38.5%	21.8%
2.1-3.0	9.1%	9.4%	----	1.2%
3.1-4.0	36.4%	14.7%	----	1.2%
4.1-5.0	9.1%	4.5%	----	----
> 5.0	27.3%	13.1%	----	1.2%

	Nurse Educator Support		Other Operations Support	
FTEs	**General Hospital (n=53)**	**National (n=729)**	**General Hospital (n=9)**	**National (n=190)**
< 0.25	7.5%	19.2%	----	7.4%
0.25-0.50	20.8%	19.6%	11.1%	7.9%
0.51-1.0	47.2%	37.6%	22.2%	32.6%
1.1-2.0	22.6%	18.1%	22.2%	33.7%
2.1-3.0	----	2.1%	22.2%	5.3%
3.1-4.0	----	0.55%	----	2.6%
4.1-5.0	----	0.55%	22.2%	2.1%
> 5.0	1.9%	2.3%	----	8.4%

Source: THMA research and analysis.

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

Unit-Level Leadership Benchmarks: AMC

Showing Percentage of Respondents

	Assistant Nurse Manager Support	
FTEs	**General Hospital (n=9)**	**National (n=387)**
< 0.25	----	2.6%
0.25-0.50	11.1%	4.4%
0.51-1.0	22.2%	29.7%
1.1-2.0	44.4%	32.5%
2.1-3.0	22.2%	9.8%
3.1-4.0	----	7.8%
4.1-5.0	----	4.7%
> 5.0	----	8.5%

	Clinical Nurse Leader Support		Clinical Nurse Specialist Support	
FTEs	**General Hospital (n=5)**	**National (n=99)**	**General Hospital (n=4)**	**National (n=116)**
< 0.25	----	5%	----	13.8%
0.25-0.50	----	3%	25.0%	17.2
0.51-1.0	----	26.3%	50.0%	45.7%
1.1-2.0	----	18.2%	25.0%	19%
2.1-3.0	----	12.1%	----	0.9%
3.1-4.0	40.0%	11.1%	----	1.7%
4.1-5.0	20.0%	5.1%	----	----
> 5.0	40.0%	19.2%	----	1.7%

	Nurse Educator Support		Other Operations Support	
FTEs	**General Hospital (n=12)**	**National (n=403)**	**General Hospital (n=3)**	**National (n=101)**
< 0.25	8.3%	18.9%	----	5.9%
0.25-0.50	16.7%	18.9%	----	10.9%
0.51-1.0	66.7%	38.2%	----	28.7%
1.1-2.0	8.3%	17.6%	66.7%	37.6%
2.1-3.0	----	2.8%	33.3%	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.

Section Three

Full Survey Data Report

Table 1: Key Demographics of General Hospital Frontline Clinical Leader Survey Respondents

Years of Frontline Management Experience *(Percentage of Respondents)*

Years of Experience	General Hospital (n=106)	National (n=1774)
<1 year	8%	8%
1-3 years	40%	21%
4-10 years	40%	35%
>10 years	12%	21%

Unit Type *(Percentage of Respondents)*

Type	General Hospital (n=108)	National (n=1774)
Medical-Surgical	18%	16%
Surgery	12%	11%
Emergency Department	9%	8%
Special Medical	6%	7%
Adult Critical Care	6%	7%

AMC Status *(Percentage of Respondents)*

AMC Status	General Hospital (n=108)	National (n=1774)
Manager works within an AMC	22%	48%
Manager doesn't work within an AMC	78%	52%

Travel Staff *(Percentage of Respondents)*

Number of Travel Staff[1]	General Hospital (n=106)	National (n=1774)
0-3 travel staff	55%	47%
4-6 travel staff	14%	14%
6+ travel staff	30%	39%

Number of Units; Diversity of Unit Types *(Percentage of Respondents)*

Number of Units within Manager Purview	General Hospital (n=108)	National (n=1774)
1 unit	39%	55%
2+ units	61%	45%
2+ units, same unit type	39%	58%
2+ units, different unit types	61%	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: Span-of-Control Variable Summary

