

The Assessment of the Relationship Between Employee Empowerment and Span of Control

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Abstract: Employee empowerment is increasingly recognized as an essential element of effective organizational management, particularly in healthcare institutions where frontline staff play a critical role in service delivery. Organizational structures, including managerial span of control, may influence employees' levels of empowerment. Understanding this relationship is important for improving leadership practices and enhancing workplace efficiency in nursing settings. **Objective:** To assess the relationship between span of control and employee empowerment among nurses working at Ittefaq Hospital Trust, Lahore. **Methods:** A descriptive correlational study was conducted among 153 charge nurses at Ittefaq Hospital Trust from January 2025 to June 2025. Participants were selected using purposive sampling. Data were collected using a structured questionnaire adopted from the literature that assessed demographic characteristics, perceptions of employee empowerment, organizational authority, communication practices, autonomy, and leadership behaviors related to span of control. Ethical approval and written informed consent were obtained before data collection. Data were analyzed using SPSS, and descriptive statistics, including frequencies and percentages, were calculated. Correlational analysis was performed to examine the relationship between employee empowerment and span of control, with a significance level set at $p < 0.05$. **Results:** Most respondents were aged 25–30 years (82.4%), worked in general departments (74.5%), held General Nursing qualifications (79.7%), and had 1–5 years of professional experience (78.4%). A large proportion of nurses reported limited organizational empowerment, with 64.7% strongly disagreeing that the organizational structure provides employees with full authority. Similarly, 39.9% disagreed that they felt personally empowered in their work processes. Leadership behaviors associated with span of control were reported to occur only sometimes by many participants, including role modeling (50.3%) and managers' conflict resolution (47.1%). These findings suggest limited structural empowerment and inconsistent leadership practices within the organizational environment. **Conclusion:** The study indicates that nurses experience relatively low levels of organizational empowerment, which may be associated with managerial span of control and leadership practices. Strengthening supportive leadership behaviors, improving communication, and optimizing supervisory structures may enhance employee empowerment and organizational effectiveness in nursing settings.

Keywords: Employee Empowerment, Health Services Administration, Leadership, Nurses, Organizational Culture

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Introduction

In contemporary organizational management, employee empowerment has emerged as a critical construct that fundamentally shapes organizational performance, employee behavior, and managerial effectiveness (1,2). Empowerment, broadly defined as the delegation of responsibility from management to employees through nonhierarchical forms of work organization and the sharing of information across different organizational levels (3), has been recognized as a cornerstone of modern human resource management. Scholars have conceptualized empowerment both as a psychological state—encompassing dimensions of meaning, competence, self-determination, and impact (4,5)—and as a structural phenomenon rooted in organizational systems, practices, and access to resources (6).

Parallel to the discourse on empowerment, the concept of span of control (SOC)—defined as the number of subordinates effectively supervised and managed by a superior (7)—has long occupied a central position in classical and neo-classical management theory (7,8). Research has consistently demonstrated that SOC significantly influences managerial behavior, employee outcomes, and organizational effectiveness (9,10). Notably, a lower span of control has been associated with increased empowerment among managers and their staff (11,12). In contrast, wider spans have been linked to diminished organizational commitment, reduced empowerment, and leadership challenges (9,10).

Despite growing scholarly interest in both constructs independently, the intersection between employee empowerment and span of control

remains insufficiently explored (1,7). Spreitzer's foundational work identified span of control as one of several organizational factors—alongside role ambiguity, sociopolitical support, access to information, and participative unit climate—that positively influence employees' feelings of empowerment (4,13,14,6). However, empirical investigations of this relationship remain limited, particularly in developing country contexts.

