

Chapter 1: Nursing Leadership and Management

MULTIPLE CHOICE

1. According to Henri Fayol, the functions of planning, organizing, coordinating, and controlling are considered which aspect of management?

- a. Roles
- b. Process
- c. Functions
- d. Taxonomy

ANS: B, The management process includes planning, organizing, coordinating, and controlling. Management roles include information processing, interpersonal relationships, and decision making. Management functions include planning, organizing, staffing, directing, coordinating, reporting, and budgeting. A taxonomy is a system that orders principles into a grouping or classification.

2. Which of the following is considered a decisional managerial role?

- a. Disseminator
- b. Figurehead
- c. Leader
- d. Entrepreneur

ANS: D, The decisional managerial roles include entrepreneur, disturbance handler, allocator of resources, and negotiator. The information processing managerial roles include monitor, disseminator, and spokesperson. The interpersonal managerial roles include figurehead, leader, and liaison.

3. A nurse manager meets regularly with other nurse managers, participates on the organizations committees, and attends meetings sponsored by professional organizations in order to manage relationships. These activities are considered which function of a manager?

- a. Informing
- b. Problem solving
- c. Monitoring
- d. Networking

ANS: D, The role functions to manage relationships are networking, supporting, developing and mentoring, managing conflict and team building, motivating and inspiring, recognizing, and rewarding. The role functions to manage the work are planning and organizing, problem solving, clarifying roles and objectives, informing, monitoring, consulting, and delegating.

4. A nurse was recently promoted to a middle-level manager position. The nurses title would most likely be which of the following?

- a. First-line manager
- b. Director
- c. Vice president of patient care services
- d. Chief nurse executive

ANS: B, A middle-level manager is called a director. A low managerial- level job is called the first-line manager. A nurse in an executive level role is called a chief nurse executive or vice president of patient care services.

5. A nurse manager who uses Frederick Taylors scientific management approach, would most likely focus on which of the following?

- a. General principles
- b. Positional authority
- c. Labor productivity
- d. Impersonal relations

ANS: C, The area of focus for scientific management is labor productivity. In bureaucratic theory, efficiency is achieved through impersonal relations within a formal structure and is based on positional authority. Administrative principle theory consists of principles of management that are relevant to any organization.

6. According to Vrooms Theory of Motivation, force:

- a. is the perceived possibility that the goal will be achieved.
- b. describes the amount of effort one will exert to reach ones goal.
- c. describes people who have free will but choose to comply with orders they are given.
- d. is a naturally forming social group that can become a contributor to an organization.

ANS: B, According to Vrooms Theory of Motivation, *Force* describes the amount of effort one will exert to reach ones goal. *Valence* speaks to the level of attractiveness or unattractiveness of the goal. *Expectancy* is the perceived possibility that the goal will be achieved. Vrooms Theory of Motivation can be demonstrated in the form of an equation: $Force = Valence \times Expectancy$ (Vroom, 1964). The theory proposes that this equation can help to predict the motivation, or force, of an individual as described by Vroom.

7. According to R. N. Lussier, motivation:

- a. is unconsciously demonstrated by people.
- b. occurs externally to influence behavior.
- c. is determined by others choices.
- d. occurs internally to influence behavior.

ANS: D, Motivation is a process that occurs internally to influence and direct our behavior in order to satisfy needs. Motivation is not explicitly demonstrated by people, but rather it is interpreted from their behavior. Motivation is whatever influences our choices and creates direction, intensity, and persistence in our behavior.

8. According to R. N. Lussier, there are content motivation theories and process motivation theories. Which of the following is considered a process motivation theory?

- a. Equity theory
- b. Hierarchy of needs theory
- c. Existence-relatedness-growth theory
- d. Hygiene maintenance and motivation factors

ANS: A, The process motivation theories are equity theory and expectancy theory. The content motivation theories include Maslows hierarchy of needs theory, Aldefers existence- relatedness-growth (ERG) theory, and Herzbergs hygiene maintenance factors and motivation factors.

9. The theory that includes maintenance and motivation factors is:

- a. Maslows hierarchy of needs.
- b. Herzbergs two-factor theory.
- c. McGregors theory X and theory Y.
- d. Ouchis theory Z.

ANS: B, The two-factor theory of motivation includes motivation and maintenance factors. Maslows hierarchy of needs includes the following needs: physiological, safety, security, belonging, and self-actualization. In theory X, employees prefer security, direction, and minimal responsibility. In theory Y, employees enjoy their work, show self-control and discipline, are able to contribute creatively, and are motivated by ties to the group, organization, and the work itself. The focus of theory Z is collective decision making and long-term employment that involves slower promotions and less direct supervision.

10. A nurse is appointed to a leadership position in the local hospital. The nurses position would be considered which of the following?

- a. Informal leadership
- b. Formal leadership
- c. Leadership
- d. Management

ANS: B, Formal leadership is based on occupying a position in an organization. Informal leadership is shown by an individual who demonstrates leadership outside the scope of a formal leadership role or as a member of a group. Leadership is a process of influence whereby the leader influences others toward goal achievement. Management is a process to achieve organizational goals.

11. A nursing instructor is evaluating whether the nursing students understand the three fundamental qualities that leaders share. According to Bennis and Nanus, the fundamental qualities of effective leaders are:

- a. guided vision, passion, and integrity.
- b. knowledge of self, honesty, and maturity.
- c. intelligence, self-confidence, and determination.
- d. honesty, self-awareness, and sociability.

ANS: A Bennis and Nanus list guided vision, passion, and integrity as fundamental qualities of effective leaders. Knowledge of self, honesty and maturity; intelligence, self-confidence and determination; self-awareness and sociability are all desirable traits in leaders as well as in others.

12. The six traits identified by Kirkpatrick and Locke that separate leaders from non-leaders were:

- a. respectability, trustworthiness, flexibility, self-confidence, intelligence, sociability.
- b. self-confidence, progression of experiences, influence of others, personal life factors, honesty, drive.
- c. intelligence, self-confidence, determination, integrity, sociability, honesty.
- d. drive, desire to lead, honesty, self-confidence, cognitive ability, knowledge of business.

ANS: D, Research by Kirkpatrick and Locke concluded that leaders possess six traits: drive, desire to lead, honesty, self-confidence, cognitive ability, and knowledge of the business. Woods identified five dominant factors that influenced leadership development: self-confidence, innate qualities, progression of experience, influence of significant others, and personal life factors. Stogdill identified the following traits of a leader: intelligence, self-confidence, determination, integrity, and sociability. Murphy and DeBack identified the following leader characteristics: caring, respectability, trustworthiness, and flexibility.

13. A nurse manager who uses a leadership style that is participatory and where authority is delegated to others is most likely using which of the following leadership styles?

- a. Autocratic
- b. Democratic
- c. Laissez-faire

d. Employee-centered

ANS: B, Democratic leadership is participatory, and authority is delegated to others. Autocratic leadership involves centralized decision making, with the leader making decisions and using power to command and control others. Laissez-faire leadership is passive and permissive, and the leader defers decision making. Employee-centered leadership focuses on the human needs of subordinates.

14. A characteristic of the consideration dimension of leadership behavior is:

- a. focus on the work to be done
- b. focus on the task.
- c. focus on production.
- d. focus on the employee.

ANS: D, The leadership dimension of consideration involves activities that focus on the employee. Initiating structures of leadership involves an emphasis on the work to be done, and a focus on the task and production.

15. The leadership theory that considers follower readiness as a factor in determining leadership style is:

- a. contingency.
- b. path goal.
- a. situational.
- c. charismatic.

ANS: C, Situational leadership considers the follower readiness as a factor in determining leadership style. Contingency theory views the pattern of leader behavior as dependent on the interaction of the personality of the leader and the needs of the situation. In path goal theory, the leader works to motivate followers and influence goal accomplishment. Charismatic leadership has an inspirational quality that promotes an emotional connection from followers.

16. In contingency theory, the feelings and attitudes of followers regarding acceptance, trust, and credibility of the leader are called:

- a. task structure.
- b. position power.
- c. low task structure.
- d. leader-member relations.

ANS: D, In contingency theory, leader-member relations are the feelings and attitudes of followers regarding acceptance, trust, and credibility of the leader. Task structure of contingency theory means the degree that work is defined, with specific procedures, explicit directions, and goals. Low task structure involves work that is not routine, predictable, or clearly defined. Position power in contingency theory is the degree of formal authority and influence associated with the leader. REF: FIEDLERS CONTINGENCY THEORY

17. In situational theory, a telling leadership style is considered:

- a. high task, high relationship behavior.
- b. high task, low relationship behavior.
- c. low task, high relationship behavior.
- d. low task, low relationship behavior.

ANS: B, A telling leadership style is high task behavior and low relationship behavior. A high task, high relationship style is called a selling leadership style. A low task and high relationship style is called a

participating leadership style. A low task and low relationship style is called a delegating leadership style.
REF: HERSEY AND BLANCHARDS SITUATIONAL THEORY

18. A nursing group has been very successful in achieving its goals even though the group has lacked leadership. Which of the following factors is probably most responsible for the groups success in goal achievement?

- a. Life experience
- b. Extrinsic satisfaction
- c. Informal organizational structures
- d. Cohesive groups

ANS: D, Substitutes for leadership are variables that eliminate the need for leadership or nullify the effect of the leaders behavior. These include cohesive groups, work experience, intrinsic satisfaction, formal organizational structures, professionalism, indifference to rewards, routine tasks, feedback provided by the task, rigid adherence to rules, role distance, and low position power of the leader. REF: SUBSTITUTES FOR LEADERSHIP

19. The new nurse manager of a medical unit focuses on day-to- day operations and short-term goals, while the nurse manager of the mental health unit is committed to the vision that empowers the staff. The manager of the medical unit would most likely be considered which type of leader?

- a. Transformational leader
- b. Charismatic leader
- c. Transactional leader
- d. Autocratic leader

ANS: C, A transactional leader focuses on operations and short-term goals. A transformational leader inspires and motivates others to excel and participate in a vision that goes beyond self-interests. A charismatic leader displays self-confidence and strength in convictions and communicates high expectations. An autocratic leader makes decisions and uses power to command and control others. REF: TRANSFORMATIONAL LEADERSHIP THEORY

20. The nursing staff perceive the newly hired Chief Nurse Administrator as a leader who is committed to a vision that empowers others. The Chief Nurse Administrator is most likely employing which type of leader?

- a. Transformational leader
- b. Charismatic leader
- c. Transactional leader
- d. Autocratic leader

ANS: A, A transformational leader empowers others. A charismatic leader has an appeal based on personal power. A transactional leader focuses on day-to-day operations. An autocratic leader has central power and does not empower others. REF: TRANSFORMATIONAL LEADERSHIP THEORY

21. The nurse manager on one of the hospital units views the staff as basically lazy and only motivated by threats and coercion. Which theory of motivation would support the managers beliefs?

- a. Theory W
- b. Theory X
- c. Theory Y
- d. Theory Z

ANS: B, The Theory X view is that in bureaucratic organizations, employees prefer security, direction, and minimal responsibility. Coercion, threats, or punishment are necessary because people do not like their work to be done. REF: THEORY X AND THEORY Y

22. A group of new nurse managers is undergoing a series of management training sessions. Which statement by one of the nurse managers would indicate use of McClelland's Model of Motivation? McClelland's Model focuses on:

- a. achievement, power, and affiliation.
- b. growth needs, relatedness needs, and existence needs.
- c. collective decision making, quality circles, and mentoring.
- d. self-actualization needs, safety and security needs, and self-esteem needs.

ANS: A, McClelland's Model of Motivation focuses on achievement, power, and affiliation. Growth needs, relatedness needs, and existence needs are aspects of Adlers model. Collective decision making, quality circles, and mentoring are the focus of Ouchis model. Self-actualization needs, safety and security needs, and self- esteem needs are reflected in Maslows model. REF: TABLE 1-1 NURSING LEADERSHIP CHARACTERISTICS AND ROLE ACTIVITIES

23. A nurse manager finds two employees arguing about the assigned schedule. Which role would be appropriate for the nurse manager to implement at this time?

- a. Advocate role
- b. Interpersonal role
- c. Decision-making role
- d. Information-processing role

ANS: C, The decision-making role of a nurse manager would include being an entrepreneur, handling disturbances, and allocating resources. The information-processing role involves managing the information that the people need. The interpersonal role focuses on functioning as a figurehead, leader, or liaison. In the advocate role, the nurse manager would focus on supporting employee rights. REF: MANAGERIAL ROLES

24. A nurse manager who implements the bureaucratic management style will most likely do which of the following?

- a. Emphasize efficiency
- b. Use explicit rules and regulations for governing activities
- c. View the individual worker as the source of control, motivation, and productivity
- d. Expect unity of command and direction

ANS: B, Bureaucratic management focuses on the use of explicit rules and regulations for governing activities. The human relations approach views the individual worker as the source of control, motivation, and productivity. Administrative principles focus on unity of command and direction. REF: BUREAUCRATIC MANAGEMENT

25. The nursing supervisor has traditionally made rounds at the same time each day. When the supervisor visits each unit, the staff appear to be extremely busy even when the census is very low. Today the supervisor visited a unit two hours early and found several staff members watching television and drinking coffee in the visitors lounge. The supervisor recognizes that the staffs previous behavior have been a result of which of the following?

- a. Coincidence
- b. Hawthorn effect
- c. Diligence of staff

- d. Time management

ANS: B, Because the nursing supervisor traditionally made rounds at the same time each day, the staff members were prepared for the visit. When the supervisor arrived unexpectedly, the staff members were most likely caught off-guard. The Hawthorn effect occurs when recognition that one is being studied or observed results in a change in behavior. Coincidence, diligence of staff, and time management would not account for the dramatic change in behavior. REF: HUMAN RELATIONS

MULTIPLE RESPONSE

1. A nurse manager who structures her approach on the McClelland Model of Motivation would most likely focus on which of the following? Select all that apply.

- a. Power
- b. Affiliation
- c. Quality circles
- d. Achievement
- e. Mentoring
- f. Collective decision making

ANS: A, B, D, McClellands Model of Motivation focuses on power, achievement, and affiliation. Ouchis model focuses on quality circles, collective decision making, long-term employment, and mentoring. REF: FIGURE 1-1 KEY LEADERSHIP DIMENSIONS

2. A nurse manager who follows Herzbergs Two-Factor Theory would recognize that which of the following are hygiene- maintenance factors? Select all that apply.

- a. Job security
- b. Advancement opportunities
- c. Working conditions
- d. Relationships with others
- e. Status
- f. Achievement

ANS: A, C, D, E, Herzbergs hygiene-maintenance factors include status, job security, quality of supervision, safe and tolerable work conditions, and relationships with others. Advancement opportunities, achievement, recognition, the work itself, personal growth, and responsibility are all motivation factors.

3. A nursing instructor determines that the nursing students understand the concept of knowledge worker if the students describe which of the following tasks of the knowledge worker? Select all that apply.

- a. Provide service
- b. Represent the organization
- c. Interact with the customer
- d. Focus on personal, life-long goals and achievement
- e. Bring expert knowledge
- f. Accomplish goals

ANS: A, B, C, E, F, According to Peter Drucker, knowledge workers provide service, interact with the customer, represent the organization, and accomplish its goals. These workers bring specialized, expert knowledge to the organization, and they are valued for what they know. The knowledge worker focuses more on organizational goals than personal goals. REF: H1: KNOWLEDGE WORKERS

Chapter 2: The Health Care Environment

MULTIPLE CHOICE

1. Which of the following individuals observed that noise, food, rest, light, fresh air, and cleanliness were instrumental in health and illness patterns?

- a. W. Edwards Deming
- b. Florence Nightingale
- c. Isabel Hampton Robb
- d. Dorothea Dix

ANS: B, Florence Nightingale was the first to observe that noise, food, rest, light, fresh air, and cleanliness were instrumental in health and illness patterns. W. Edwards Deming is known for his contribution to continuous performance improvement, and Isabel Hampton Robb was the first president of the ANA and a pioneer in nursing education. Dorothea Dix is best known for her patient advocacy, particularly in the areas of improved conditions for jails and mental asylums. REF: HISTORY OF HEALTH CARE

2. A nursing instructor asks a student what discoveries are attributable to Florence Nightingale. The instructor determines that further teaching is needed if the student responds:

- a. the need to monitor health care practitioners.
- b. the importance of structuring hospitals around care.
- c. the importance of collecting and using data for quality assessment.
- d. the importance of being informed regarding the activities of government policymakers.

ANS: B, Nightingale is credited with a variety of discoveries related to health care such as the importance of structuring hospitals around *nursing* care (not merely care), the need to monitor/be informed regarding health care practitioners and government policymakers, and the importance of collecting and using data for quality assessment. REF: STRUCTURING HOSPITALS AROUND NURSING CARE

3. A new graduate wants to explore the three components of each health care system before applying for a position. The graduate would plan to explore which of the following?

- a. Strategy, outcome, and performance
- b. Process, strategy, and opportunity
- c. Structure, process, and outcome
- d. Outcome, procedure, and structure

ANS: C, The three simple elements of health care systems are *structure* (resources or structures required to deliver health care), *process* (quality activities, procedures, and tasks performed to deliver quality health care), and *outcome* (the results of good health care delivery). REF: ORGANIZATION OF HEALTH CARE

4. Which of the following organizations has set forth three primary goals for good health care?

- a. The Institute of Medicine
- b. The Centers for Disease Control and Prevention
- c. The Agency for Healthcare Research and Quality
- d. The World Health Organization

ANS: D, The World Health Organization (WHO) has been a leading advocate of quality health care delivery, as evidenced by its

three primary goals for what good health care should do. The Institute of Medicine (IOM) is best known for its quality data reports such as *To Err Is Human* (IOM, 1999), and the Centers for Disease Control and Prevention is a leading infection and disease agency in the United States. The Agency for Healthcare Research and Quality is another quality-based organization and produces reports such as the National Healthcare Disparities Report (NHDR). REF: ORGANIZATION OF HEALTH CARE

5. A nurse working on the unit budget would recognize that the resources needed to deliver quality health care such as nurses, practitioners, medical records, buildings, and pharmaceuticals are considered which aspects of health care?