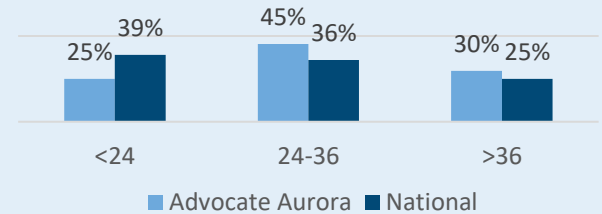| Rank[1]	Variable Definition	Percentage of Respondents

#1 — **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.
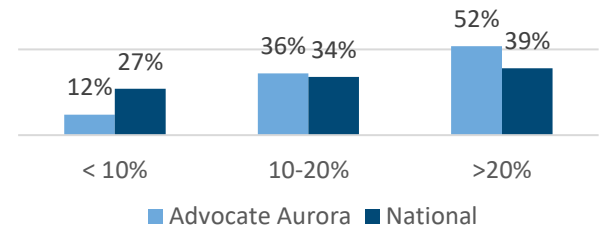
Chart (Advocate Aurora / National):
- <30: 6% / 12%
- 30-70: 31% / 43%
- 70-100: 35% / 26%
- >100: 29% / 19%

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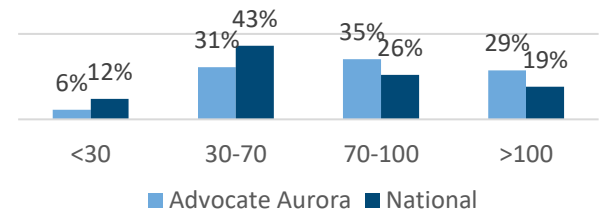
#2 — **Bed Size:** Defined as the total number of licensed beds in all units of service that were overseen by the frontline clinical leader; leaders who primarily oversee resource team(s) selected <24.

Chart (Advocate Aurora / National):
- <24: 25% / 39%
- 24-36: 45% / 36%
- >36: 30% / 25%

■ Advocate Aurora ■ National

#3 — **% of Novice Nurses:** Novice nurses were identified by Benner's definition of clinical competence[1], which could include new graduate nurses or those new to a particular specialty.

Chart (Advocate Aurora / National):
- < 10%: 12% / 27%
- 10-20%: 36% / 34%
- >20%: 52% / 39%

■ Advocate Aurora ■ National

#4 — **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.

Chart (Advocate Aurora / National):
- <5 hours/ week: 21% / 34%
- 5-15 hours/ week: 69% / 54%
- >15 hours/ week: 9% / 12%

■ Advocate Aurora ■ National
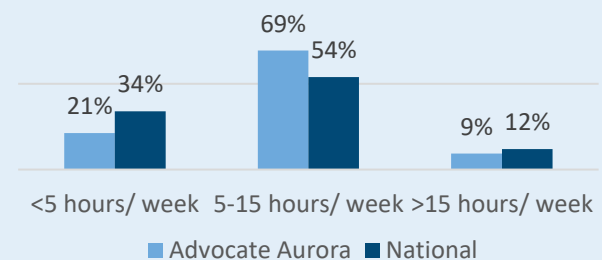
#5 — **No. of Pilots:** Defined as the total number of active pilots or process improvement initiatives that were implemented in areas of service in the past year.

Chart (Advocate Aurora / National):
- <5: 44% / 52%
- 5-10: 44% / 39%
- >10: 12% / 9%

■ Advocate Aurora ■ National
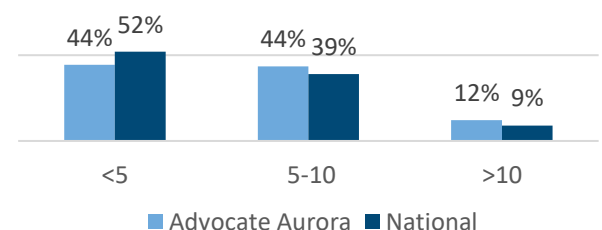
[1] Variables ranked in order of impact to overall national span-of-control.

Source: THMA research and analysis.