Pakistan presents a particularly compelling context for examining the relationship between employee empowerment and span of control. Pakistani organizations, especially in the public and banking sectors, are characterized by hierarchical structures, centralized decision-making, and bureaucratic management styles that inherently constrain employee autonomy and empowerment (15,16). Research conducted in Pakistan's telecom sector has confirmed that employee empowerment significantly contributes to sustainable organizational Development (15). At the same time, studies from international NGOs operating in Pakistan have demonstrated that structural empowerment is positively associated with interpersonal dynamics within collectivist cultural settings (16). Furthermore, evidence from Pakistani IT firms indicates that empowerment significantly impacts project performance (17), underscoring its practical relevance across diverse sectors.

Given Pakistan's evolving organizational landscape—marked by the increasing adoption of modern management practices, the growth of service sectors, and persistent challenges related to managerial control and workforce engagement—understanding how span of control moderates or mediates employee empowerment is both theoretically



significant and practically imperative. Addressing this gap can provide Pakistani managers and policymakers with actionable insights to redesign organizational structures that optimize supervisory ratios while fostering genuine employee empowerment, ultimately enhancing organizational performance and employee well-being.

Methodology

This descriptive correlational study was conducted at Ittefaq Hospital Trust to assess the relationship between span of control and employee empowerment among nurses from January 2025 to June 2025. The study population consisted of hospital charge nurses. Head nurses, nursing managers, students, and nursing internees were excluded from the study to maintain sample homogeneity and ensure that participants represented frontline nursing staff. The study was conducted over approximately 6 months.

The sample size was calculated using Slovin's formula, yielding a total of 153 participants. A purposive sampling technique was used to recruit eligible participants who met the inclusion criteria. Data were collected using an adopted structured questionnaire designed to assess two key constructs: employee empowerment and span of control. The instrument included demographic variables such as age, department, educational status, and years of professional experience, followed by items measuring perceptions of organizational empowerment, authority in decision-making, communication practices, autonomy in task completion, and leadership behaviours related to span of control.

Before data collection, administrative permission was obtained from the relevant institutional authorities of Ittefaq College of Nursing and the hospital administration. Ethical approval was obtained from the institutional ethical committee. Participants were informed of the study's purpose, and written informed consent was obtained prior to participation. Confidentiality and anonymity of the respondents were maintained throughout the study, and participation was entirely voluntary. Data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics were calculated to summarize the data, including frequencies and percentages for categorical variables. The relationship between span of control and employee empowerment was assessed using appropriate correlational analysis. A p-value of less than 0.05 was considered statistically significant. The findings were presented in tables and descriptive summaries to facilitate interpretation.

Results

A total of 153 nurses participated in the study. Most respondents were aged 25–30 years (82.4%), followed by 31–35 years (13.1%) and 36–40 years (4.6%). The majority worked in the general department (74.5%), while 22.9% were from special units and 2.6% from the ICU. Regarding education, most nurses held General Nursing qualifications (79.7%), while 20.3% held Post-RN qualifications. Most respondents had 1–5 years of professional experience (78.4%), and 21.6% had 6–10 years of experience (Table 1).

Table 1: Demographic Characteristics of Participants (n = 153)

Variable	Category	Frequency	Percentage (%)
Age	25–30	126	82.4
	31–35	20	13.1
	36–40	7	4.6
Department	General department	114	74.5
	Special unit	35	22.9
	ICU	4	2.6
Education	General nursing	122	79.7
	Post-RN	31	20.3
Experience	1–5 years	120	78.4
	6–10 years	33	21.6

Statements related to empowerment, authority, communication, and autonomy were combined and presented in a transposed format for better comparison across response categories. The results indicate that a considerable proportion of nurses disagreed that the organizational

structure provides employees with full authority or autonomy. Similarly, many respondents reported limited empowerment and moderate organizational communication practices (Table 2).