- a. Process
- b. Structure
- c. Organization
- d. Practice

ANS: B, The health care structure is comprised of the resources or structures needed to produce quality health care. Some of these structures or resources are *human* (staff and personnel) or *physical* (buildings or facilities). REF: ORGANIZATION OF HEALTH CARE

6. The human resource manager understands that an example of a quality performance outcome measure involves which of the following?

- a. Patient satisfaction
- b. Return on assets (ROI)
- c. Staff satisfaction
- d. Organizational climate

ANS: C, An outcome for a quality performance measure related to human resources is staff satisfaction. Patient satisfaction is a *clinical care* outcome, and return on assets (ROI) is a financial management outcome. The organizational climate is a human resource process, as opposed to the outcome. REF: TABLE 2-1 EXAMPLES OF PERFORMANCE MEASURES BY CATEGORY

7. A nurse is on vacation visiting a number of countries. If the nurse becomes ill, in which country will the nurse most likely be hospitalized in a government hospital, with the government paying the bills.

- a. Canada
- b. New Zealand
- c. Taiwan
- d. Germany

ANS: B, If the nurse became ill in New Zealand health care would be provided in a government hospital with the government paying the bills. Canada and Taiwan rely on private-sector providers, paid for by government-run insurance. Germany, the Netherlands, Japan, and Switzerland provide universal coverage using private doctors, private hospitals, and private insurance plans. REF: HEALTH CARE PAYMENT IN OTHER COUNTRIES

8. An instructor wants to determine if a group of nursing students know the important features related to the benefits of primary care. Which of the following responses by the students would indicate that further teaching is necessary?

- a. Care that is continuous
- b. Care that began at first contact with the patient
- c. Care that is integral
- d. Care that is community orientated

ANS: C, The seven important features of primary care are care that is continuous, community oriented, comprehensive (not integral), coordinated, family centered, culturally competent, and begun at the first contact with the patient. REF: NEED FOR PRIMARY HEALTH CARE

9. A group of nursing students are given a test on Starfields (1998) foundations of primary care. Which of the following responses by the students describing the foundations of primary care would indicate that further teaching is necessary?

- a. Comprehensiveness
- b. Organization
- c. First contact
- d. Coordination

ANS: B, According to Starfield (1998), both clinicians and patients need to work together to appropriately utilize services based upon these four foundations of primary care: *first contact* (conduct the initial evaluation and the plan for the dysfunction, treatment options, and health goals), *longitudinality* (maintaining the clinician-patient relationship continuously over time), *comprehensiveness* (managing the wide range of needs for each patient), and *coordination* (care is organized and integrated, thus eliminating duplication of services). REF: NEED FOR PRIMARY HEALTH CARE

10. Which agency/division is not a part of the U.S. Department of Health and Human Services?

- a. Food and Drug Administration (FDA)
- b. Centers for Disease Control and Prevention (CDC)
- c. Institute of Medicine (IOM)
- d. Indian Health Service (HIS)

ANS: C, Some of the major divisions and agencies that comprise the U.S. Department of Health and Human Services are Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC), Indian Health Service (HIS), Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare and Medicaid (CMS), Health Resources and Services Administration (HRSA), and Substance Abuse and Mental Health Services Administration (SAMHSA). The Institute of Medicine (IOM) is not under the auspices of the U.S. Department of Health and Human Services. REF: THE FEDERAL GOVERNMENT

11. Which of the following was not identified as an area of health care disparities according to the 2008 National Healthcare Disparities Report?

- a. Age groups
- b. Socioeconomic groups
- c. Geographic areas
- d. Racial and ethnic populations

ANS: A, The 2008 National Healthcare Disparities Report found that health care disparities often persist across socioeconomic groups, racial and ethnic populations, and geographic areas. The report also noted that across the process of care measures tracked, patients received the recommended care less than sixty percent of the time. REF: HEALTH CARE DISPARITIES

12. Which of the following is not one of the three key pieces of legislation that established national standards that states use to regulate health insurance?

- a. ELISA
- b. COBRA
- a. HIPAA
- c. ERISA

ANS: A, Three integral pieces of federal legislation that states use to regulate health insurance through the development of national standards are *COBRA* (Consolidated Omnibus Budget Reconciliation Act), *HIPAA* (Health Insurance Portability and Accountability Act), and *ERISA* (Employee Retirement Income Security Act). *ELISA* (Enzyme-Linked ImmunoSorbent Assay) is a biochemical test used to determine certain serum antibody concentrations such as HIV. REF: STATE REGULATION OF HEALTH INSURANCE

13. Thorpe, Woodruff, and Ginsburg (2005) have noted a variety of key elements that have contributed to the rising costs of health care. Which of these elements does not belong?

- a. Aging of the population
- b. Increased use of new
- c. Practitioner behavior
- d. Nursing shortage technologies

ANS: D, Thorpe, Woodruff, and Ginsburgs (2005) key factors that contribute to the rising costs of health care are an aging population with the resultant growth in the demand for health care, increased use of expensive new technologies, pharmaceuticals, practitioner behavior, rising hospital care costs, cost shifting, and administrative costs. The nursing shortage is not a key factor contributing to rising costs of health care. REF: FACTORS CONTRIBUTING TO RISING HEALTH CARE COST

14. A staff nurse has volunteered to work on the hospitals Quality Insurance Committee. As part of the training, the nurse would be taught that tracking the rate of medication errors is a clinical:

- a. outcome.
- b. practice.
- c. structure.
- d. process.

ANS: D, Tracking the rate of medication errors as a performance measure is considered a clinical process. An example of a clinical structure is the percentage of nurses and pharmacists who are certified or licensed, and an example of a clinical outcome is the number of deaths from medical errors. REF: TABLE 2-1 EXAMPLES OF PERFORMANCE MEASURE BY CATEGORY

15. The hospital pharmacist explains to a group of nursing students that the use of generic drugs and drug formulary are which type of performance measures?

- a. Clinical care measure
- b. Financial management
- c. Financial management
- d. Clinical care structure structure

ANS: C, Using generic drugs and drug formulary as a quality performance measure is an example of a financial management process. An example of a financial management structure is the use of preadmission criteria, and a clinical care structure for performance measurement is the presence of magnet recognition. REF: EXAMPLES OF PERFORMANCE MEASURES BY CATEGORY

16. There are numerous factors that contribute to the rising number of uninsured in the United States. Which is not necessarily a contributing factor?

- a. People being eligible for public programs
- b. Higher premiums
- c. People between jobs or unemployed
- d. Employers not offering health insurance

ANS: A, Some of the factors that contribute to the large volume of uninsured in the United States are people being between jobs or unemployed, *not* being eligible for public programs, higher process premiums, and employers not offering health insurance options. REF: HEALTH CARE COSTS

17. Raising prices to offset lower monies paid from Medicaid and Medicare is called:

- a. price fixing.
- b. cost shifting.
- c. capitation.
- d. cost containment.

ANS: B, The practice of raising prices for the privately insured to offset the lower health care payments received from Medicare and Medicaid and nonpayment from the uninsured is called *cost shifting* (shifting the cost for services from one payer to another). REF: COST SHIFTING

18. In an effort to control health care costs, measures were taken to restrict the amount of monies paid to a predetermined fixed amount for Medicare Part A services. This measure is called:

- a. DRG.
- b. RBRVS.
- c. PPS.
- d. PPD.

ANS: C, The Tax Equity and Fiscal Responsibility Act, passed in 1982, mandated the Prospective Payment System (PPS) to control health care costs. PPS is a method of reimbursement based upon a predetermined fixed amount. DRGs are diagnosis-related groups. The RBRVS (Resource-Based Relative Value Scale) is a cost containment measure to determine payments made for Medicare Part B services. PPD is a tuberculosis skin test. REF: PROSPECTIVE PAYMENT

19. Supplementing clinical expertise with judicious implementation of the most current evidence along with patient preferences and values is called:

- a. evidence-based nursing
- b. evidence-based practice.
- c. disease optimization. practice.
- d. evidence-based care.

ANS: B, The use of clinical expertise with conscientious and judicious implementation of the most current and best evidence along with patient values and preferences to guide health care decision making is called evidence-based practice. Evidence-based nursing practice refers only to nursing care. REF: EVIDENCE-BASED PRACTICE

20. According to Starfield (1998) one of the four foundations of primary care is coordination. Which of the following best describes coordination?

- a. Build upon longitudinality by following and integrating care received through referrals and other providers, thus averting unnecessary services and duplication of services.
- b. Conduct the initial evaluation and define the health dysfunction, treatment options, and health goals.
- c. Sustain a patient-clinical relationship continuously over time throughout the patients illness, acute need, and disease management.
- d. Manage the wide range of health care needs across health care settings and among health care professionals.

ANS: A, According to Starfield, coordination involves building upon longitudinality and care received through referrals and other providers is followed and integrated, averting unnecessary services and duplication of services. Option b refers to the First Contact, option c refers to Longitudinality, and option d refers to Comprehensiveness. REF: NEED FOR PRIMARY HEALTH CARE

21. When a health care organization manages the wide range of health care needs across health care settings and among different health care professionals, the organization is performing which of Starfields (1988) four foundations of primary care?

- a. First Contact
- b. Comprehensiveness
- c. Longitudinality
- d. Coordination

ANS: B, According to Starfield (1998), Comprehensiveness involves managing the wide range of health care needs, across health care settings and among different health care professionals. First Contact involves conducting the initial evaluation and defining the health dysfunction, treatment options, and health needs. Longitudinality involves sustaining a patient-clinician relationship continuously over time, and coordination involves building upon longitudinality. REF: NEED FOR PRIMARY HEALTH CARE

22. Which federal agency funds health services research on the effectiveness of health care services and outcomes?

- a. Health Resources and Services Administration (HRSA)
- b. Centers for Medicare and Medicaid Services (CMS)
- c. Agency for Health Care Research and Quality (AHRQ)
- d. National Institutes of Health (NIH)

ANS: C, The Agency for Health Care Research and Quality (AHRQ) funds health services research on the effectiveness of health care services and outcomes. REF: THE FEDERAL GOVERNMENT

23. A nurse is seeking funding to continue with education as a Nurse Practitioner. Which federal agency would most likely be an appropriate funding source for the nurses continuing education?

- a. NIH
- b. AHRQ
- c. SAMHSA
- d. HRSA

ANS: D, Health Resources and Services Administration (HRSA) would most likely be a possible source of funds for the nurses continuing education. HRSA administers training programs for health care clinicians. HRSA also provides Funding for pregnant women and children, programs for persons with HIV/AIDS, and programs serving low-income, underserved, and rural populations. REF: THE FEDERAL GOVERNMENT

24. As a result of financial problems, a hospital had to terminate several nurses. These nurses would be eligible to retain their insurance for up to 18 months as a result of which of the following?

- a. COBRA
- b. ERISA
- c. HIPAA
- d. CHAMPUS

ANS: A, Once terminated, the nurses would be eligible to retain their insurance for up to 18 months through COBRA. REF: STATE REGULATION OF HEALTH INSURANCE

MULTIPLE RESPONSE

1. A group of faculty members is overhauling the curriculum for the nursing program based on recommendations set forth by the Institute of Medicine. The nursing program would most likely include which of the following in the outcomes for students attending the program? Select all that apply.

- a. Ability to provide patient-centered care
- b. Ability to work effectively with teams
- c. Understanding evidence-based practice
- d. Understanding that only medial diagnoses are important
- e. Ability to use health information technology
- f. understanding that nursing is more important than other health care professions

ANS: A, B, C, E, Recommendations set forth by IOM include the ability to provide patient-centered care, ability to work effectively with teams, understand evidence-based practice, and the ability to use health information technology. There was no mention of any one profession being more important than another, nor was there any mention of the fact that only medial diagnoses are important. Nursing diagnoses are important to nurses because they identify areas of patient need that are addressed by nurses. REF: IMPROVING QUALITY THROUGH HEALTH PROFESSIONS EDUCATION

2. Which of the following may increase health services utilization? Select all that apply.

- a. Expanded use of existing drugs
- b. Growth in national population
- c. Better understanding of risk factors for disease
- d. Increase in chronic conditions
- e. Quality standards for food and water distribution
- f. More functional limitations associated with aging

ANS: A, B, D, F, Health services utilization increases with the expanded use of existing drugs, growth in national population, increase in chronic conditions, and more functional limitations associated with aging. Other factors that would increase utilization include consumer documents and guidelines that recommend increased utilization, new procedures and technologies, as well as changes in clinician practice. If risk factors for disease were better understood, there would be a decreased use of services.

Improved quality for food and water distribution would also cause reduced utilization. REF: TABLE 2-5 FACTORS THAT AFFECT OVERALL HEALTH CARE UTILIZATION

3. Which of the following are foundations of primary care? Select all that apply.

- a. Longitudinality
- b. Comprehensiveness
- c. First contact
- d. Second contact
- e. Consensus building
- f. Coordination

ANS: A, B, C, F, Foundations of primary care include first contact, longitudinality, comprehensiveness, and coordination. First contact involves the initial evaluation of the client, when the health dysfunction, treatment, and goals are defined. Longitudinality refers to sustaining a clinician-patient relationship over time. Comprehensiveness refers to managing a wide variety of health care needs across health settings and among different health professionals. Coordination involves referrals and follow-up. Second contact and consensus building are not related to the foundations of primary care. REF: NEED FOR PRIMARY HEALTH CARE

Chapter 3: Organizational Behavior and Magnet Hospitals

MULTIPLE CHOICE

1. Schermerhorn, Hunt, and Osborn define organizational behavior as the study of:

- a. human behavior in organizations.
- b. the organizations output or end product.
- c. systems theory within an organization.
- d. strategic planning for long-term survival.

ANS: A, Schermerhorn, Hunt, and Osborn define organizational behavior as the study of human behavior in organizations. REF: ORGANIZATIONAL BEHAVIOR

2. According to Lynn and Redman, organizational behavior emphasizes:

- a. products, sales, and revenue generation.
- b. job satisfaction, loyalty, and productivity.
- c. economic constraints, customer base, and sales.
- d. machine-like or assembly line work process.

ANS: B, Organizational behavior emphasizes actions and attitudes of people within organizations such as job satisfaction, commitment (loyalty), and performance (productivity). REF: ORGANIZATIONAL BEHAVIOR

3. A nursing instructor wants to determine whether the nursing students understand the principles that scientific management emphasizes. Which response by the students would indicate that they understand scientific management?

- a. Products, sales, and revenue generation
- b. Job satisfaction, loyalty, and productivity
- c. Economic constraints, customer base, and sales
- d. Machine-like or assembly line work processes

ANS: D, Scientific management emphasizes the machine-like or assembly line focus of work processes and the precise sets of instructions and time-motion studies assumed to enhance productivity. REF: EVOLUTION OF ORGANIZATIONAL BEHAVIOR

4. The nursing staff of the medical unit recognize that according to Schermerhorn et al., an organization can be considered effective if it:

- a. maintains a growth rate of no less than 10 percent per year.
- b. can continue to grow and have a healthy bottom line.
- c. has a quality workforce and commitment to success.
- d. can increase productivity without increasing employees.

ANS: C, Schermerhorn et al. state important contributions to the effectiveness of any organization are the quality of its workforce and their commitment to the goals and success of the organization. REF: IMPORTANCE OF ORGANIZATIONAL BEHAVIOR

5. Intellectual capital can be defined as:

- a. work created by an individual but owned solely by the organization.
- b. an individuals knowledge, skills, and abilities that have value and portability.

- c. ideas and creations formulated at work and sold for profit by the organization.
- d. an organizations collective information, which is in written, electronic, or cryptic format.

ANS: B, Intellectual capital includes an individuals knowledge, skills, and abilities that have value and portability in a knowledge economy. REF: EVOLUTION OF ORGANIZATIONAL BEHAVIOR

6. In order to increase productivity, the nurse manager of the surgical unit removes obstacles for motivated and empowered individuals. This behavior is common in which type of organizational model?

- a. Autocratic
- b. Custodial
- c. Collegial
- d. Technological

ANS: C, In Table 3-1, Clark summarizes and compares models of organizational behavior. The collegial model is based on partnership, teamwork, and employee support that removes obstacles for motivated and empowered individuals. Both autocratic and custodial models are managed by power, authority, economics, and money, which have employees dependent on the boss or the organization. Technology is not a model or organizational behavior discussed. REF: EVOLUTION OF ORGANIZATIONAL BEHAVIOR

7. Organizational behavior has impacted the autocratic model of behavior by moving from:

- a. dependence on the organization to responsibility for self.
- b. dependence on the boss to empowering the individual.
- c. passive cooperation by the employee to active participation.
- d. motivation by money, security and benefits to motivation by job performance.

ANS: B, The autocratic model focuses on dependency on the boss, while the study of organizational behavior has shown todays health care employees prefer a more supportive and collegial work environment empowering the individual. Passive cooperation is seen in the custodial model. Dependency on the organization is seen in the custodial model. Motivation by money, security, and benefits is seen in the custodial model. REF: EVOLUTION OF ORGANIZATIONAL BEHAVIOR

8. A high-performance organization can be characterized by which of the following characteristics?

- a. Brings out the best in people
- b. Values knowledge and pays top salaries
- c. Continues to change with consumer demands
- d. Is job centered to guarantee efficiency of work

ANS: A, High-performance organizations operate in a way that brings out the best in people and produces sustainable high performance over time. They have the ability to attract, motivate, and retain talented people. REF: HIGH-PERFORMANCE ORGANIZATIONS

9. Maintaining high quality-of-work-life environments requires the commitment of:

- a. owners and stockholders of a company.
- b. human and financial resource departments.
- c. leaders and employees of the organization.
- d. maintenance, housekeeping, and other service departments.