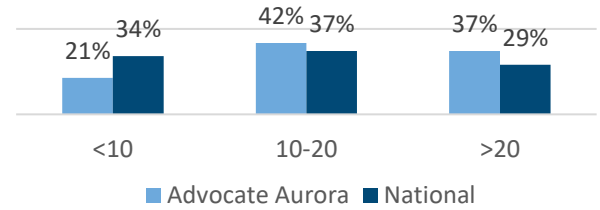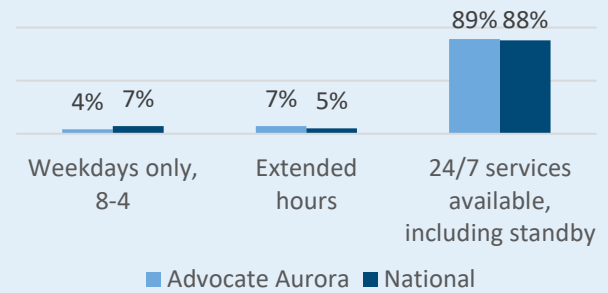Data Spotlight: Span-of-Control Variable Summary

Rank	Variable Definition	Percentage of Respondents
#6	**Turnover Rate:** Defined as the total number of new hires onboarded to areas of service within the past year.	Chart — <10: 21% Advocate Aurora, 34% National; 10-20: 42% Advocate Aurora, 37% National; >20: 37% Advocate Aurora, 29% National
#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.	Chart — Weekdays only, 8-4: 4% Advocate Aurora, 7% National; Extended hours: 7% Advocate Aurora, 5% National; 24/7 services available, including standby: 89% Advocate Aurora, 88% National
#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.	Chart — Never or rarely (0-2/week): 32% Advocate Aurora, 39% National; Sometimes (3-5/week): 41% Advocate Aurora, 39% National; Frequently (>5/week): 27% Advocate Aurora, 22% National
#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.	Chart — 1-3: 41% Advocate Aurora, 35% National; 4-6: 40% Advocate Aurora, 50% National; >6: 19% Advocate Aurora, 15% National
#10	**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.	Chart — <3 protocols/month: 31% Advocate Aurora, 42% National; 3-5 protocols/month: 49% Advocate Aurora, 44% National; >5 protocols/month: 20% Advocate Aurora, 14% National
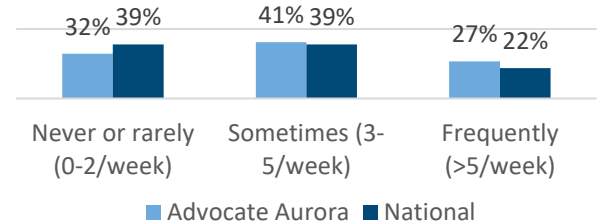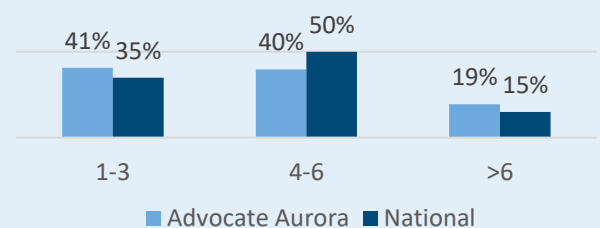
Source: THMA research and analysis.

Data Spotlight: Span-of-Control Variable Summary

Rank	Variable Definition	Percentage of Respondents
#11	**No. of Units:** Defined as the total number of units or areas of service for which the frontline clinical leader was accountable.	1: Advocate Aurora 39%, National 55%; >1: Advocate Aurora 61%, National 45%
#12	**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.	0-1: Advocate Aurora 36%, National 52%; 2-3: Advocate Aurora 48%, National 38%; >4: Advocate Aurora 16%, National 10%
#13	**Direct Managers:** Defined as the total number of individuals the frontline clinical leader reports to.	1: Advocate Aurora 90%, National 88%; >1: Advocate Aurora 10%, National 12%
#14	**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.	<10%: Advocate Aurora 66%, National 66%; 10-20%: Advocate Aurora 33%, National 29%; >20%: Advocate Aurora 1%, National 5%
#15	**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.	< 3: Advocate Aurora 25%, National 31%; 3-5: Advocate Aurora 32%, National 29%; >5: Advocate Aurora 43%, National 40%

Source: THMA research and analysis.