Table 2: Organizational Empowerment, Authority and Autonomy (Transposed) (n = 153)

Statement	Strongly Disagree	Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Agree	Strongly Agree
Organizational structure fully empowers employees with unlimited authority	99 (64.7%)	23 (15.0%)	8 (5.2%)	5 (3.3%)	11 (7.2%)	1 (0.7%)	6 (3.9%)
The organizational structure grants limited authority and requires consultation.	–	63 (41.2%)	20 (13.1%)	13 (8.5%)	36 (23.5%)	2 (1.3%)	19 (12.4%)
The organization regularly informs employees about tasks	2 (1.3%)	57 (37.3%)	17 (11.1%)	19 (12.4%)	36 (23.5%)	2 (1.3%)	20 (13.1%)
Employees feel personal empowerment in work processes	3 (2.0%)	61 (39.9%)	12 (7.8%)	20 (13.1%)	32 (20.9%)	1 (0.7%)	24 (15.7%)
An organization allows employees latitude in accomplishing tasks.	–	61 (39.9%)	14 (9.2%)	18 (11.8%)	33 (21.6%)	4 (2.6%)	23 (15.0%)

Leadership behaviours reflecting the span of control were also transposed to allow easier comparison of responses. Most respondents indicated that nurse managers sometimes demonstrate supportive

leadership behaviours such as role modelling, conflict resolution, and recognition of staff abilities. However, a considerable proportion reported that these behaviours occur only rarely (Table 3).

Table 3: Leadership Behaviour Indicators Related to Span of Control (Transposed) (n = 153)

Statement	Never	Rarely	Sometimes	Often	Usually
Try to be a good role model for staff nurses.	–	30 (19.6%)	77 (50.3%)	–	46 (30.1%)
Address nurses' conflict honestly and respectfully	–	44 (28.8%)	72 (47.1%)	11 (7.2%)	26 (17.0%)
Behaves with "I win – you win" logic	–	53 (34.6%)	66 (43.1%)	11 (7.2%)	23 (15.0%)
Accepts negative criticism	32 (20.9%)	39 (25.5%)	48 (31.4%)	17 (11.1%)	17 (11.1%)
Recognizes staff weaknesses and abilities	–	57 (37.3%)	70 (45.8%)	9 (5.9%)	17 (11.1%)
Understands how job performance affects organizational goals	–	42 (27.5%)	34 (22.2%)	37 (24.2%)	40 (26.1%)

Discussion

The demographic profile of the present study revealed that the majority of participants were young nurses aged 25–30 years (82.4%), predominantly holding General Nursing qualifications (79.7%) and having 1–5 years of professional experience (78.4%). These findings are consistent with broader nursing workforce patterns, wherein early-career nurses constitute the largest segment of clinical staff. Balasi et al. demonstrated that nurses with less than five years of experience exhibit significantly lower professional autonomy compared to their more experienced counterparts, with experienced nurses having 1.82 to 2.25 times higher odds of reporting high professional autonomy Balasi et al. (18). This is particularly relevant to the present study's findings, as the predominantly junior workforce may inherently perceive lower empowerment and authority within organizational structures.

The results of Table 2 indicate that a substantial proportion of nurses (64.7%) strongly disagreed that the organizational structure fully empowers employees with unlimited authority. In comparison, 39.9% disagreed that they feel personal empowerment in work processes. These findings align with Serra et al., who found that a lack of motivation and power is a negative factor predisposing nurses to burnout. That structural empowerment is fundamental for continuous, serene work performance (19). Similarly, Elfotouh confirmed a statistically significant positive correlation between organizational climate and nurses' empowerment, underscoring that restrictive organizational structures directly undermine staff empowerment (20). Choi and Kim further demonstrated that structural empowerment significantly predicts nurses' autonomy and job satisfaction, with professional governance mediating this relationship (21). The finding that 41.2% of respondents disagreed that the organization gives limited authority requiring consultation corroborates Pursio et al.'s observation that nurses frequently encounter limited opportunities to influence within organizational hierarchies (22).

Regarding organizational communication, 37.3% of respondents disagreed that the organization regularly informs employees about tasks. This is consistent with Dahou and Hacini, who identified information sharing as one of the strongest determinants of employee empowerment, noting that fostering information-sharing initiatives is critical for successful empowerment in service-oriented sectors (1). Dennerlein and Kirkman similarly argued that employees' access to information constitutes a core dimension of social structural empowerment, and that lower access to information attenuates the positive effects of empowering leadership on psychological empowerment and performance (6).