ANS: C, Maintaining high quality-of-work-life environments requires the commitment of both leaders and employees in organizations. Leaders in high-performance organizations recognize that the single best predictor of an organizations capacity to attract, motivate, and sustain talented people is to maintain a high quality work-life environment. REF: HIGH-PERFORMANCE ORGANIZATIONS

10. Saint Cecils hospital recently achieved magnet status. This means that the hospital has met the:

- a. AHA distinguished service award for excellence in community service.
- b. JC patient care performance measures with no deficiencies.
- c. OSHA compliance with all guidelines and no deficiencies.
- d. ANCC nursing excellence requirements.

ANS: D, Magnet status is awarded to health care organizations that have met the rigorous nursing excellence requirements of the American Nurses Credentialing Center (ANCC), a division of the American Nurses Association (ANA). Achievement of magnet status designation represents the highest level of recognition the ANCC accords to health care organizations that provide the services of registered professional nurses. REF: MAGNET HOSPITALS

11. The initial proposal for the Magnet Hospital Recognition Program was approved by the ANA Board of Directors in:

- a. 1983.
- b. 1987.
- c. 1990.
- d. 1994.

ANS: C, The initial proposal for Magnet Hospital Recognition Program was approved by the ANA Board of Directors in December 1990. This proposal indicated that the program would be built upon the 1983 ANA magnet hospital study. REF: HISTORICAL OVERVIEW OF MAGNET HOSPITALS

12. The University of Washington Medical Center in Seattle became the first magnet facility in which year?

- a. 1985
- b. 1989
- c. 1994
- d. 2000

ANS: C, RAT: The University of Washington Medical Center in Seattle became ANCCs first magnet facility in 1994. By 1998, 13 hospitals achieved magnet designation, and, by mid-2006, more than 200 facilities had achieved magnet designation. REF: THE ANCC MAGNET FACILITIES

13. The Magnet Hospital Recognition Program was created to achieve three major goals. Which of the following is considered a goal?

- a. Decrease and attempt to abolish the nursing shortage
- b. Pay for performance or higher wages for higher quality work
- c. Identify excellence in the delivery of nursing services to patients
- d. Drive down the soaring cost of health care in the United States

ANS: C, The goals are to identify excellence in the delivery of nursing services to patients, promote quality in a milieu that

supports professional nursing practice, and provide a mechanism for the dissemination of best practices in nursing services. REF: GOALS OF THE MAGNET RECOGNITION PROGRAM

14. Nine characteristics define magnet nursing services. Which of the following is NOT a characteristic of the programs appraisal process?

- a. High quality patient care
- b. Clinical autonomy and responsibility
- c. Community involvement
- d. High compensation and benefits

ANS: D, Nine characteristics define magnet nursing services: high quality patient care, clinical autonomy and responsibility, participatory decision making, strong nurse leaders, two-way communication with staff, community involvement, opportunity and encouragement of professional development, effective use of staff resources, and high levels of job satisfaction. REF: TABLE 3-3 NINE CHARACTERISTICS DEFINING MAGNET SERVICES

15. One of the top benefits of magnet designation for a hospital is:

- a. being self-insured for all employees.
- b. improved nurse recruitment and retention.
- c. lower on-job back injuries reported by staff.
- d. larger number of culturally diverse employees.

ANS: B, Hospitals attaining magnet designation may achieve multiple benefits. The major benefits are improved patient quality outcomes, enhanced organizational culture, improved nurse recruitment and retention, enhanced safety outcomes, enhanced competitive advantage, and higher nurse job satisfaction. REF: BENEFITS OF MAGNET RECOGNITION

16. Improvement in quality patient outcomes has been reported in magnet organizations. According to several studies, which of the following is thought to contribute significantly to quality patient outcomes?

- a. Nurses work environment
- b. Quality assessment practices
- c. Performance improvement practices
- d. Shorter lengths of stay in the hospital

ANS: A, Research by Lake and Friese; Aiken, Smith, and Lake; and Aiken, Sloane, Lake, Sochalski, and Weber support the importance of the nurses work environment to enhanced continuity of patient care, increased levels of patient satisfaction, and lower mortality rate. REF: IMPROVEMENT IN QUALITY PATIENT OUTCOMES

17. A staff nurse asks the supervisor, What is an essential element to giving quality care in magnet hospitals? Which response by the supervisor would be the most appropriate?

- a. Higher salary, benefits, and paid time off than in non- magnet hospitals
- b. Adequate nurse staffing and support for continuing professional development
- c. Cross-training for flexibility in practice and higher compensation when flexed
- d. Moving from one magnet hospital to another without loss of seniority or benefits

ANS: B, There are eight essentials of magnetism: opportunities to work with other nurses who are clinically competent, good nurse- physician relationships, nurse autonomy and accountability, supportive nurse managers, control over nursing practice, support for education, adequate nurse staffing, and concern for the patient. REF: TABLE 3-5 EIGHT ESSENTIALS OF MAGNETISM

18. Magnet hospitals are known for enhanced safety outcomes. According to Aiken, Sloane, and

Klocinski, magnet hospitals are known to have:

- a. less than 1 percent nosocomial infections per year.
- b. zero to five reported OSHA violations per year.
- c. fewer needle sticks.
- d. fewer back injuries.

ANS: C, Aiken, Sloane, and Klocinski state that magnet hospitals have been found to have fewer needle stick injury rates among nurses. REF: ENHANCED SAFETY OUTCOMES

19. A nurse manager is assisting with the magnet application process when a staff nurse asks, What is a gap analysis? The most appropriate response by the nurse manager would be which of the following?

- a. The space between where the organization is and where it wants to be
- b. A research study of community needs that are not being met by the organization
- c. An audit of the organizations financial ability to undertake the magnet process
- d. A study of the communitys need for a magnet-recognized organization

ANS: A, The gap analysis examines the space between where the organization is and where it wants to be, an assessment of the differences between the expected magnet requirements and the organizations current performance on these requirements. REF: MAGNET APPRAISAL PROCESS

20. After achieving magnet status, a nurse manager asks the Director of Nursing, How often are the site visits for the re- designation of magnet status for organizations? The most appropriate response from the Director would be which of the following?

- a. 2 years
- b. 3 years
- c. 4 years
- d. 5 years

ANS: C, Interim reports are submitted every year. Site visits are scheduled every 4 years for the re-designation process. REF: MAGNET APPRAISAL PROCESS

21. A nurse recognizes that the most important essential of magnetism is which of the following?

- a. Concern for the patient
- b. Good nurse-physician relationships
- c. Control over nursing practice
- d. Authoritative nursing managers

ANS: A, The most important essential of magnetism is concern for the patient. Other essentials include opportunities to work with other nurses who are clinically competent, good nurse-physician relationships, nurse autonomy and accountability, supportive nurse managers, control over nursing practice, support for education, and adequate nurse staffing; however, concern for the patient is always paramount. REF: TABLE 3-5 EIGHT ESSENTIALS OF MAGNETISM

22. During preparation of the application for magnet status, a nurse asks the supervisor, What is meant by nursing sensitive indicators? The supervisor would be correct in responding:

- a. Indicators that a nurse is vulnerable to depression

- b. Indications as to whether a nurse is sensitive to stress
- c. Nurses working with sensitive and confidential information
- d. Measures that reflect the outcomes of nursing actions and care

ANS: D, The supervisor would be correct in responding that nursing sensitive indicators measure the outcome of nursing care. These indicators represent the patients response to the various strategies implemented by the nursing staff. REF: THE MAGNET MODEL

23. A new graduate has accepted a position at a hospital that is considered a high-performance organization. The hospital most likely has which of the following characteristics?

- a. Discourages the use of technology
- b. Refuses release time to all nurses for continuing education
- c. Focuses only on the hospitals internal environment
- d. Empowers nurses to use self-directive and personal initiative

ANS: D, High-performance organizations empower their employees to use self-directive and personal initiative. This type of organization brings out the best in people and produces sustainable high performance. High-performance organizations encourage the use of technology, focus on both the internal and external environment, and are supportive of their staffs involvement in continuing education.

REF: TABLE 3-2 FIVE CHARACTERISTICS OF HIGH- PERFORMANCE ORGANIZATIONS

24. Which of the following provides a competitive advantage for hospitals with magnet designation?

- a. High turnover and low job satisfaction
- b. Low turnover and high job satisfaction
- c. High turnover and high job satisfaction
- d. Low turnover and low job satisfaction

ANS: B, Low turnover and high job satisfaction gives a competitive advantage to hospitals with magnet designation. High turnover and low job satisfaction would indicate that there are problems in the hospitals internal environment. Problems such as unsafe working conditions, low salaries, and poor leadership or management are just a few of the situations that can create dissatisfaction and high turnover. REF: ENHANCED COMPETITIVE ADVANTAGES

25. Nurses employed in organizations that follow a Custodial Model of organizational behavior would most likely observe which of the following related to performance outcomes?

- c. Passive cooperation
- d. Engagement
- e. Enthusiasm
- a. Drive and cooperation

ANS: A, A Custodial Model of organizational behavior would most likely be characterized by passive cooperation. Enthusiasm and engagement are more characteristic of a Collegial Model, and drive and cooperation are characteristic of a Supportive Model. REF: TABLE 3-1 MODEL OF ORGANIZATIONAL BEHAVIORS

MULTIPLE RESPONSE

1. If a local hospital follows a Supportive Model of organizational behavior, which of the following would most likely be demonstrated? Select all that apply.

- c. Passion
- d. Passive cooperation
- e. Meeting employees need for recognition
- f. The basis of the model is leadership
- g. The managerial orientation is authority
- h. An employee orientation of self-discipline

ANS: A, C, D, The basis of the Supportive Model is leadership. This model is characterized by passion, support, good job performance, participation, acknowledgement of the employees need for status and recognition. Passive cooperation is characteristic of a Custodial Model, a managerial orientation of authority is characteristic of an Autocratic Model, and an employee orientation of self-discipline is characteristic of the Collegial Model. REF: TABLE 3-1 MODEL OF ORGANIZATIONAL BEHAVIORS

2. Which of the following are among the fourteen forces of magnetism? Select all that apply.

- a. Quality care
- b. Image of nursing
- c. Professional development
- d. Autonomy
- e. Quality of medical leadership
- f. Management style

ANS: A, B, C, D, F, Quality care, image of nursing, professional development, autonomy and management style are part of the fourteen forces of magnetism. Quality of medical leadership is not one of the forces; however, quality of nursing leadership is. REF: TABLE 3-6 THE FOURTEEN FORCES OF MAGNETISM

3. A new graduate has been visiting several of the local hospitals to determine which facility would be a good place to begin a career. The graduate has visited both hospitals with and without magnet designation. Which of the following benefits related to organizational culture would be more apparent in the magnet- designated facilities? Select all that apply.

- a. Shared decision making
- b. Visible nurse leaders
- c. Lower patient morbidity and mortality
- d. Greater nurse empowerment structures
- e. Increased culture of respect for nurses
- f. Lower incidence of needle stick rates among nurses

ANS: A, B, D, E, Shared decision making, visible nurse leaders, greater nurse empowerment structures, and increased culture of respect for nurses all relate to the organizations culture. Lower patient morbidity and mortality relates to improved patient outcomes. A lower incidence of needle stick rates among nurses would be an enhanced safety outcome. REF: TABLE 3-4 BENEFITS OF MAGNET DESIGNATION

Chapter 4: Basic Clinical Health Care Economics

MULTIPLE CHOICE

1. A student in an economics course is aware that the three premises that the study of economics is based upon would involve which of the following?

- a. Price elasticity, choice, and scarcity
- b. Scarcity, choice, and preference
- c. Choice, price elasticity, and preference
- d. Price elasticity, scarcity, and cost maximization

ANS: B, The three principles upon which the study of economics is based are *scarcity* (resources exist in specific finite quantities and the consumption demand is generally greater than the supply), *choice* (decisions are made about which commodities or resources to select and produce), and *preference* (individual and societal influence impact which items or services are preferred and which are not). REF: INTRODUCTION

2. The concept of _____ does not work well when applied to health care because the general rule that when the price of an item or service goes up, the demand goes down does not necessarily impact the public's demand for (or belief in their right to obtain) this item or service.

- a. Price elasticity
- b. Scarcity
- c. Economics
- d. Cost maximization

ANS: A, Price elasticity refers to the price that a person is willing to pay for any given item. The general rule states that when the cost of an item or service goes up, its demand goes down; however, this principle does not always apply when dealing with health care issues due to the public's belief that they are entitled to the best available health care, state-of-the-art treatments, and innovative new techniques and medications, many of which are expensive due to their newness and the overhead to produce them. REF: INTRODUCTION

3. A nurse educator evaluates the student's understanding of the current factors influencing health care reform. Which response by a student would indicate that further teaching is required?

- a. Interest groups
- b. Political ideology
- c. Altruism
- d. Policy entrepreneurs

ANS: C, Further teaching is necessary if a student responded, Altruism. While a long-standing tradition of health care focused on altruism (the unselfish concern or dedication to the care of the sick), current factors influencing health care reform are interest groups, political ideology, and policy entrepreneurs. REF: TRADITIONAL PERSPECTIVE ON THE COST OF HEALTH CARE

4. A nurse manager recognizes that methods used to account for the cost of health care expenditure include which of the following?

- a. Regression analysis, flowcharts, and relative value points
- b. Patient classification systems, regression analysis, and flowcharts
- c. Relative value units, regression analysis, and patient classification systems

- d. Relative value points, process improvement, and quality management

ANS: C, The use of certain processes can help to simplify and standardize the cost of health care expenditures such as the cost of nursing care. Some of these processes are relative value units (RVU), patient classification systems (PCS), and regression analysis. REF: KEY CONCEPTS

5. An instructor wants to determine whether a nursing student knows during which era the cost of health care began to be questioned. Which response by the student would indicate that the student knows?

- a. 1940s
- b. 1950s
- c. 1960s
- d. 1990s

ANS: C, Prior to the 1960s, it was assumed that all Americans were entitled to all of the health care knowledge, skills, and treatments available no matter what the cost. Expenditures for health care escalated upwards and, in an attempt to control these costs, the U.S. government enacted Titles XVIII and XIX in 1965. Titles XVIII and XIX were amendments to the Social Security Act (Medicare and Medicaid programs). They were designed to require health care providers to provide documentation of care for Medicare and Medicaid patients. REF: RIGHT HEALTH CARE AT ANY COST

6. During an in-service training, the speaker evaluates the attendees knowledge of the term *cost plus*. Which response by the attendees indicates they understand?

- a. An international discount store
- b. The amount of monies spent on health care plus the current inflation factor
- c. The cost to the provider plus a profit incentive for being in business
- d. The expenditure for being in the health care business plus benefits from pharmaceutical companies

ANS: C, As health care expenditures continued to escalate upward, the concept of cost plus became the way to determine the expenditure involved with service delivery. The actual cost (expenditure) the provider incurred for care plus a profit incentive for being in business became known as cost plus. The emphasis here was not on how services could be delivered economically, but the more you spend, the more you get. REF: COST PLUS

7. A newly hired staff nurse understands that the organizations vision statement provides which goals for the organization?

- a. Short-term c. Short-term and long-term
- b. Long-term d. Anticipated, short-term, and long-term

ANS: B

The vision statement logically extends the mission statement into the future by establishing long-range or long-term goals for the

organization. The mission provides the initial purpose for the existence of the company and the rationale that justifies that existence.

PTS: 1 DIF: Application REF: THE COST EQUATION: MONEY = MISSION = MONEY

8. A local hospital has no stockholders. This type of organization is most likely:

- a. for-profit. c. monopoly.
- b. not-for-profit. d. fiefdom.

ANS: B

Not-for-profit businesses do not have shareholders to share in their successes and profits. All of the profits are channeled directly back into the business for its maintenance and growth. For-profit businesses distribute a certain portion or percentage of their profits to their stockholders as appreciation for their fiscal investment in the company.

REF: BUSINESS PROFIT

9. Nurses should be familiar with the concept of ethics and understand that it represents the concern for which of the following?

- a. Others instead of oneself
- b. Oneself instead of others
- c. The general welfare of society as the proper goal of actions
- d. The welfare of the individual as opposed to groups as the proper goal of actions

ANS: C, Ethical behaviors and actions relate to the general welfare of society instead of primarily oneself (egoism) or the unselfish concern for the welfare of others (altruism). REF: TRADITIONAL PERSPECTIVE ON THE COST OF HEALTH CARE

10. An accountant at the local hospital would understand that which of the following government organizations is responsible for the administration of Medicare and Medicaid?

- a. Health Care Financing Administration (HCFA)
- b. Social Security Department
- c. Tax Equity and Fiscal Responsibility Act (TEFRA)
- d. Congress

ANS: A, It is the responsibility of the Health Care Financing Administration (HCFA) to administer and oversee the Medicare and Medicaid programs. In 1982, the Tax Equity and Fiscal Responsibility Act (TEFRA) went into effect as a means of establishing new payment regulations in an attempt to reduce the increasing governmental expenditure for these programs. REF: CONTEMPORARY PERSPECTIVES ON COST OF HEALTH CARE: HEALTH CARE AS A BUSINESS

11. A client is seen at the local health center where a flat rate of payment up front is required, instead of reimbursing the health care providers cost. The client is most likely using which form of payment?

- a. Pay for performance c. Cost plus
- b. Prospective payment d. Selective payment system

ANS: B, The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 changed the way in which health care providers were paid for their services to Medicare and Medicaid patients. This new payment system is called *prospective payment*, and it reimburses the provider a flat rate that was stated up front instead of reimbursing for the actual cost of services rendered. REF: CONTEMPORARY PERSPECTIVES ON COST OF HEALTH CARE: HEALTH CARE AS A BUSINESS

12. Which of the following was initiated to help ensure that the quality and safety of care was not compromised?

- a. CQI c. TEFRA
- b. HSA d. PPO

ANS: A, With the increase of monitoring and accountability for health care expenditure and the decrease of available services per health care dollar, attention to the quality and safety of the care given arose. Programs such as continuous quality improvement (CQI) and total quality improvement (TQI) were begun to help assure society that these cost management efforts were not compromising care. REF: NEED FOR HEALTH CARE DETERMINED BY THE CONSUMER

13. High Risk Pool plans are:

- a. a way to save money and get a tax deduction.
- b. an incentive to shop for cost-effective health care services.
- c. a branch of the U.S. government that deals with health and health services.
- d. plans for patients previously refused insurance due to preexisting health care conditions.

