

Nurse Manager "Span of Control" Is It out of Control

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Abstract

Sustaining and supporting nurse manager leadership within healthcare organizations is challenging work. The nurse managers role in overseeing complex care and a diverse workforce add to the demands; and therefore create difficulties in recruitment and retention of qualified nurse managers. As part of our Department of Nursing's goal to recruit and retain nurse managers, we reviewed the span of control or numbers of direct reports nurse managers oversee. Our findings showed wide fluctuations and absence of guidelines in current practice. The literature review revealed factors that influence span of control; however, little information was available related to span of control ratios congruent with current healthcare conditions. We assessed span of control by evaluating current manager to staff ratios; and subsequently developed a tool illustrating criteria for 3-levels of complexity. This Span of Control Matrix accounts for variability in unit leadership and additional support that may be needed. Number of direct reports is one of several factors that affect managers leadership. Bed number, unit operation hours, throughput complexity, primary service numbers, and education and skill mix of personnel are components in the matrix template. Results of our work are shared as a guideline for decision-making related to managerial leadership and support position needs. Resources and positions that are needed temporarily, especially when care areas are experiencing staff vacancies or other major challenges are explored. Implications for advancing nurse manager leadership that enables and sustains a Magnet environment are presented.

Objectives

1. Examine factors influencing Nurse Manager span of control congruent with current healthcare conditions.
2. Identify guidelines for decision-making related to managerial leadership and support positions needed.

Span of Control Matrix

Characteristic	Scoring Criteria		
	Low (1)	Moderate (2)	High (3)
Number of Beds	20 or less	21 to 34	35 or greater
Number of staff	25 or less	26 to 50	51 or greater
Hours of Operation	Weekdays	Weekdays, Evenings-minimal off-shift hours	24/7
Complexity of Throughput	Planned; One Process Turnover; Multiple Days	Planned and unplanned from a few sources; Turnover hours to a few days	Unplanned from multiple sources; Rapid turnover hours to days
Number of Primary Services	1-4, or similar types	5 to 8	9 or greater
Standardization of Care	Similar patient type with similar care needs	Some patient type variation with some varied skills required	Highly varied patient types and multiple skills required
Centralization/Decentralization	Highly centralized	Centralized and decentralized	Highly decentralized
Type of Staff and Variability	80% or greater professional	Mixed technical	Non-technical
Extent of Process, Systems, and Coordination with Other Departments	Few systems with low to moderate complexity; Some coordination	Moderately complex systems with multiple department coordination	Highly complex systems; Extensive coordination with others

MICU (Medical Intensive Care Unit) Evaluation Using Span of Control Matrix

MICU Characteristics	Matrix Item (Rating)
16 Beds	Bed number (Low = 1)
48 RN Staff	Staff number (High = 3)
Continuous operation	Operates 24/7 (High = 3)
Unit throughput is unplanned, with admissions from multiple sources; Patient turnover ranges from less than 24 hours to 3-5 day average length of stay.	Throughput Complexity (High = 3)
Primary Services include Medicine, Pulmonary, GI, Hematology/Oncology.	Primary Services (High = 3)
Highly varied patient types, including Respiratory; GI emergencies; Oncology related issues; End stage cancer; Liver failure; requiring multiple nursing skills.	Standardization of Care (High = 3)
Specific unit characteristics that make it Centralized/decentralized: Centralized - Respiratory Therapy Resources Decentralized - Pharmacy, Patient transport, Testing and treatment.	Centralization/decentralization (Moderate = 2)
All registered nurse staff, with support of two secretaries. No midlevel providers. Medical staff includes one pulmonary attending, three senior fellows, and three interns.	Type of Staff and Variability (Low = 1)
Highly complex systems requiring frequent coordination with multiple physician and auxiliary testing sites.	Process, Systems, & Coordination (High = 3)
Total	Total Rating (22)

Total scores may range from a low of 9 to a high of 27. Higher scores are associated with increased span of control. In evaluating the MICU, each characteristic was assessed individually. The Span of Control rating for the 16- bed Medical Intensive Care Unit shows a score of 22, suggesting a moderately high span of control.

Discussion and Implications

This project evolved in the Department of Nursing as an attempt to establish guidelines and parameters for nurse manager span of control. The Span of Control Matrix, we believe, has potential as a guide in determining Nursing Unit leadership numbers and requirements for additional support and resources. The tool has shown good face validity, has produced similar scores between raters, and has served as a good basis for discussion. Further refinement and psychometric evaluation are needed.

Development and Enhancements to the Span of Control Matrix should:

- Recognize that "one size does not fit all". Considerable variation in unit leadership and support positions exist.
- Consider the number of manager direct reports. In general, employees desire access to managers, not assistant managers.
- Take into account that number of staff is not the only impact on managers. Complexity of processes, resource availability, unit restructuring and other environmental changes are examples.
- Evaluate the effect that disruptions and significant changes have on Nursing Units. Temporary resources and positions may need implemented at these times.