The finding that 39.9% of nurses disagreed that the organization allows latitude in accomplishing tasks resonates with Broetje et al.'s integrative review, which identified autonomy—defined as the authority and freedom to make nursing care decisions—as a key job resource for nursing staff, with management's role in empowering autonomy being particularly emphasized (23). Labrague et al. similarly found that professional autonomy positively predicts job satisfaction, work performance, and organizational commitment among nurses (24).

Table 3 reveals that nurse managers only "sometimes" demonstrate supportive leadership behaviours, with 50.3% of respondents indicating that managers try to be a good role model only sometimes, and 28.8% reporting that conflict is addressed honestly only rarely. Boned-Galán et al. established that the span of control of nursing managers significantly influences outcomes for professionals and the organization, and that an

appropriate span of control leads to improved outcomes for all stakeholders (9). Ruffin et al. further demonstrated that expanded spans of control are associated with role overload and burnout among nurse managers, which may explain the inconsistent demonstration of supportive leadership behaviours observed in the present study (10).

The finding that 34.6% of respondents reported that managers rarely behave with a "win-win" logic, and 37.3% indicated that managers rarely recognize staff weaknesses and abilities, is consistent with Pursio et al.'s qualitative findings that nurse managers perceive their role in enhancing nurses' professional autonomy as requiring commitment and support from leadership at all organizational levels (22). Hagerman et al. similarly found that first-line managers in care settings experience varying degrees of access to structural empowerment, and that organizational preconditions—including managerial support—are vital for both structural and psychological empowerment (12). Serra et al. corroborated that leaders' recognition of nursing staff is a critical factor influencing job satisfaction, professional opportunities, and empowerment (19).

Notably, 27.5% of respondents reported that managers rarely understand how job performance affects organizational goals, while 26.1% indicated that this usually occurs. This variability in managerial awareness aligns with Zoller and Muldoon's argument that span of control remains a relevant construct in modern organizational structures, particularly when paired with leadership theories, as wider spans may dilute managerial attention and reduce the quality of supervisory engagement (7). Ruffin et al. further noted that work complexity and staff experience levels are key attributes of a nurse manager's span of control, and that excessive spans reduce staff satisfaction (10).

Collectively, the findings suggest that the organizational structures within which the sampled nurses operate are characterized by limited empowerment, restricted authority, inadequate information sharing, and inconsistent leadership behaviours—all of which are structurally linked to suboptimal span-of-control arrangements. Choi and Kim demonstrated that structural empowerment, mediated by professional governance, significantly enhances nurses' autonomy and job satisfaction (21). At the same time, Elfotouh confirmed that positive work climate characteristics are directly associated with higher levels of empowerment (20). The present study's findings reinforce the argument advanced by Boned-Galán et al. that span of control must be assessed and adjusted to each organizational context to optimize stakeholder outcomes (9). Future interventions should focus on restructuring supervisory ratios, enhancing information-sharing mechanisms, and developing leadership capacities to foster genuine employee empowerment in nursing settings.

The study was conducted in a single hospital setting, which may limit the generalizability of the findings to other healthcare institutions. Additionally, the use of a self-reported questionnaire may introduce response bias and subjective interpretation by participants.

Conclusion

The study indicates that nurses experience relatively low levels of organizational empowerment, which may be associated with managerial span of control and leadership practices. Strengthening supportive leadership behaviors, improving communication, and optimizing supervisory structures may enhance employee empowerment and organizational effectiveness in nursing settings.

Declarations**Data Availability statement**

All data generated or analysed during the study are included in the manuscript.

Ethics approval and consent to participate

Approved by the department concerned. (IRBEC-ICON-033-24)

Consent for publication

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The authors declared no conflict of interest.

Author Contribution**AA (Student Researcher)**

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All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the study's integrity.

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