ANS: D, State-administered High Risk Pool plans are for patients previously refused insurance due to preexisting health conditions; they provide affordable health care insurance for 45 million uninsured Americans. These uninsured persons can either choose a government-run insurance plan or they can choose from private insurance plans. REF: NEED FOR HEALTH CARE DETERMINED BY THE CONSUMER

14. Which of the following emerged as the answer to cost- efficient quality care?

- a. Health care savings plan
- b. Evidence-based care
- c. Managed care
- d. Planned parenthood

ANS: C, Managed care emerged as the answer to cost-efficient quality care. The managed care model was generated from market (public) response to the curbing of services brought about in response to regulatory and governmental monitoring and restrictions of services such as those found in Medicare and Medicaid programs. REF: MANAGED CARE

15. A for-profit brokerage company that acts as an agent who negotiates for a contract regarding how and when the provision of health care services will be accomplished is called:

- a. Medicare. c. integrated health care system.
- b. health service d. managed care. organization.

ANS: D

The above definition of managed care is not particularly positive or altruistic, but it does provide the basic tenets of the model. It is a business. It is for profit. It does negotiate contracts for care. The rationing of the care provided is a side effect of this health care model.

REF: MANAGED CARE

16. Prompt access to diagnostic and treatment services, ready availability of state-of-the-art and cutting-edge technology, and participation in health care decisions are examples of American:

- a. rights. c. qualities of life.
- b. entitlements. d. values.

ANS: C

When it comes to health care choices, Americans tend to value certain quality-of-life enhancers such as prompt access to diagnostic and treatment services, ready availability of state-of-the-art and cutting-edge technology, and participation in health care decisions, to name a few. While some people believe that merely living in the United States entitles them to such services and choices, this is not necessarily the legal reality or most

rational behavior. PTS: 1 DIF: Analysis REF: UNIVERSAL HEALTH CARE

17. Three of the six interventions to help reduce morbidity and mortality in the United States developed by the Institute for Healthcare Improvement (IHI) are:

- a. deploying rapid response teams, improving the care for myocardial infarctions, and employing time outs.
- b. promoting medication reconciliation, preventing central line infections, and using the SBAR technique.
- c. preventing ventilator-assisted pneumonia, deploying rapid response teams, and promoting medication reconciliation.
- d. preventing surgical site infections, using the SBAR technique, and deploying rapid response teams.

ANS: C

The six interventions developed by the IHI as part of their 100,000 Lives Campaign to reduce patient morbidity and mortality are: preventing ventilator-assisted pneumonia, deploying rapid response teams, promoting medication reconciliation, improving the care of patients with myocardial infarction, preventing central line infections, and preventing surgical site infections.

REF: THE INSTITUTE FOR HEALTHCARE IMPROVEMENT 18. Which of the following are tools the nurse manager can use

when developing a budget?

- a. High-low cost estimation, regression analysis, and break-even analysis
- b. Regression analysis, break-even analysis, and t-test
- c. Break-even analysis, high-low cost estimation, and balanced scorecard
- d. T-test, balanced scorecard, and regression analysis

ANS: A

Budget planning involves developing a formal quantitative plan for acquiring and distributing funds over a specified period of time by utilizing some means of cost prediction. Tools that are useful to this process are *high-low cost estimation* (good for measuring the cost of items that tend to remain relatively constant), *regression analysis* (examines all available cost information over a period of time), and *break-even analysis* (helps to predict the volume of services that must be provided for the overhead of these services to be evenly matched by the payment received without either a profit or loss).

REF: COST ANALYSIS

19. Some methods of identifying nursing costs such as direct patient care, indirect patient care, coordinating discharges, documentation, and critical problem solving are:

- a. patient classification c. quality measurement systems (PCS). (QM).

ANS: A

Patient classification systems (PCS) are the most widely used method for identifying nursing costs as they differentiate patients according to their acuity, functional ability, or resource needs. This tool was originally used to determine staffing needs, but it has since been utilized to help predict potential cost and expenditure.

REF: PATIENT CLASSIFICATION SYSTEMS (PCS)

20. The nurse manager understands that the cost in a budget that exists regardless of the number of patients for whom care is provided would be considered which of the following?

- a. Fixed costs c. Annual costs
- b. Variable costs d. Supplemental costs

ANS: A

Fixed costs exist regardless of the number of patients for whom care is provided. Variable costs vary with volume and will increase or decrease depending on the number of patients.

REF: FUNDAMENTAL COSTS

21. The nurse understands that the term *Failure to Rescue* refers to which of the following?
- a. An organizations inability to avoid bankruptcy due to lack of funds
 - b. The physicians inability to provide adequate support to nurses experiencing burnout
 - c. The clinicians inability to save a patients life when the patient experiences complications
 - d. The nurses inability to provide overtime services when the ward is short-

staffed ANS: C

Failure to Rescue describes the clinicians inability to save a patients life when the patient experiences complications. Rapid- response teams have been developed to rescue the patient by mobilizing hospital resources quickly, including bringing nursing and medical practitioners and nurses to the bedside when a patients condition deteriorates.

REF: RAPID-RESPONSE TEAM DEVELOPMENT TO PREVENT FAILURE TO RESCUE

22. A hospital administrator is trying to determine whether a new piece of equipment should be ordered for the Intensive Care Unit (ICU). Because the hospital has been experiencing some financial problems, a good approach for the administrator to use would be to do which of the following?

- a. Examine the break-even point
- b. Terminate several employees and use the extra salaries to purchase the equipment

ANS: A

The break-even point is the point at which income and expenses are equal.

PTS: 1 DIF: Analysis REF: BREAK-EVEN ANALYSIS

23. Which of the following patient care units would require the largest number of nurses if the scale used to measure acuity ranged from 1-5, with the highest acuity being 5?

- a. A unit with 10 patients, all ranked acuity level 5
- b. A unit with 15 patients, 5 with acuity level 4 and 10 with acuity level 2
- c. A unit with 20 patients , 2 ranked acuity level 5, 2 ranked acuity level 3, and 17 ranked acuity level 1-2
- d. A unit with 25 patients, all ranked as acuity level 1-2

ANS: A

The unit with 10 patients, all ranked acuity level 5 would require the most nurses. Because acuity level 5 patients would require a 1:1 or 1:2 nurse-to-patient ratio, this unit would need from 5 to 10 nurses. An example of this type of unit might be one of the Intensive Care Units.

PTS: 1 DIF: Analysis REF: PATIENT CLASSIFICATION SYSTEMS (PCS)

24. The intensification of the focus on cost and quality improvement and the expansion from hospitals to diverse ambulatory and home care sites is being referred to as which of the following?

- a. 20th century revolution c. Q-revolution
- b. Internet revolution d. Transition revolution

ANS: C

Q-revolution refers to the recent intensification of the focus on cost and quality improvement and its expansion from hospitals to diverse ambulatory and home care sites. The more critical cost containment and cost management become, the more critical attention to quality management becomes. Quality and cost are inextricably linked.

REF: QUALITY MEASUREMENT

MULTIPLE RESPONSE

1. Which of the following would be considered direct costs in a nurse managers budget? Select all that apply.

- a. Nurses salaries
- b. Maintenance costs
- c. Patient care supplies
- d. Heating cost
- e. Cost for air conditioning
- f. Utility costs such as electricity

ANS: A, C, Nurses salaries and patient care supplies are considered direct cost. Maintenance cost, heating, air conditioning, and electricity costs are all indirect costs. REF: FUNDAMENTAL COSTS

2. In preventing infection of a central line, the nurse must perform which of the following hand hygiene protocols? Select all that apply.

- a. Between each patient
- b. Before, but not after, palpating catheter insertion site
- c. Only when hands are obviously soiled
- d. After using the bathroom
- e. Before and after palpating catheter insertion site
- f. Before and after invasive procedures

ANS: A, D, E, F, Hand hygiene should be performed: before and after palpating catheter insertion site, before and after invasive procedure, and before and after donning gloves. In addition, hand hygiene must be performed between patients, after using the bathroom, and when hands are soiled. REF: CENTRAL LINE BUNDLE

3. A client is to have a central line inserted. According to the Institute for Health Improvement, which of the following are required? Select all that apply.

- a. Cap
- b. Mask
- c. Clean gloves
- d. Shoe covers
- e. Suction equipment
- f. Large sterile drape

ANS: A, B, F, According to the Institute for Health Improvement, when inserting a central line, a cap, mask, sterile gloves, and a large sterile drape to cover the patient are required. Sterile instead of clean gloves are required. Shoe covers and suction equipment are not mentioned. REF: THE INSTITUTE OF HEALTHCARE IMPROVEMENT

Chapter 5: Evidence-Based Health Care

MULTIPLE CHOICE

1. When engaging in evidence-based health care, the nurse understands that it was originally started as a way to:

- a. teach medical students the art and science of medicine.
- b. promote technological advances in medicine.
- c. integrate individual experience with clinical research.
- d. incorporate collaboration within all health care disciplines.

ANS: C, D. L. Sackett, well known in the EBM movement, encouraged evidenced-based medicine as a way to integrate individual clinical medical experience with external clinical evidence using a systematic research approach. REF: HISTORY OF EBP

2. A nurse manager is preparing to develop a research proposal. The manager reviews the Iowa Model of Evidence-based Practice to Promote Quality Care and decides to base the research question around one of the problem-focused triggers identified in the model. The nurse manager will most likely choose which of the following triggers?

- a. Philosophies of Care
- b. New Research or Other Literature
- c. Identification of Clinical Problem
- d. National Agencies or Organizational Standards and Guidelines

ANS: C, The nurse manager will most likely choose Identification of Clinical Problem as the problem-focused trigger. The Iowa Model identifies several problem-focused triggers, including risk management data, process improvement data, internal/external benchmarking data, financial data, and identification of clinical problem. According to the Iowa Model, philosophies of care, standards and guidelines, national agency or organizational standards and guidelines would be considered knowledge- focused triggers.

REF: HISTORY OF EBP

3. A nurse researcher is planning a study using a procedure for quantitatively combining the results of many research studies that measure the same outcome. The data will be combined into a single pool or summary estimate of results. The nurses research will most likely involve which of the following designs?

- a. Correlation c. Follow-up study
- b. Meta-analysis d. Longitudinal research

ANS: B, The nurse researcher will most likely conduct a meta-analysis. Correlation research explores the interrelationship among variables of interest. A follow-up study is the subsequent or long- term study of people who have received a specific treatment. A longitudinal study is designed to collect data at more than one point in time, in contrast to a cross-sectional study. REF: TABLE 5-5 RESEARCH TERMINOLOGY

4. A nurse researcher is conducting a study that has as its main objective the accurate portrayal of the characteristics of people, situations, or groups, and the frequency with which certain phenomena occur. The research is implementing which type of study?

- a. Comparative research c. Correlation research
- b. Descriptive research d. Research

utilization ANS: B

Descriptive research studies have as their main objective the accurate portrayal of the characteristics of people, situations, or groups, and the frequency with which certain phenomena occur. Comparative research specifies the type of comparisons.

Correlation research explores the interrelationships among variables of interest without any active intervention on the part of the researcher. Research utilization is the use of some aspect of a research or scientific investigation in an application unrelated to the original research.

PTS: 1 DIF: Analysis REF: TABLE 5-5 RESEARCH TERMINOLOGY

5. As part of your research, you wish to combine study results and thus integrate the results of multiple studies on a given topic. This action is referred to as:

- a. qualitative analysis. c. meta-analysis.
- b. quantitative analysis. d. matched case-control study.

ANS: C

Meta-analysis is a technique for combining study results and thus integrating the results of multiple studies on a given topic. Qualitative analysis is the non-numeric organization and interpretation of

observations for the purpose of discovering important underlying dimensions and patterns of relationships. Quantitative analysis is the manipulation of numerical data through statistical procedures for the purpose of describing phenomena or assessing the magnitude and reliability of relationships among them. A matched case-control study is a research technique that uses select sample characteristics to match experimental subjects with a control group.

REF: TABLE 5-5 RESEARCH

TERMINOLOGY

6. You decide to conduct a study that begins with cigarette smoking and then looks at lung cancer. Which type of study will you conduct?

- a. Outcome study c. Retrospective study
- b. Prospective study d. Time series study

ANS: B

A prospective study begins with an examination of presumed causes (cigarette smoking) and then goes forward in time to observe presumed effects (lung cancer). An outcome study is an observation of a defined population at a single point in time or at intervals. A retrospective study begins with the manifestation of the dependent variable in the present (lung cancer) and then links this effect to some presumed cause occurring in the past (cigarette smoking). A time series study is a quasi-experimental design that involves the collection of information over an extended period of time, with multiple data collection points both prior to and after the introduction of a treatment.

REF: TABLE 5-5 RESEARCH TERMINOLOGY

7. In developing research, a possible variable the nurse may be considering would be which of the following?

- a. Study intervention c. Body temperature
- b. Placebo d. Control group

ANS: C

A variable is a characteristic or attribute of a person that varies within the population under study such as body temperature. In a randomized controlled trial, an experimental group receives a study intervention and the control group may receive a placebo. A control group consists of subjects in an experiment who do not receive the experimental treatment and whose performance provides a baseline against which the effects of the treatment can be measured.

REF: TABLE 5-5 RESEARCH TERMINOLOGY

8. When using available evidence, the nurse must be aware of what two major challenges?

- a. Balancing the benefits and harm to justify a recommendation of the evidence

- b. Reviewing the body of knowledge and evaluating for clinical decision making
- c. Recommending or not recommending the research evidence for clinical practice
- d. Reviewing the clinical trials and grading the research according to the AHRQ

scale ANS: B

The two major challenges are (1) reviewing the rapidly growing body of scientific literature and (2) evaluating and transforming

the literature in order to be useful for clinical decision making. Balancing the benefits and harm is a criterion for evaluating research. Recommending or not recommending the research is also a criterion for the evaluation process. Reviewing and grading research according to the AHRQ scale is a criterion for the evaluation process.

REF: LEVELS OF EVIDENCE

9. The nurse is engaged in a process approach of reviewing, interpreting, critiquing, and evaluating research and other relevant literature for direct application to patient care. When asked by a coworker, the nurse explains that this process is called:

- a. evidence-based medicine. c. evidence-based care.
- b. evidence-based practice. d. critical thinking.

ANS: C

Evidence-based care is the process approach to collecting, reviewing, interpreting, critiquing, and evaluating research and other relevant literature for direct application to patient care. Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. Evidence-based practice is about clinical competence in the individual care of patients, decision analysis, human value, use of information technology for best available clinical evidence from systematic research, and stewardship of resources. Evidence-based care should be viewed as the highest standard of care so long as critical thinking

and sound clinical judgment support it.

REF: IMPORTANCE OF EBP

10. The nurse is aware of the growing development of evidence-based care. The nurse would recognize that an issue driving this development is:

- a. increased variability in implementation of practice and variance analysis.
- b. requirement of evidence-based standards of care by PEW.

c. decreased numbers of well-designed RCTs.

d. growth of advanced practice roles.

ANS: D

Issues driving the development of evidence-based practice are growth of advanced practice roles; increased numbers of well- designed RCTs; need for decreased variability in implementation of practice and variance analysis; demand of the PEW Health Professions Commission Report for evidence-based, clinically competent care; increased experience in clinical pathways, standards, protocols, and algorithms; increase in integrated systematic reviews of research studies found in the nursing, medical, and health care literature; need for outcome data to guide patient care; explosion in information technology; improved knowledge base facilitating research capable of supporting evidence-based care models; need to collaborate in complex decision making with patients and other members of the health

care team; and requirement for evidence-based standards of care by the Joint Commission.

REF: TABLE 5-1 CURRENT ISSUES AND TRENDS DRIVING DEVELOPMENT OF EBP IN NURSING

11. When engaging in evidence-based practice, the nurse would use which of the following criteria to determine the relevance of the study or report?

a. Level of evidence

b. Clearinghouse to purge outdated research

c. Quasi-experimental pre-post study research

d. Scale for grading research for

recommendation ANS: A

Level of evidence identifies the strength or quality of evidence generated from a study or report. Level I includes systematic reviews or meta-analyses of randomized controlled trials (RCTs) and evidence-based clinical practice guidelines are considered to be the strongest level of evidence upon which to guide practice decisions. Level II in the evidence hierarchy is that evidence which is generated by at least one well-designed RCT. An RCT is an experimental research study in which subjects are randomly assigned to experimental and control groups.

REF: LEVELS OF EVIDENCE12. A group of nurses wishes to create an evidenced-based

environment within the institution where they work. Which of the following is an attribute of such an environment?

a. Maintaining the status quo

b. Using the organizational external structure

c. Maintaining the culture

d. Creating a capacity to change

ANS: D

Three specific attributes of establishing an evidence-based environment within an institution are (1) create a capacity for change, (2) establish the culture, and (3) use the organizational infrastructure to sustain and reinforce change.

REF: ATTRIBUTES OF EBP

13. The nurse wishes to employ Melnyk & Fineout-Overholts five- step process of evidence-based practice. The nurse recognizes that the five-step process includes:

a. asking relevant questions, searching for evidence, appraising the evidence, integrating evidence with clinical practice and patient preferences in order to make practice decisions, and evaluating the practice decision.

b. knowledge discovery, evidence summary, translation into practice, integration into practice, evaluation.

c. grading the research, leveling the evidence, source of

evidence, strength of evidence, publishing the

evidence.

d. designing the research study, selecting research subjects, controlling variables, collecting data, analyzing.