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Data Spotlight: Span-of-Control Variable Summary

Rank	Variable Definition	Percentage of Respondents

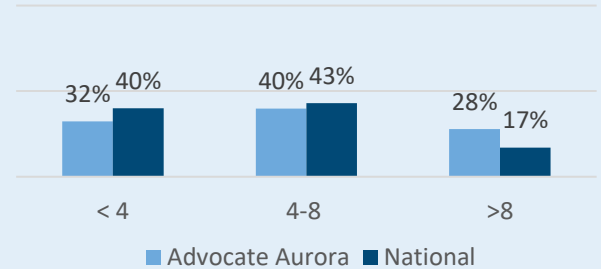**#16** — **Patient Turnover:** Defined as the average daily patient turnover in the past year, for all areas of service that were under the frontline clinical leader purview.
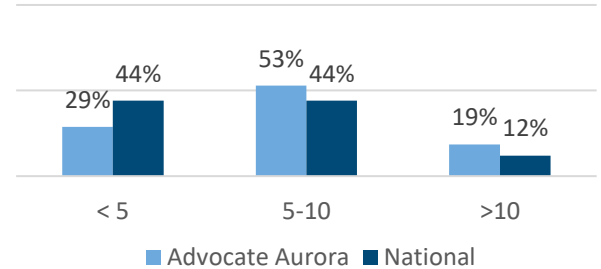
< 5 patients/day: Advocate Aurora 19%, National 24%
5-15 patients/day: Advocate Aurora 49%, National 45%
>15 patients/day: Advocate Aurora 32%, National 31%
■ Advocate Aurora ■ National
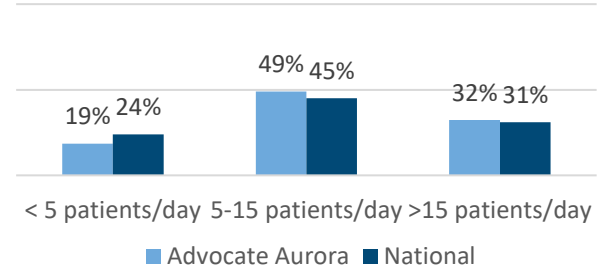
#17 — **Absenteeism:** Defined as the average number of call-outs per week in the past year, for all areas of service that were under the frontline clinical leader purview.
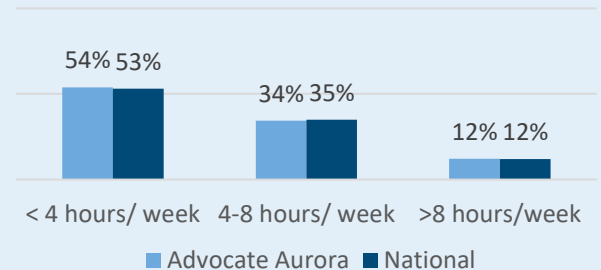
< 4: Advocate Aurora 32%, National 40%
4-8: Advocate Aurora 40%, National 43%
>8: Advocate Aurora 28%, National 17%
■ Advocate Aurora ■ National

#18 — **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.
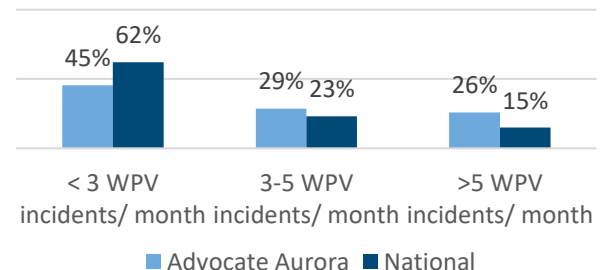
< 5: Advocate Aurora 29%, National 44%
5-10: Advocate Aurora 53%, National 44%
>10: Advocate Aurora 19%, National 12%
■ Advocate Aurora ■ National

#19 — **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.

< 4 hours/ week: Advocate Aurora 54%, National 53%
4-8 hours/ week: Advocate Aurora 34%, National 35%
>8 hours/week: Advocate Aurora 12%, National 12%
■ Advocate Aurora ■ National

#20 — **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.

< 3 WPV incidents/ month: Advocate Aurora 45%, National 62%
3-5 WPV incidents/ month: Advocate Aurora 29%, National 23%
>5 WPV incidents/ month: Advocate Aurora 26%, National 15%
■ Advocate Aurora ■ National

Source: THMA research and analysis.

Acknowledgements

Questions about this research or the Nursing Catalyst research collaborative? Please reach out to us directly to learn more.

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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
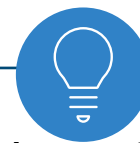
Research-Backed Innovation Collaborative

- 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.