ANS: A

Melnik & Fineout-Overholts five-step process of evidence-based practice includes asking relevant questions, searching for evidence, appraising the evidence, integrating evidence with clinical practice and patient preferences in order to make practice decisions, and evaluating the practice decision.

REF: EVIDENCE FROM THE LITERATURE

14. An instructor wants to determine whether a group of nursing students understands the process for conducting evidence reports in nursing using a PICO-based approach. Which of the following comments by the students would indicate that learning has occurred?

a. Select problem, identify methods for assigning level of evidence, report evidence, report findings, make recommendations, give summary

b. Select problem, report evidence, identify methods for assigning level of evidence, report findings,

make recommendations, give summary

- c. Select problem, report findings, report the evidence, identify methods for assigning level of evidence, give

summary, and make recommendations

- d. Formulate a well-built question, identify articles and other evidence-based resources that answer the question, critically appraise the evidence to assess its validity, apply the evidence, reevaluate the application of evidence and areas for improvement

ANS: D

The steps in the method for conducting evidence reports in nursing based on a PICO-based method are to formulate a well- built question, identify articles and other evidence-based resources that answer the question, critically appraise the evidence to assess its validity, apply the evidence, reevaluate the application of evidence and areas for improvement.

REF: PICO-BASED APPROACH TO GUIDING AN EVIDENCE SEARCH

15. The nurse follows practice protocols and clinical guidelines primarily because they help to produce better patient care by reducing:

- a. variations in care and increasing efficiency.
- b. the need for individual patient variations.
- c. waste of resources available in the hospital.
- d. the number of inpatient care days per year.

ANS: A

Using tools such as clinical guidelines may help reduce variations in care and has the potential to increase efficiency. Practice protocols are no substitution for the need to assess each patients unique individual needs and variations with the care. Using practice protocols may have an influence on reducing waste; however, reducing waste does not necessarily produce better patient care. Practice protocols are not used primarily to reduce the number of inpatient care days.

REF: TABLE 5-5 RESEARCH TERMINOLOGY

16. A nurse researcher develops a research proposal to determine if there is a relationship between the number of days female oncology patients spend in the hospital and their scores on a patient satisfaction survey. Which of the following would be the independent variable?

- a. Female c. Score on satisfaction survey
- b. Oncology patient d. Number of hospital days

ANS: D

The independent variable would be the number of hospital days and the dependent variable would be the participants score on the satisfaction survey. Female and oncology patient are considered demographic variables.

PTS: 1 DIF: Analysis REF: TABLE 5-5 RESEARCH

TERMINOLOGY

17. Which of the following would be a potential positive outcome for an organization when it integrates evidence-based practice?

- a. Improved recruitment of nurses
- b. Reduced mortality and morbidity

ANS: A

- c. Higher turnover of nurses
- d. Reduced patient satisfaction

A potential positive outcome for the organization that integrates evidence-based practice would include improved recruitment of nurses. Reduced mortality and morbidity rates are benefits for the patients. Increased nurses salaries would not necessarily be a benefit for the organization. Higher turnover of nurses and reduced patient satisfaction are more common in organizations that do not integrate evidence-based practice.

PTS: 1 DIF: Analysis

REF: TABLE 5-6 POTENTIAL OUTCOMES OF INTEGRATING EVIDENCE-BASED PRACTICE INTO ORGANIZATIONAL CULTURE

18. Decisions regarding the care of patients should *not* be based on :

- a. research evidence. c. nurse values and preferences.
- b. clinical experience. d. patient values

and ANS: C

Nurses make critical judgement about the care of patients based on research evidence, clinical experience, and patient values and preferences. The search for best evidence should be systematic. A systematic critical appraisal of literature is an effective strategy for identifying recommendations for improving practice. Nurse values and preferences should *not* be the basis for patient care.

REF: HISTORY OF EBP

19. A nurse researcher is analyzing the results of a descriptive research study. The analysis involves the interpretation of scores for a number of statistical tests. The nurse researcher would be conducting which of the following types of analysis?

- a. Qualitative analysis c. Meta-analysis
- b. Quantitative analysis d. Integrative review

ANS: B

Quantitative analysis is the manipulation of numeric data through statistical procedures for the purpose of describing phenomena or assessing the magnitude and reliability of relationships among them. A qualitative analysis is the organization and interpretation of non-numeric data for the purpose of discovering important underlying dimensions and patterns of relationships. Meta- analysis is a procedure for quantitatively combining the results of many research studies that measure the same outcome into a single pooled or summary estimate of the results, and an

preferences.

integrative review is a type of evidence summary.

REF: TABLE 5-5 RESEARCH TERMINOLOGY

20. A nurse researcher is conducting a study that consists of subjects who are randomly placed in two groups. Individuals in Group I receive a new experimental treatment. Individuals in Group II receive the traditional treatment. The nurse is most likely conducting which type of study?

- a. Cohort study c. Outcome research
- b. Case-control study d. Randomized clinical

trial ANS: D

The nurse is most likely conducting a randomized clinical trial. In a randomized clinical trial, individuals are randomly allocated to receive or not receive an experimental preventive, therapeutic, or diagnostic procedure.

PTS: 1 DIF: Analysis REF: TABLE 5-5 RESEARCH TERMINOLOGY

MULTIPLE RESPONSE

1. A nurse researcher conducts a study of pregnant African American women between the ages of 15 and 35. The purpose of the study is to determine if weekly nutritional counseling sessions and participation in a structured weekly support group have any impact on the mothers post-delivery B/P or the infants APGAR score. What would be the independent variable or variables in the study? Select all that apply.

- a. Age of subjects

b. Nutritional counseling sessions

c. Mothers post-delivery B/P

ANS: B, F

d. Infants APGAR scoree. African American female

f. Structured weekly support group

The nutritional counseling sessions and the structured weekly support group are the independent variables. Independent variables are the variables believed to cause or influence the dependent variables. Also, the independent variables are the variables that are manipulated. In this study, the age of the subject and her being an African American are considered demographic variables. The mothers post-delivery B/P and the infants APGAR score are the dependent variables.

PTS: 1 DIF: Analysis REF: TABLE 5-5 RESEARCH TERMINOLOGY

2. A nurse researcher conducts a study of pregnant African American women between the ages of 15 and 35. The purpose of the study is to determine if weekly exercise classes and participation in a structured weekly support group have any impact on the mothers post-delivery B/P, request for pain medication, or the infants APGAR score. What would be the dependent variable or variables in the study? Select all that apply.

a. Age of subjects d. Infants APGAR score

b. Weekly exercise classes e. Request for pain medication

c. Mothers post-delivery B/P f. Structured weekly support

group ANS: C, D, E

The mothers post-delivery B/P, request for pain medication, and the infants APGAR score are the dependent variables. Dependent variables are the outcome variables that are hypothesized or thought to depend on or be caused by another variable, called the independent variable. In this study, participation in weekly exercise classes and the structured support group are the independent variables.

PTS: 1 DIF: Analysis REF: TABLE 5-5 RESEARCH TERMINOLOGY

3. A nurse conducts a study of perceptions of caring on five oncology units. At the beginning of the study, all of the nurses on the oncology units were asked to complete a survey identifying what they perceived as nurses demonstration of caring. Prior to discharge, each patient that the nurses had cared for and their family members were given a short questionnaire to evaluate their perceptions of the nurses demonstration of caring. Which of the following were the dependent variables? Select all that apply.

a. Ageb. Gender

c. Ethnicity

- d. Patients perception of nurses caring
- e. Nurses caring behaviors
- f. Family members perception of nurses

caring ANS: D, F

The dependent variables of the study were patients and family members perceptions of nurses caring, Age, gender, and ethnicity were the demographic variables. Nurses caring behaviors were the independent variable.

PTS: 1 DIF: Analysis REF: TABLE 5-5 RESEARCH TERMINOLOGY

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Chapter 6: Nursing and Health Care Informatics My Nursing Test Banks

19-24 minutes

Chapter 6: Nursing and Health Care Informatics

MULTIPLE CHOICE

1. Approximately how many Americans rely on the Internet when choosing a school for themselves or a child?
- a. 10 million c. 21 million
 - b. 17 million d. 28 million

ANS: B

The PEW Internet & American Life Project found that approximately 17 million Americans rely on the Internet when choosing a school for themselves or a child. In general, a total of 21 million Americans rely on the Internet in a crucial or important way for career training.

PTS: 1 DIF: Knowledge REF: INTRODUCTION

2. A nurse manager tells the staff that there will be an increasing use of nursing informatics in the clinical setting. The nurse manager explains that, according to the 1998 definition formulated by the International Medical Informatics Association-

Nursing Informatics (IMIA-NI), nursing informatics is defined as:

- a. a formal educational program in nursing informatics or a graduate program with a nursing informatics focus by an institution of higher learning.
- b. differentiated practice representative of the specialty and recognized for certification by at least one organized body through external testing.
- c. the integration of nursing, its information, and information management with information processing and communication technology to support the health of people worldwide.
- d. a designation applied to any nurses who have successfully educated themselves using formal and/or informal resources and taken a credentialing test for specialty designation.

ANS: C

The IMIA-NIs definition of nursing informatics is the integration of nursing, its information, and information management with information processing and communication technology to support the health of people worldwide.

REF: NURSING INFORMATICS 3. Nurses use informatics in order to:

- a. play computer games for entertainment.
- b. foster collaboration among nurses and others who are interested in nursing informatics.
- c. provide management training for nurses interested in communication technology.
- d. substitution, innovation, and transformation of patient care, nursing administration, or educational preparation.

ANS: D

Nurses use informatics for substitution, innovation, transformation of patient care, nursing administration, or educational preparation.

PTS: 1 DIF: Knowledge REF: NURSING INFORMATICS 4. The Informatics Nurse Specialist is expected to:

- a. demonstrate the competencies enumerated in the Standard of Practice for Nursing Informatics, as outlined by the ANA.
- b. serve as the departments IT go-to person.
- c. have a bachelors degree in nursing informatics.
- d. share knowledge and best practices of informatics by teaching seminars and holding training sessions

for hospital employees.

ANS: A The Informatics Nurse Specialist is expected to demonstrate the competencies enumerated in the Standard of Practice for Nursing Informatics as outlined by the ANA (2008).

REF: THE SPECIALTY OF NURSING INFORMATICS 5. Interoperability is:

- a. the success of the health team in working cooperatively to address patient health care needs.
- b. hospital managements means of communicating directives and protocols to staff.
- c. the integration of differing health care systems, such as paper charts, point-of-care data entry, PDAs, and medication orders, to all function together to increase patient health and reduce provider error.
- d. the ability of a computer to connect with other computers in various settings in a secure, accurate, and efficient way without special effort on the part of the user and without any restricted access or implementation.

ANS: D

Interoperability refers to the ability of a computer to connect with other computers in various settings in a secure, accurate, and efficient way without special effort on the part of the user and without any restricted access or implementation.

PTS: 1 DIF: Knowledge REF: NEED FOR NURSING INFORMATICS

6. Many industries have reaped the benefits of their Information Technology (IT) investments. The adoption and diffusion of information systems in the health care arena has been growing:

- a. more slowly. c. twice as fast.
- b. more quickly. d. about the same.

ANS: A

According to Menachemi, Randeree, Burke, and Ford (2008), the adoption and diffusion of information systems in the health care arena has been growing more slowly than in other sectors.

PTS: 1 DIF: Knowledge REF: NEED FOR NURSING INFORMATICS

7. The position of National Coordinator for Health Information Technology was created through an Executive Order in:

- a. 2000. c. 2004.

b. 2001. d. 2010.

ANS: C

The position of National Coordinator for Health Information Technology was created through an Executive Order in 2004.

REF: NEED FOR NURSING INFORMATICS

8. A nurse is helping implement the recommendations of the Institute of Medicines (IOM) sweeping quality initiative for reform of the health care system. The nurse is focusing on the

recommendation that requires care to be based on continuous healing relationships. In order to do this, which of the following should occur?

- a. Access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits
- b. Care should be based on the best available scientific knowledge and not vary illogically from clinician to clinician
- c. Information should be available to patients and their families that allows them to make informed decisions
- d. Health system should not waste resources or patient

time ANS: A

Care based on continuous healing relationships is characterized by access to care 24 hours a day, every day, provided over the Internet, by telephone, and by other means in addition to face-to-face visits. The recommendation for evidence-based decision making is characterized by receiving care based on the best available scientific knowledge. The need for transparency implies health care systems should make information available to patients and their families. Continuous decrease in waste is characterized by the health systems not wasting resources or patients time.

PTS: 1 DIF: Analysis REF: EVIDENCE FROM THE LITERATURE

9. Which group offered the following definition of nursing informatics? Nursing informatics is a specialty that integrates nursing science, computer science, and information science to manage and communicate data, information, knowledge and wisdom into nursing practice.

- a. AMIA c. NSNA
- b. ANCC d. ANA

ANS: D This is the ANAs definition of nursing informatics. PTS: 1 DIF: Application REF: THE SPECIALTY OF NURSING INFORMATICS 10. The Informatics Nurse Specialist functions in the role of:

- a. entrepreneur, patient advocate, ethics committee member, and lobbyist.
- b. policy developer, patient advocate, social worker, and researcher.
- c. project manager, consultant, educator, and researcher.
- d. development supporter, physician advocate, ethics committee member, and lobbyist.

ANS: C

The Informatics Nurse Specialist may function in the role of project manager, consultant, educator, researcher, development

supporter, policy developer, and entrepreneur. REF: THE SPECIALTY OF NURSING INFORMATICS
11. QSEN is an initiative focused on:

- a. computer literacy for nurses.
- b. reform in nursing education in the areas of quality and safety.
- c. statistics for nurses working in environmental health care.
- d. improving patient satisfaction in the areas of safety and wellness.

ANS: B

Quality and Safety Education for Nurses (QSEN) was developed as part of a Robert Wood Johnson-funded project designed to facilitate reform in nursing education in the areas of quality and safety. QSEN is a comprehensive resource for quality and safety education for nurses.

REF: EVIDENCE FROM THE LITERATURE

12. An RN asks a nurse educator how long graduate studies in nursing informatics have been available. The nurse educator explains that the first masters programs in nursing informatics was established at the University of Maryland in:

- a. 1989. c. 1994.
- b. 1992. d. 1998.

ANS: A

The first masters program in nursing informatics (NI) was established at the University of Maryland in 1989, followed by a doctoral program in 1992.

REF: FORMAL PROGRAMS IN INFORMATICS

13. A nurse wishes to gain more knowledge about informatics in an informal manner. The nurse understands that this can be done through:

- a. seminars and scholarly journals.
- b. masters program in nursing informatics.
- c. doctoral program in nursing informatics.
- d. bachelors program in computer technology.

ANS: A

Seminars, annual conferences, joining nursing informatics groups, and subscribing to scholarly journals are all informal ways to pursue education in nursing informatics. Masters, doctoral, and MBA programs describe formal education.

REF: INFORMAL EDUCATION

14. A nurse returns to practice after 15 years in retirement. Her life savings became depleted due to several poor investments and an Internet scam. It has been several years since the nurse

worked on a patient care unit. During orientation the nurse asked the instructor, Are patient charts still kept at the front desk? The best response by the instructor would be that the hospital has integrated informatics into patient care and they now use:

- a. CIS. c. FAX.
- b. EHR. d. e-mail.

ANS: B

The instructor would inform the nurse that the hospital now uses electronic health records (EHR). Clinical information systems (CIS) consist of a collection of software programs and associated hardware that supports the entry, retrieval, update, and analysis of patient care information and associated clinical information related to patient care. FAX machines and e-mail are not patient records but tools for communicating.

PTS: 1 DIF: Analysis

REF: HEALTH INFORMATION SYSTEMS IMPORTANT TO NURSING

15. A client is concerned about whether private matters shared between the client and the health care workers will be disclosed to others. The nurse understands that the act of limiting disclosure of a clients private matters is known as which of the following?

- a. Privacy c. Confidentiality b. Security d. Identifier

ANS: C

Confidentiality refers to the act of limiting disclosure of private matters. Privacy refers to the right of an individual to keep information about oneself from being disclosed to anyone. Security refers to the means to control access and protect information from accidental or intentional disclosure to unauthorized persons and the alteration, destruction, or loss of information. A person's computer identity can be determined by many types of data in addition to common identifiers such as name and number.

REF: SECURITY

16. A student nurse asks a nurse educator about the beginnings of modern computing. The nurse educator informs the student that the first phase (Phase I) of modern computing is considered which of the following?

- a. PC era c. Mainframe era
- b. UC era d. Calm technology

ANS: C

Phase I of the history of modern computing is called the mainframe era, in which many people shared one computer. Phase II in modern computing is the PC era, which is characterized by one person to one computer. Phase III is the era of ubiquitous computing (UC), in which there will be many computers for each person. This era will result in calm technology in which computers do not cause stress and anxiety for the user.

REF: DEVELOPMENT OF MODERN COMPUTING

17. A new treatment modality involves putting people inside a computer-generated world. The nurse understands that this is considered:

- a. ubiquitous computing. c. personal computing.
- b. virtual reality. d. smart toilet.

ANS: B

Virtual reality puts people inside a computer-generated world, and ubiquitous computing puts the computer out in the world with people. Personal computing is characterized by one person to one computer. Smart toilet is ubiquitous computing that includes an online, real-time health monitoring system.

REF: VIRTUAL REALITY 18. The PHR is maintained by the:

- a. hospital. c. physician.
- b. nurse. d. patient.

ANS: D

A PHR is typically a health record that is initiated and maintained by an individual. An ideal PHR would

provide a complete and accurate summary of the health and medical history of an individual by gathering data from many sources and making this information accessible online to anyone who has the necessary

electronic credentials to view the information. REF: HEALTH INFORMATION SYSTEMS
IMPORTANT TO NURSING

19. What type of information is contained in a PHR?

- a. Family history, address, social security number, age
- b. Immunizations, allergies, siblings, parents
- c. Insurance, social security number, age, address
- d. Medications, allergies, lab results, insurance

ANS: D

PHRs provide an avenue for patients to track their personal health information such as doctors visits, medications, allergies, lab results, surgeries, immunization records, chronic illnesses, hospitalizations, family history, insurance, medical directives, and vision and dental information.

REF: HEALTH INFORMATION SYSTEMS IMPORTANT TO NURSING

20. A nurse looking for a good interfacing approach with an Internet-positive patient would choose which of the following approaches?

- a. Read Internet information c. React in a positive promptly manner

ANS: C

Approach Internet-positive patients in the following manner: react positively, inform patients that time constraints will not permit you to read the information on the spot, never refuse Internet material, and never be derogatory.

REF: EVIDENCE FROM THE LITERATURE

21. A nursing student is interested in determining which authors have completed research on the concept of empathy. For the most reliable information, the student should do which of the following?

- a. Ask the teacher
- b. Conduct a search using CINAHL or MEDLINE
- c. Ask the nurses in the clinical area
- d. Ask a friend who graduated from nursing school 20 years ago

ANS: B

The nursing student should conduct a search using CINAHL or MEDLINE. Scientific and research information usually require literature resources that can be found in databases such as CINAHL or MEDLINE. Asking a teacher, nurses in the clinical area, or a friend will most likely only provide limited information.

PTS: 1 DIF: Application REF: INTERNET AND SEARCHING FOR EVIDENCE

22. PHR refers to:

a. physician hotline resource.

b. patient health referral.

ANS: C

c. personal health record.

d. personnel healthcare recruitment.

Personal Health Record (PHR) is a universally accessible, layperson comprehensible, lifelong tool for managing relevant health information, promoting health maintenance and assisting with chronic disease management via an interactive, common data set of electronic health information and e-health tools.

REF: HEALTH INFORMATION SYSTEMS IMPORTANT TO NURSING

23. A nurse conducting a review of the literature wants to narrow the search to traditional medical viewpoints on the topic. The nurse should do which of the following?

a. Refine the Internet search with filters

b. Only visit libraries in research universities

c. Ask the librarian what the traditional views are

d. Read every article published over the last 20

years ANS: A

The nurse should refine the Internet search with filters. Filtering is mechanically blocking Internet content from being retrieved through the identification of key words and phrases.

PTS: 1 DIF: Application REF: USING THE INTERNET FOR CLINICAL PRACTICE

24. A nurse educator evaluates the students understanding of the benefits related to the use of electronic health records (EHR). Which response by a student would indicate that further teaching is required?

- a. Consumer empowerment
- b. Information becomes available to the public
- c. Better access to health information
- d. Complete and accurate health

information ANS: B

There are three main benefits to health providers and patients when the EHR is used. These benefits include consumer empowerment, better access to health information, and complete and accurate health information. Information does not become available to the public because this would be a violation of HIPAA.

REF: NEED FOR NURSING INFORMATICS

25. Which of the following organizations was created to develop and implement a national strategy for health care quality

measurement and reporting?

- a. Leap Frog Group c. National Institute of Health
- b. National Quality Forum d. American Nurses Credentialing

Center ANS: B

The National Quality Forum was created to develop and implement a national strategy for health care quality measurement and reporting. The Leap Frog Group works with employer groups to encourage transparency and easy access to health care information. The American Nurses Credentialing Center certifies nurses for specialty areas, and the National Institute of Health funds biomedical research.

PTS: 1 DIF: Knowledge REF: THE NATIONAL QUALITY FORUM

MULTIPLE RESPONSE

1. Mobile applications for health information technology are increasing, in part due to the many benefits that these programs offer. Some of these benefits include which of the following? Select all that apply.

- a. Inexpensive d.
- b. Portable e.
- c. Easy to hide f.

Privacy offered by hand-held device

Training manuals included with device

Easy to use anytime

ANS: A, B, F

Mobile applications in health care are generally inexpensive, portable, and easy to use anytime. They are also viewed as intuitive and user-friendly, so most people can download and use the many computer applications available for them quickly without much training or basic computer literacy.

REF: MOBILE APPLICATIONS

2. Information literacy refers to the ability to do which of the following? Select all that apply.

- a. Understand how information is organized
- b. Identify when information is needed
- c. Identify what information is needed
- d. Publish accurate data and research on a specific health care topic
- e. Network several computers in a single facility location
- f. Evaluate the information sources

critically ANS: A, B, C, F

Information literacy is the ability to identify when and what information is needed, understand how the information is organized, identify the best sources of information for a given need, locate those information sources, evaluate the information sources critically, and share that information as appropriate (ANA, 2008).

REF: USING THE INTERNET FOR CLINICAL PRACTICE

3. What are some of the benefits provided by Electronic Health Records (EHR)? Select all that apply.

- a. Consumer empowerment
- b. Better access to health information
- c. Quick access of a patient's information by family members
- d. Increased privacy

- e. Complete and accurate health information
- f. Ease of access of a patients health records by

employers ANS: A, B, E

Some of the benefits provided by EHR are consumer empowerment, better access to health information, and complete and accurate health information. Because of HIPAA guidelines, neither family members nor employers have easy access to patients health records. Methods to address the sensitive nature or EHR as they relate to confidentiality issues are still being addressed.

REF: NEED FOR NURSING INFORMATICS

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Chapter 7: Population Based Health Care Practice My Nursing Test Banks

21-27 minutes

Chapter 7: Population Based Health Care Practice

MULTIPLE CHOICE

1. In working as an advocate for specific population groups, the nurses recognize that they are engaging in population-based nursing, which was established by:

- a. Florence Nightingale. c. Clara Barton.
- b. Faye Abdellah. d. Jane Delano.

ANS: A

Nightingales actions to improve the health care of soldiers on the battlefield and the poor and infirm in London was directed at vulnerable populations. The primary thrust of this advocacy is directed at population groups.

PTS: 1 DIF: Knowledge REF: INTRODUCTION

2. The development, provision, and evaluation of multidisciplinary health care services to population groups experiencing increased health risks or disparities in partnership with health care consumers and the community in order to improve the health of

the community and its diverse population groups is called:

- a. population-focused nursing practice.

b. population-based nursing practice.

ANS: C

c. population-based health care practice.

d. population-based care.

Population-based health care practice is the development, provision, and evaluation of multidisciplinary health care services to population groups experiencing increased health risks or disparities, in partnership with health care consumers and the community in order to improve the health of the community and its diverse population groups. Population-focused nursing practice is defined by nursing activities that focus on all of the people and reflects responsibility to and for the people. Population-based nursing practice is defined as the practice of nursing in which the focus of care is to improve the health status of vulnerable or at-risk population groups within the community by employing health promotion and disease prevention interventions across the health continuum. Population-based care requires active partnership of both providers and recipients of care.

PTS: 1 DIF: Analysis REF: POPULATION-BASED HEALTH CARE PRACTICE

3. The nurse recognizes that there are certain variables that increase or decrease the probability of illness or death, and that these variables can be modified. Such variables are called:

a. health determinants. c. vulnerable population groups.

b. underserved. d. health risk factors.

ANS: D

Health risk factors are variables that increase or decrease the probability of illness or death. Health risk factors may be modifiable. Health determinants are variables that include biological, psychosocial, environmental, and health system factors that may cause changes in the health status of individuals, families, groups, populations, and communities. Vulnerable population groups are subgroups of a community who are powerless, marginalized, or disenfranchised and are experiencing health disparities. The underserved are those people who have not received adequate medical care services.

PTS: 1 DIF: Application REF: POPULATION-BASED HEALTH CARE PRACTICE

4. When engaging in population-based health care, a goal of the nurse would be to do which of the following?

a. Maintain access to health care services

b. Maintain quality of health care services

c. Reduce health care disparities

d. Increase health care delivery costs

ANS: C The goals of population-based health care include reduction of

health disparities among different population groups, improvement of access to health care services, improvement of quality of health care services, and reduction of health care delivery costs.

PTS: 1 DIF: Application REF: POPULATION-BASED HEALTH CARE PRACTICE

5. During the course of practice, the nurse must be aware of the health of an individual, family, group, population, or community, also known as their:

- a. health status. c. health needs.
- b. quality of life. d. health assets.

ANS: A

Health status is the level of health of an individual, family, group, population, or community. Quality of life is the level of satisfaction one has with the condition of one's life. Health needs is not a level of health. Health assets are health-promoting attributes of individuals, families, communities and systems.

REF: POPULATION-BASED HEALTH CARE PRACTICE

6. While caring for a population, the nurse recognizes that differences in health risks and health status that reflect the groups poor health status are known as:

- a. illness prevention. c. health promotion.
- b. health disparities. d. minority health.

ANS: B

Health disparities are differences in health risks and health status measures that reflect the poorer health status that is found disproportionately in certain population groups.

PTS: 1 DIF: Analysis REF: POPULATION-BASED HEALTH CARE PRACTICE

7. According to the report *Healthy People 2020*, which of the following has occurred?

- a. Significant reduction in both smoking and obesity
- b. Significant reduction in smoking cessation
- c. Significant reduction in obesity
- d. Significant increase in smoking

cessation ANS: B

According to the report *Healthy People 2020*, there has been a significant reduction in smoking cessation. There has also been a significant increase in obesity in the U.S. population during the first decade of this century.

PTS: 1 DIF: Knowledge REF: POPULATION-BASED HEALTH CARE PRACTICE

8. The nurse understands that the current U.S. Population is a diverse one according to the U.S. Census data for 2005, with

what percentage of people identifying themselves as members of an ethnic minority group?

a. 21 percent c. 29 percent

b. 25 percent d. 33

percent ANS: D

The U.S. census reported that 67 percent of the population were non-Hispanic white. The ethnic minority population accounted for 33 percent of the population.

PTS: 1 DIF: Analysis REF: CULTURALLY INCLUSIVE HEALTH CARE

9. A staff nurse asks the nurse manager, How can I tell if our organization provides culturally inclusive health care? The most appropriate response by the manager is that the organization:

a. includes multiple methods of providing health care.

b. will focus on serving two to three minority populations only.

c. has more men than women in the health care workforce.

d. uses standard interventions for all populations as a safeguard.

ANS: A

A culturally inclusive health care system promotes increased awareness of the injustices of the system, will increase the

diversity of health care workers, and includes multiple methods of providing health care using a variety of intervention strategies to achieve outcome measures tailored to the diversity of the population groups served.

REF: CULTURALLY INCLUSIVE HEALTH CARE

10. As the nurse, if you were going to determine the health status of a community, as opposed to assessing the health system or assessing the population, you would assess which of the following factors?

a. Level of education and socioeconomic status

b. Availability of health resources 24 hours per day

c. Age, gender, and ethnic patterns

d. Housing and safety of neighborhoods

ANS: D

Housing and safety of neighborhoods is directly related to community health. Availability of health resources is related to assessing the health system level. Age, gender, and ethnic patterns comprise assessing the individual population level, as well as assessing the level of education and socioeconomic status.

REF: TABLE 7-3 POPULATION-BASED HEALTH DETERMINANTS ASSESSMENT TEMPLATE-EXCERPT

11. As nurses whose population-focused efforts involve advocating for the rights of children, the mentally ill, the indigent, and immigrants, these nurses recognize that they are advocating for the same groups as which person who also helped to establish the Childrens Bureau?

a. Dorothea Dix c. Lillian Wald

b. Mary Agnes Snivley d. Isabel Hampton Robb

ANS: C

Lillian Wald, well known for her establishment of the Henry Street Settlement, also helped establish the Childrens Bureau. Dorothea Dix was superintendent of the Union Army Nurses. Mary Agnes Snivley formed the Canadian Nurses Association. Isabel Hampton Robb was the first superintendent of the Johns Hopkins Training School.

REF: POPULATION-BASED NURSING PRACTICE

12. The nurse recognizes that clients may have strengths and resources that they can use to combat health threats. These strengths and resources are called:

a. protective factors. c. defense mechanisms.

b. activities of daily living. d. holistic interventions.

ANS: A

Protective factors are client strengths and resources that can be used to combat health threats.

REF: POPULATION-BASED NURSING PRACTICE

13. When a nurse employs population-based interventions that focus on changing the law, the nurses

interventions are considered at which of the following levels?

- a. Community c. Individual
- b. Systems d. Group

ANS: B

Population-based interventions at the systems level focus practice on changing laws, power structures, policies, and organizations. Population-based interventions at the community level focus practice on changes involving community norms, attitudes, practices, and behaviors. Population-based interventions at the individual level focus practice on changes in the knowledge, attitudes, beliefs, practices, and behaviors of individuals, families, and groups.

REF: POPULATION-BASED NURSING PRACTICE INTERVENTIONS

14. The nurse understands that when using a nontraditional model of population-based nursing practice, the primary goal is to:

- a. contain costs. c. maintain quality of care.
- b. increase costs. d. decrease quality of care.

ANS: A

The primary goal of a nontraditional model of population-based nursing practice is to contain or reduce costs. The secondary goal is to improve the quality of care.

PTS: 1 DIF: Analysis REF: TRADITIONAL VERSUS NONTRADITIONAL MODEL

15. A nurse implementing a nontraditional population-based nursing practice model would recognize which of the following?

- a. The total community is the primary focus.
- b. Identifying at-risk or vulnerable population groups is a strategy.
- c. An at-risk or high-risk population is the primary focus.
- d. Assessing the total community's needs is a strategy.

ANS: C

The nontraditional population-based nursing practice model includes the at-risk or high-risk population as the primary focus. The traditional population-based nursing practice model includes total community as the primary focus. Assessing total community's needs and identifying at-risk or vulnerable population groups are not population-based strategies.

PTS: 1 DIF: Application REF: TRADITIONAL VERSUS NONTRADITIONAL MODEL

16. When assessing, diagnosing, planning, implementing, and evaluating nursing practice in a population-based nursing practice, the nurse is using which of the following?

- a. NANDA c. Nursing process
- b. Comorbidities d. Population assessment

ANS: C

The nursing process is used in population-based nursing practice to assess, diagnose, plan, implement, and evaluate nursing practice. The North American Nursing Diagnosis Association (NANDA) develops nursing diagnoses. Population groups may have multiple diagnoses, called comorbidities. Population assessment is structured by using this model as a guide for data collection.

PTS: 1 DIF: Analysis

REF: APPLICATION OF NURSING PROCESS TO POPULATION-BASED NURSING PRACTICE

17. As a community health nurse, you are planning interventions for the community. Which of the following should be considered first?

- a. Interventions must be thoroughly researched to ensure they are evidence based.
- b. Interventions must be designed to include specific culturally diverse populations of the community.
- c. Key community or population group representatives must be included in the planning.
- d. Interventions must be planned to be cost effective and to include complementary therapies.

ANS: C

Planning always involves a collaborative process with the clients first to ensure the intervention is designed to fit the specific needs of the clients, to build on assets, to take into account existing resources, and to ensure that follow-through is more likely. Interventions need to be evidence based whenever possible. Cultural diversity should also be taken into consideration when designing interventions.

PTS: 1 DIF: Analysis

REF: APPLICATION OF NURSING PROCESS TO POPULATION-BASED NURSING PRACTICE

18. In evaluating a population-based nursing practice, the nurse asks, Did their health status improve? The nurse asks this question to address which goal?

- a. Access c. Cost
- b. Quality d. Equity

ANS: B

The goal of quality would address the question, Did their health status improve? Other questions that would be addressed include Were their health risks reduced? and Were they satisfied

with the services they received?PTS: 1 DIF: Analysis REF: PROGRAM EVALUATION

19. In evaluating a population-based nursing practice, the nurse asks, Were patients able to afford what we had to offer? The nurse would ask this question to address which of the following goal?

- a. Access c. Cost
- b. Quality d. Equity

ANS: C

The nurses questionWere patients able to afford what we had to offer?focuses on cost. Questions related to access would focus on finding and providing services to high-risk, underserved, vulnerable populations. Questions of quality would relate to changes in health status as a result of interventions, and questions related to the goal of equity would focus on the use of resources to meet the needs of the population.

PTS: 1 DIF: Analysis REF: PROGRAM EVALUATION

20. In evaluating a population-based nursing practice, the nurse asks, Did we offer service regardless of age, gender, race, ethnicity, health care status, or location? The nurse asks this question to address which goal?

- a. Access c. Cost
- b. Quality d. Equity ANS: A

The goal of access would address the question, Did we offer service regardless of age, gender, race, ethnicity, health care status, or location? Questions of quality would relate to changes in health status as a result of the interventions. Questions related to the goal of equity would focus on the use of resources to meet needs, and questions related to cost would focus on affordability.

PTS: 1 DIF: Analysis REF: PROGRAM EVALUATION

21. In evaluating a population-based nursing practice, the nurse asks, Did we have enough resources left over to meet the essential health needs of lower-risk population groups? The nurse asks this question to address which goal?

- a. Access c. Cost
- b. Quality d. Equity

ANS: D

The goal of equity would address the question, Did we have enough resources left over to meet the essential health needs of lower-risk population groups? Questions related to quality would focus on changes in health status as a result of interventions. Questions related to the goal of access would focus on providing services regardless of age, gender, race, ethnicity, and health care status. Questions of cost would focus on affordability.

PTS: 1 DIF: Analysis REF: EVALUATION

22. The local nursing program has opened a nurse-run health clinic. Services at the clinic will be available to poor, minority families who have not benefited from the services that have been

accessible in their community. The nursing program is primarily addressing which of the goals of *Healthy People 2020*?

- a. Create social and physical environments that promote good health for all
- b. Attain high quality, long lives free of preventable diseases, disability, injury, and premature death.
- c. Achieve health equity, eliminate disparities, and improve the health of all groups.
- d. Promote quality of life, healthy development and healthy behaviors across all life stages.

ANS: C

The nursing program is addressing the *Healthy People 2020* goal of achieving health equity, eliminating disparities, and improving the health of all groups. This nurse-run clinic will address the health disparities that exist. Research has documented that the needs of poor, minority individuals have not been sufficiently addressed.

PTS: 1 DIF: Analysis REF: POPULATION-BASED HEALTH CARE PRACTICE

23. A group of community health nurses provides services to pregnant adolescents who come from families living below the poverty level. The adolescents are living in communities with high infant mortality rates, high crime and drug rates, and very few prenatal clinics. The nurses are practicing which type of health

care?

- a. Population-based health care c. Long-term health care
- b. Acute health care d. Short-term health

care ANS: A

Population-based health care involves the development, provision, and evaluation of care services to population groups experiencing increased health risks and disparities, in partnership with health care consumers and the community, in order to improve the health of the community and its diverse population groups.

PTS: 1 DIF: Analysis REF: POPULATION-BASED HEALTH CARE PRACTICE

24. A nurse works in a local, free community clinic. The nurse uses an assets-based approach, in which the community groups strengths and resources are identified first. The nurse's approach facilitates which of the following?

a. Development of partnerships

b. Ultimate power of the nurse

ANS: A

c. Ultimate power of the community agency

d. Development of a contract

An assets-based approach lends itself to identifying how the community can manage its own health needs by building on

community and population group strengths and resources. Identifying assets and resources would be one of the first steps to developing a partnership. In a true partnership, neither the nurse nor the community have all of the power because it is a mutual relationship.

PTS: 1 DIF: Analysis

REF: TABLE 7-5 NURSING PROCESS APPLIED TO POPULATION-BASED NURSING-ASSESSMENT EXAMPLES

25. A nurse wanting to determine the health status of a community would most likely do which of the following?

a. Identify the number of hospitals in the community

b. Review the crime statistics for the community

c. Speak with the ministers and teachers in the community

d. Examine the morbidity and mortality rates of the

community ANS: D

To determine the health status of the community, the nurse should examine morbidity and mortality rates for the community. Other indications of the community's health status may include birth and death rates, life satisfaction inventories, and lifestyle functioning measures.

PTS: 1 DIF: Analysis

REF: TABLE 7-8 NURSING PROCESS APPLIED TO POPULATION-BASED NURSING-EVALUATION ELEMENTS

26. According to a 2010 report from the Institute of Medicine (IOM), by 2045 half of the people in the United States will be:

a. Hispanic Americans.

- b. African Americans.
- c. Asian Americans.
- d. Members of racial minority population groups.

ANS: D

According to the IOM, by 2045 half of the people in the United States will be members of racial minority population groups. This includes Hispanic Americans, African Americans, and Asian Americans combined with other racial minority population groups. No one racial minority population group will represent half of the population.

REF: POPULATION-BASED HEALTH CARE PRACTICE

MULTIPLE RESPONSE

1. Which of the following statements is true regarding health disparities? Select all that apply.

- a. Maternal mortality is higher among African American women.
- b. Among the elderly, mens health and functional status are worse than womens.
- c. Poor or fair health (contrasted with good, very good, or excellent health) is more prevalent among children in low- income families.
- d. African American infants have a higher mortality rate than Caucasian infants.
- e. Caucasian women are more likely than African American women to die from breast cancer.
- f. In elderly adults, disability rates are inversely related to income.

ANS: A, C, D, F

Some of the health disparities that exist in the United States include the fact that the infant and mortality rates are higher for African Americans than Caucasians. Also, poor or fair health (contrasted with good, very good, or excellent health) is more prevalent among children in low-income families, and disability rates for elderly adults are inversely related to income.

REF: POPULATION-BASED HEALTH CARE PRACTICE

2. Nurses in a small town that experienced the devastation of a number of tornados last year have formed a group to address the issue of disaster planning in their community. Which of the following are actions the nurses might take to prepare for another potential disaster? Select all that apply.

- a. Form a disaster plan for their own families

ANS: A, B, D, E

The nurses could take several actions including forming a disaster plan for their own families, completing continuing education in disaster preparedness, becoming a volunteer for local or national disaster relief organizations, and obtaining information about rights and responsibilities in employment settings and under state law. It would be unrealistic to encourage all residents of the town to move to a more urban area. While the nurses cannot prevent future tornados, they should be knowledgeable in methods related to disaster preparedness.

PTS: 1 DIF: Analysis REF: DISASTER PREPAREDNESS AND RESPONSE

3. Several nurses have completed a disaster preparedness and response course. When evaluating the nurses knowledge regarding the types of natural disasters that can occur, which response would indicate to the trainer that additional teaching is necessary? Select all that apply.

- a. Famine
- b. Hurricanes
- c. Plane crashes

ANS: C, D, E, F

- d. Firese. Radiation leaks f. Chemical spills

Plane crashes, fires, radiation leaks, chemical spills, and motor vehicle accidents are all accidental human-made disasters. Natural disasters include famine, hurricanes, floods, earthquakes, epidemics, and volcanic eruptions.

PTS: 1 DIF: Analysis REF: DISASTER PREPAREDNESS AND RESPONSE

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Chapter 8: Personal and Interdisciplinary Communication My Nursing Test Banks

20-25 minutes

Chapter 8: Personal and Interdisciplinary Communication

MULTIPLE CHOICE

1. Principles of communication allow nurses to adapt to which of the following trends?

- a. Generation X c. Telephone technology
- b. Cultural diversity d. Kinesthetic

communication ANS: B

Principles of communication allow nurses to adapt to trends such as increasing diversity, an aging population, and computer technology. The traditional visual, auditory, and kinesthetic modes of communication are shifting to computer technology. It is estimated that 20 percent of the population will be 65 years of age or older by 2020. These trends affect the profession of nursing and its practice.

REF: TRENDS IN SOCIETY THAT AFFECT COMMUNICATION

2. When the nurse asks the client a question, the nurse is considered the:

- a. sender. c. receiver.
- b. message. d. feedback.

ANS: A

The message originates with the sender. It consists of verbal and nonverbal stimuli that are taken in by the receiver. The message is the what in communication. The receiver takes in the message and analyzes it. The new message that is generated by the receiver in response to the original message from the sender is the feedback.

REF: FIGURE 8-1 ELEMENTS OF THE COMMUNICATION PROCESS

3. The Health Insurance Portability and Accountability Act (HIPAA) was developed to:

- a. make it easier to transport and transmit your personal health information.
- b. guard against insurance companies selling their client list of names and addresses.
- c. protect all individuals identifiable health information held or transmitted.
- d. make health insurance companies more accountable for payment of claims.

ANS: C

HIPAA was developed to protect all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or medium, whether electronic, paper, or oral.

REF: HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996

4. Nonverbal communication is considered:

- a. conscious. c. written documents
- b. unconscious. d. wireless e-mail.

ANS: B

Nonverbal communication tends to be unconscious and more difficult to control than verbal communication. Written documents and e-mail are both forms of verbal communication.

REF: MODES OF COMMUNICATION

5. When communicating using technology such as e-mail, it is important to proofread your correspondence for appropriate use of:

- a. spelling, grammar, punctuation, and accuracy.
- b. inclusion of emoticons for nonverbal cues.
- c. design, length of message, color, and font size.
- d. notation for an acceptable response time.

ANS: A

The first tip in communicating using technology is to keep in mind that accurate spelling, correct grammar, and organization of thought assume greater importance in the absence of verbal and nonverbal cues that are given in face-to-face encounters.

REF: ELECTRONIC COMMUNICATION

6. A staff nurse remembers an important piece of information that should have been relayed to the supervisor before the nurse left the unit. Since the message is urgent, the nurse would consider which communication tool as primary, in order to transmit the message to the supervisor?

- a. Fax c. Blackberry
- b. E-mail d. Telephone

ANS: D

The telephone remains the primary tool for communicating urgent information; however, some practitioners may be comfortable receiving urgent patient information, such as an elevated potassium level, electronically.

PTS: 1 DIF: Analysis REF: ELECTRONIC COMMUNICATION

7. The unit secretary is sending an e-mail message to all staff. Recognizing e-mail etiquette, the secretary would do which of the following?

- a. Use capital letters generously for emphasis
- b. Respond immediately to an angry message
- c. Refrain from forwarding e-mail messages from others without their permission

d. Include a joke at the end of the e-mail so readers will be more likely to read the entire message

ANS: C

Tips for communicating by e-mail include the following: No capital letters, be brief, use clear subject lines, cool off before responding to an angry message, forward e-mail messages from others only with their permission, forward jokes selectively, and use good judgment because e-mail may not be private.

REF: ELECTRONIC COMMUNICATION

8. When the nurse says to himself, I can do this procedure, it is a form of what level of communication?

a. Interpersonal c. Nonverbal

b. Intrapersonal d. Nonpublic

ANS: B Intrapersonal communication can be thought of as self-talk. It is

what people do within themselves, and it can present as either doubts or affirmations. Interpersonal communication is communication between individuals or small groups. A nurse presenting a workshop is an example of public communication. Nonverbal language deals with body language or facial expressions.

REF: INTRAPERSONAL COMMUNICATION

9. Verbal communication relies on which of the following to convey a message?

a. Facial expression c. Gestures

b. Posture d. Speaking words

ANS: D

Verbal communication relies on speaking words to convey a message. Nonverbal communication consists of aspects of communication that are outside what is spoken such as appearance, facial expressions, posture, gait, body movements, position, and gestures.

REF: MODES OF COMMUNICATION

10. The level of communication that is concerned with communication between individuals is:

a. interpersonal. c. public.

b. intrapersonal. d. physiological.

ANS: A

Interpersonal communication is concerned with communication between individuals, either person to person or in small groups. Intrapersonal communication is self-talk. Public communication is communicating with a group of people with a common interest. Kinesthetic communication involves

touch and physiological responses.

REF: INTERPERSONAL COMMUNICATION

11. The chief executive officer of an organization announces that the company will adopt a new policy. This organizational communication is called:

- a. downward. c. lateral.
- b. upward. d. diagonal.

ANS: A

A chief executive officers communication is considered downward communication. The message starts at the top and is disseminated by levels through the chain of communication.

REF: ORGANIZATIONAL COMMUNICATION

12. When a nurse recommends to the nurse manager a more efficient approach to organizing care, this type of organizational communication is called:

- a. downward. c. lateral.
- b. upward. d. diagonal.

ANS: B

In upward communication, the idea originates at some level below the top of the structure and moves upward.

REF: ORGANIZATIONAL COMMUNICATION

13. In the world of work and service, you can create and sustain high-quality connections by all of the following *except*:

- a. providing support. c. fostering admiration.
- b. showing appreciation. d. avoiding negative people.

ANS: D

Avoiding negative people does not help create and sustain high- quality connections. Providing support, showing appreciation, fostering admiration, challenging, and expressing hope for the future are all ways to energize people at work and develop high- quality connections.

PTS: 1 DIF: Analysis REF: REAL WORLD INTERVIEW

14. The communication skill that centers on the main point is called:

- a. supporting. c. reassuring. b. focusing. d. accepting.

ANS: B

The communication skill of focusing centers on the main point. Supporting is siding with another person or backing up another person. Reassuring restores confidence or removes fear. Accepting makes known that another is capable or worthy.

REF: TABLE 8-2 FOCUSING

15. The statement You are so thoughtful is an example of which of the following communication skills?

a. Providing information c. Conveying acceptance

b. Expressing appreciation d. Conveying

reassurance ANS: B

The comment You are so thoughtful, is expressing appreciation, which shows gratitude. An example of providing information would be It is common for people with pneumonia to be tired. The statement It is okay to cry conveys acceptance. Conveying reassurance is reflected in the comment I can assure you that tomorrow will be better.

REF: TABLE 8-2 COMMUNICATION SKILLS

16. Active listening for what is said and how it is said, as well as noting nonverbal cues that support or negate congruence, is called:

a. attending. c. clarifying.

b. responding. d. confronting.

ANS: A

Attending is the active listening for what is said and how it is said as well as noting nonverbal cues that support or negate congruence. Responding is verbal and nonverbal acknowledgement of the senders message. Clarifying is restating, questioning, and rephrasing to help the message become clear. Confronting is identifying the conflict and then clearly delineating the problem.

REF: TABLE 8-2 COMMUNICATION SKILLS 17. A common barrier to communication is:

a. management styles. c. sadness and frustration.

b. different language. d. decreased face-to-face contact.

ANS: B

Some of the most common barriers to communication are language, gender, culture, anger, generational differences, illiteracy, and conflict.

REF: BARRIERS TO COMMUNICATION

18. An individual who is seeking health care services and who has limited proficiency in English has the right to have an interpreter available to facilitate communication within the health care system. This statement is according to what legal

requirement?

- a. Title VI of the Civil Rights Act of 1964
- b. The Joint Commission
- c. U.S. Code Title XIX addressing individuals entitled to medical assistance
- d. Health Information Portability and Accessibility

Act ANS: A

Based on Title VI of the Civil Rights Act of 1964, the individual has a right to have an interpreter available to facilitate communication within the health care system 24 hours a day, 7 days a week. Face-to-face interpretation is desirable, telephone services are permissible, and family or friend is acceptable only when the patient expresses the preference to have them.

REF: LINGUISTICALLY APPROPRIATE SERVICES

19. It is important for nurses to be aware of generational differences when caring for individuals. Baby boomers are known for their:

- a. paying dues and conformity.
- b. being comfortable with technology.
- c. defining themselves through their employment.
- d. independence and changing employment places often.

ANS: C

Veterans believe in hard work, paying dues, and conformity. Baby Boomers define themselves through employment. Generation Xers are independent, change employment places often, and are comfortable with technology. Generation Yers are optimistic, expect diversity, and are technologically savvy.

REF: GENERATIONAL DIFFERENCES EVIDENCE FROM THE LITERATURE

20. Approximately what fraction of the population in the United States is functionally illiterate?

- a. One-third c. One-eight
- b. One-fourth d. One-tenth

ANS: B

About a quarter of the adult population in the United States is functionally illiterate, and nearly half have limited literacy skills.

PTS: 1 DIF: Knowledge REF: ILLITERACY

21. The communication of unfairly categorizing someone based on her traits is called:

- a. false reassurance. c. stereotyping.
- b. being defensive. d. interrupting.

ANS: C

Unfairly categorizing someone based on her traits is called stereotyping. False reassurance promises something that cannot be delivered. Being defensive is acting as if one has been attacked. Interrupting is speaking before the other person has completed a message.

REF: TABLE 8-4 ADDITIONAL BARRIERS TO COMMUNICATION

22. The communication of ill-defined tasks or duties that makes successful completion unlikely is called:

- a. inattention. c. unclear expectations.
- b. stress. d. false reassurance.

ANS: C

Unclear expectations are ill-defined tasks or duties that make successful completion unlikely. Inattention is not paying attention. Stress is a state of tension that gets in the way of reasoning. False reassurance promises something that cannot be delivered.

REF: TABLE 8-4 ADDITIONAL BARRIERS TO COMMUNICATION

23. Communicating with physicians need not be stressful for new nurses if they remember to:

- a. work through emotions before talking with the physician.

ANS: B

The nurses goal is to strive for collaboration, keeping the patient goal central to the discussion. Collaboration allows all parties to be satisfied and improves quality.

REF: NURSE PRACTITIONERS AND OTHER HEALTH CARE PROFESSIONALS

24. If a nurse contacts the physician and the physician gives an inappropriate answer or gives no orders, the nurse should document this by:

- a. contacting the supervisor and completing a peer review committee report.
- b. completing an incident report and routing the report to the medical ethics committee.
- c. completing a physicians order and sending it to the emergency room physician to obtain orders.
- d. documenting the call in the chart, the information relayed, and the fact that no orders were given.

ANS: D

If the physician gives an inappropriate answer or gives no orders, document the call, the information relayed, and the fact that no orders were given. Peer review pertains to nursing. Completing an incident report would be appropriate only if the physician hangs up or terminates the call. Completing a physicians order is

illegal without the physicians dictation of orders to the nurse. PTS: 1 DIF: Analysis

REF: NURSE PRACTITIONERS AND OTHER HEALTH CARE PROFESSIONALS

25. The SBAR technique (situation-background-assessment- recommendation) is designed to improve communication among health care personnel. Which of the following is an example of assessment?

- a. Im calling about Mr. Jones in 312.
- b. Mr. Jones hasnt had a bowel movement in 2 days, which is unusual for him.
- c. Mr. Jones has decreased peristalsis, abdominal discomfort, and is on a narcotic analgesic.
- d. Can we start him on Colace 2 BID and add magnesium citrate if no BM within 8 hours?

ANS: C

The assessment is decreased peristalsis, abdominal discomfort, and narcotic analgesic use, which details the patients condition for the physician. Mr. Jones hasnt had a bowel movement in 2 days, which is unusual for him, is background information. Can we start him on Colace? is the recommendation. Im calling about Mr. Jones in 312 is giving the physician the identity of the patient you are calling about and setting the situation.

REF: TABLE 8-8 SBAR TOOL TO ORGANIZE INFORMATION FOR CALLING ANOTHER NURSING OR MEDICAL PRACTITIONER FOR ASSISTANCE

26. A culturally sensitive nurse can use which of the following techniques when communicating with colleagues of different cultures?

- a. Use only written communication channels.

- b. Minimize the use of jargon specific to the nurses culture.
- c. State Im trying to get through to you, dont you understand.
- d. Continue to listen even when the nurse doesnt understand the message.

ANS: B

The culturally sensitive nurse would eliminate the use of jargon specific to the nurses culture when communicating with a colleague of a different culture. Both written and oral communication are appropriate. Stating Im trying to get through to you, dont you understand? is condescending. The nurse should seek clarification when a message is not understood.

PTS: 1 DIF: Application REF: TABLE 8-5 OVERCOMING COMMUNICATION BARRIERS

27. The charge nurse is working with staff members who consist of nurses in their 20s and are considered to be part of Generation Y. The charge nurse recognizes that this generation has which of the following characteristics?

- a. They are willing to work long hours and define themselves through employment.
- b. They tend to be optimistic, street smart, expect diversity, crave structure, and are technologically savvy.
- c. They believe in hard work, paying dues, conformity, and long-term commitment.
- d. They are independent, comfortable with technology, and seek connection with managers on equal footing.

ANS: B

The charge nurse would recognize that Generation Y nurses tend to be optimistic, street smart, expect diversity, crave structure, and are technologically savvy. Option a describes Baby Boomers, option c describes individuals known as Matures/Veterans. Option d describes Generation X.

REF: GENERATIONAL DIFFERENCES

28. A nurse is preparing for retirement. Because the nurse has always believed that his self-worth = work, the nurse has begun the process of anticipatory grief over the upcoming loss. The nurse is most likely in which generational group?

- a. Baby Boomer c. Generation Y
- b. Generation X d. Generation Z

ANS: A

The nurse is most likely a member of the Baby Boomer generation. These individuals define themselves through employment and tend to believe that self-worth = work.

REF: EVIDENCE FROM THE LITERATURE

29. Due to your mothers illness, you have been absent from work for 2 weeks. After receiving a nasty e- mail from your supervisor, you find yourself becoming extremely angry. What should you do before responding to the supervisors insensitive e-mail?

- a. Ignore the message
- b. Cool off before responding to the message
- c. Respond immediately to the e-mail and attach a letter of resignation
- d. Find a lawyer to sue the supervisor for

harassment ANS: B

You should not respond to the e-mail while you are angry. First, you should cool off and consider responding the next day when you are not as upset.

PTS: 1 DIF: Analysis REF: ELECTRONIC COMMUNICATION

30. An LPN tells the team leader that she is interested in returning to school but she has to first plan how she will obtain the needed tuition. The supervisor tells the LPN, Just get a loan, everybody is doing that! The supervisors comment is an example of which barrier to communication?

- a. Supporting c. Unclear expectations
- b. Focusing d. Giving advice

ANS: D

The supervisor has blocked communication by giving the LPN the advice to get a loan. Giving advice assumes the other person is unable to solve her own problems.

PTS: 1 DIF: Analysis

REF: TABLE 8-4 ADDITIONAL BARRIERS TO COMMUNICATION

MULTIPLE RESPONSE

1. Which of the following would be considered a barrier to a nurses effective communication? Select all that apply.

- a. Interrupting

b. Attentive listening

c. Being defensive

ANS: A, C, D, F

d. Experiencing stress. Developing trust. Offering false reassurance

Barriers to effective communication include interrupting, being defensive, and offering false reassurance. When an individual is experiencing stress, this may become a barrier to effective communication. Attentive listening, developing trust, clarifying, using silence, and providing information are strategies which will facilitate communication.

REF: TABLE 8-4 ADDITIONAL BARRIERS TO COMMUNICATION

2. A nursing student wants to be able to communicate with clients who speak other languages. While enrolled in nursing school, the student learns four of the top spoken languages. These languages would most likely be which of the following? Select all that apply.

a. Spanish

b. Russian

c. Hindi

ANS: A, C, D, E

d. Arabic. Mandarin Chinese f. Japanese

Today, Mandarin Chinese tops the list of most spoken language with approximately 1 billion speakers. The next most often spoken languages are Spanish, numbering 329 million; English, 328 million; Arabic, 221 million; and Hindi, 182 million.

REF: USE OF LANGUAGE

3. A nurse manager works diligently to communicate effectively with the staff. In order to avoid barriers to communication, the nurse manager should do which of the following? Select all that apply.

a. Be sensitive to cultural differences

b. Enhance listening skills

d. Elicit verbal and nonverbal feedback

e. Avoid metacommunication

c. Communicate f. Be sensitive to gender differences

ANS: A, B, D, F

Strategies that the nurse manager can implement to avoid barriers to communication include being sensitive to cultural and gender differences, enhancing listening skills, eliciting both verbal and nonverbal feedback. The nurse manager should also communicate assertively and utilize metacommunication. Each of these techniques help to develop rapport with the staff and become a foundation for the development of trust.

PTS: 1 DIF: Application REF: TABLE 8-5 OVERCOMING COMMUNICATION BARRIERS

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Chapter 9: Politics and Consumer Partnerships My Nursing Test Banks

20-25 minutes

Chapter 9: Politics and Consumer Partnerships

MULTIPLE CHOICE

1. A staff nurse is speaking with a nurse manager regarding politics and nursing. The nurse manager explains that politics exists in any system where which of the following conditions exists?

- a. Abundant resources
- b. Unlimited control of resources

ANS: C

- c. Competing interests for resources
- d. Unlimited distribution of resources

Politics exists in any system where there are competing interests for resources, resources are scarce, resources are limited, a group of people control more resources than others, and there is control over the distribution of resources.

REF: INTRODUCTION2. A beginning college student is exploring career options. The advisor informs the student that opinion polls have consistently shown that which of the following professionals have been rated the number one most trusted professionals?

- a. Firemen c. Physicians
- b. Policemen d. Nurses

ANS: D

Nurses consistently show up as rated number one in consumer opinion polls about the most trusted professionals.

REF: INTRODUCTION

3. A nurse intern asks the unit manager how nurses can become more politically involved in the consumer movement in health care to support the advancement of nursing service. The nurse manager responds by saying that the majority of nurses can accomplish this by:

- a. becoming a member of their professional organization.
- b. becoming a lobbyist to interested government agencies.
- c. supporting legislation for more government control.
- d. supporting physicians to direct health care policy.

ANS: A

Nurses can be politically involved by becoming a member of and supporting their professional organization. Becoming a lobbyist is not for the majority. More government control is not supporting

the advancement of nursing service. Supporting physicians to direct health care policy does not focus on the needs of nursing as a profession.

REF: INTRODUCTION

4. According to the Center for Responsive Politics 2010, where did the American Nurses Association rank in the top 20 spenders for lobbying between 1998 and 2010?

- a. Ranked 1st in the top 20 c. Ranked 12th in the top 20
- b. Ranked 5th in the top 20 d. Not ranked in the top 20

ANS: D

The American Nurses Association is not ranked in the top 20 spenders for lobbying. The U.S. Chamber of Commerce ranked #1, the American Medical Association was ranked #2, General Electric ranked #3, and Pharmaceutical Research and Manufacturers ranked #4. Also, the American Hospital Association ranked #6.

PTS: 1 DIF: Knowledge

REF: TABLE 9-1 WASHINGTONS TOP 20 SPENDERS ON LOBBYING FOR ALL YEARS 1998-2010

5. A nurse understands that the experience of health care should be built around consumer:

a. resources. c. values. b. perceptions. d. needs.

ANS: D

The experience of health care should be built around consumer needs. Resources include people, money, facilities, technology, and rights to properties, services, and technologies. The consumer movement in health care is a political movement about health care resources that reflects consumer perceptions and values.

REF: STAKEHOLDERS AND HEALTH CARE

6. A nursing student asks the teacher, How will health care be defined in the future? The most appropriate response by the teacher is that Ultimately, health care will be defined and controlled by:

a. the American Medical Association.

b. those wielding the most political influence.

c. consumer activists groups (e.g., AARP).

d. the National Institutes of Health.

ANS: B

Ultimately, health care will be defined and controlled by those wielding the most political influence. If nurses fail to exert political pressure on the health policymakers, they will lose ground to others who are more politically active.

REF: THE POLITICS AND ECONOMICS OF HUMAN SERVICES

7. When considering the issue of the politics behind health care in the United States, the nurse identifies one of the third-party payer stakeholders as:

a. health care provider. c. special interest group.

b. government. d. the National Institutes of Health.

ANS: B

The following are considered third-party payer stakeholders: government, business, and health insurance companies. Other politically active stakeholders are health care providers, recipients of federal funding from the NIH, organizations and institutions that employ as well as educate health care providers, and members of special interest groups.

REF: STAKEHOLDERS AND HEALTH CARE

8. You have been a staff nurse for 5 years. One of your goals has always been to become more politically involved. Which of your roles has had the *least* impact on your achieving that goal?

- a. Voted and wrote members of congress and state legislators
- b. Participated as a member of a professional nursing organization
- c. Ran for a political office and served society as a whole
- d. Educated patients about their medications before discharge

ANS: D

Educating patients about their medications before discharge is a role of the nurse as an educator, not a political role. All other answers are political roles for nurses, and they come under the categories of nurse as an individual, nurse as a citizen, nurse as an activist, and nurse as a politician.

PTS: 1 DIF: Analysis REF: TABLE 9-2 POLITICAL ROLES FOR NURSES

9. In the role of patient advocate, you would:

- a. ensure the patient does not make risky health decisions.
- b. interpret the health care environment for culturally diverse patients.
- c. act as a proxy for the patient in understanding and signing important consents.
- d. educate the patient to ensure compliance with the health care organizations goals.

ANS: B

Advocacy can be seen as representing the patient to others in the health care organization, and this has extended into what has been referred to as cultural brokering or interpreting the health

care environment for the patient. Ensuring the patient does not make risky health decisions is not giving the patient freedom of choice. Acting as a proxy for understanding and signing consents is not assisting the patient with informed consent and the right to self-determination. Educating the patient to ensure compliance with the organizations goals is not advocating for the patients needs, which may differ from the organizations goals.

REF: POLITICS AND ADVOCACY

10. According to U.S. Census Bureau (2009b), there are how many uninsured Americans?

- a. 10 million c. 45 million
- b. 22 million d. 86 million

ANS: C

According to the U.S. Census Bureau (2009b), there are more than 45 million uninsured Americans.

PTS: 1 DIF: Knowledge REF: INTRODUCTION

11. A nurse is interested in creating a small business and is looking for a viable market. One of the issues the nurse is taking into account is that the fastest growing consumer group for years to come includes individuals:

- a. 40 years and older. c. 65 years and older.
- b. 50 years and older. d. 85 years and older.

ANS: C

The fastest growing consumer group for years to come is the elderly persons 65 and older (U.S. Census Bureau, 2009a). An estimated 76 million Baby Boomers will be turning 65 by 2011. The number of elderly people is growing at an explosive rate and is expected to reach 27 million by 2050 (U.S. Census Bureau, 2009a).

REF: POLITICS AND DEMOGRAPHIC CHANGE

12. A nurse examining the political processes at different levels of government would recognize which of the following processes as occurring at the state level?

- a. Flu-injections program c. Medicare
- b. Nursing licensure d.

Medicaid ANS: B

At the state level, policies govern nurses within a state by defining nursing licensure, nursing practice, and nursing education. An example of the political process at the local level is when flu injections are made available to high-risk populations. Federal policies are evident in the rules and regulations governing Medicare and Medicaid funding.

REF: THE POLITICS AND ECONOMICS OF HUMAN SERVICES

13. The essential dimension of nursing that includes coordinating patient care is the:

- a. definition of nursing. c. benefit of services to consumers.
- b. distinctive services nurses d. costs of services. provide.

ANS: B

The distinctive services dimension of nursing provides coordination of total patient care. Defining nursing includes attention to the full range of human experiences and responses to health and illness without restriction to a problem-focused orientation. Benefits to consumers include changes in staffing patterns to

ensure quality care and changes in politics that affect patient care. Costs of nursing services vary according to the care setting and role of the nurse.

REF: NURSE AS POLITICAL ACTIVIST

14. A nurse asks a nurse manager why consumer partnerships are formed. The nurse manager explains that consumer partnerships offer which of the following?

- a. Larger voting block representing different political positions
- b. Small funding base of financial support
- c. Increase in voices supporting or opposing an issue
- d. Maintenance of the power

base ANS: C

Consumer partnerships have the following characteristics: an increase in the number of voices supporting or opposing an issue, a larger voting block that represents the same political position, a broader funding base of financial support, and enhancement of power.

PTS: 1 DIF: Application REF: ADVOCACY AND CONSUMER PARTNERSHIPS

15. The local hospital is attempting to establish a partnership with a consumer group. They have begun identifying the purpose of the partnership. The hospital and consumer group are at which step in establishing their partnership?

- a. Listen c. Assess
- b. Study d. Focus ANS: D

The *focus* step includes identifying the purpose and articulating the goals and objectives for the partnership. The *listen* step includes becoming sensitized to the health care needs and political nature of the potential consumer partner. The *study* step seeks both representative and opposing perspectives from consumer group meetings, focus groups, relevant literature, and interviews. The *assess* step determines the need, value, context, and boundaries for establishing the partnership.

PTS: 1 DIF: Application REF: TABLE 9-4 STEPS IN ESTABLISHING A PARTNERSHIP

WITH A CONSUMER GROUP

16. The local hospital and a consumer group are establishing a partnership. The hospital has been identified as an equal partner with the major responsibility of providing health education classes for the local schools and churches. The hospital and consumer group are at which step in establishing their partnership?

- a. Compromise c. Plan

b. Negotiate d. Test ANS: B

The *negotiate* step is agreeing on ones position and responsibilities in the partnership. *Compromise* includes working through nonessential and noncritical points and issues. The *plan* step is developing a political strategy for achieving the goals and fulfilling the objectives. In the *test* step, feedback is gathered before taking action.

REF: TABLE 9-4 STEPS IN ESTABLISHING A PARTNERSHIP WITH A CONSUMER GROUP

17. Which step in establishing a partnership with a consumer group includes understanding the bigger picture and concentrating on what can be changed?

a. Model c. Implement

b. Direct the political action d. Network ANS: B

Direct the political action includes understanding the bigger picture and concentrating on what can be changed. The *model* step defines the structure for working the political strategy with partners. The *implement* step lines up political support and takes action. *Network* includes being committed to the mutually recognized goal and consistently working to have an adequate base of support in terms of people, money, and time.

REF: TABLE 9-4 STEPS IN ESTABLISHING A PARTNERSHIP WITH A CONSUMER GROUP

18. In establishing a political partnership with a consumer group, the nursing staff at the local hospital agrees to participate in local, state, and national policymaking efforts that support the partnership and its political agenda. The purpose of this step is to:

a. build political credibility.

b. soothe and bargain.

ANS: A

c. report, publicize, and lobby.

d. reaffirm, redefine, or discontinue.

The *build political credibility* step includes participating in local, state, and national policymaking efforts that support the partnership and its political agenda. *Soothe and bargain* is to downplay rivalry and address conflict in a timely, constructive manner. *Report, publicize, and lobby* is the groups political cause. To *reaffirm, redefine, or discontinue* is to regularly

evaluate work with consumer groups. REF: TABLE 9-4 STEPS IN ESTABLISHING A PARTNERSHIP WITH A CONSUMER GROUP

19. A group of nurses mounting a consumer campaign would most likely consider which of the following as a political strategy?

a. Encouraging providers to make changes in delivery of services involuntarily

- b. Changing consumer perceptions through distribution of education materials
- c. Monitoring compliance with health care regulations and corrective action
- d. Consulting with consumer groups on routine issues

ANS: B

Political strategies for mounting consumer campaigns include changing consumer perceptions through distribution of educational materials, lobbying at state and federal levels for health care regulations that serve a consumer groups interests, consulting with consumer groups when guidelines are being debated or written, and encouraging providers to make changes in delivery of services voluntarily to meet changing consumer demands.

PTS: 1 DIF: Application REF: THE CONSUMER DEMAND FOR ACCOUNTABILITY

20. Nurses wishing to gain credibility understand that they must possess which of the following characteristics?

- a. Caring c. Competence
- b. Empathy d. Responsibility

ANS: C

To have credibility, nurses must demonstrate professional competence. Even caring, empathetic, and responsible nurses find themselves in situations where their credibility is questioned.

REF: CREDIBILITY AND POLITICS

21. A nurse understands that all individuals have particular goals at different times in their lives. While individuals use a variety of methods to achieve their goals, one of the most common methods is through which of the following processes?

- a. Personal politics c. Politics
- b. Professional politics d. Consumer

movement ANS: C

Politics is predominantly a process by which people use a variety of methods to achieve their goals. The consumer movement in health care is a political movement about health care resources. Personal politics serve the individual first and foremost. Professional politics require a level of service and commitment beyond meeting ones personal goals or needs.

REF: NURSE AS POLITICAL ACTIVIST

22. Control of health care resources is the concern of a number of groups known as which of the

following?

- a. Stakeholders c. Activists
- b. Politicians d. Community leaders

ANS: A

Stakeholders are interest groups who have a vested interest in health care resources. At some level, we are all stakeholder in health care; however, some people are far more politically active about their stake in health care. Many consumer groups represent the customers of the health care system. Nursing and other health professionals are concerned about their profession and the services their profession provides to its customers.

REF: STAKEHOLDERS AND HEALTH CARE

23. The nurse as a citizen has a primary role in politics by expressing opinions through which of the following processes?

- a. Networking c. Volunteering
- b. Voting d. Staying employed

ANS: B

A primary role for nurses as citizens is to vote and write to members of the U.S. Congress and state legislatures. While networking and volunteering may be an integral part of the

nurses role in being politically active, they are secondary to the nurses responsibility to be a voting citizen.

REF: TABLE 9-2 POLITICAL ROLES FOR NURSES

24. Studies of voting behaviors of U.S. citizens show that the elderly have no predictable political orientation on anything except obvious threats to their entitlements. The primary example of an entitlement for this group would be which of the following?

- a. Unemployment benefits c. Social Security benefits
- b. Homeland Security d. Medicaid benefits

protection ANS: C

The most widely recognized entitlement for the elderly is Social Security benefits. Many seniors are joining consumer groups to have a greater voice to influence health policy decisions and ensure that they will receive the health care services they will need for years to come.

PTS: 1 DIF: Analysis REF: POLITICS AND DEMOGRAPHIC CHANGE

25. You have been politically active during your nursing career. You are involved with several groups

committed to a mutually recognized goal, and you consistently work to have an adequate base of support in terms of people, money, and time. Your relationship with these groups would be considered your:

a. network. c. colleagues.

ANS: A

To network is to become committed to a mutually recognized goal and consistently work to have an adequate base of support in terms of people, money, and time.

PTS: 1 DIF: Analysis

REF: TABLE 9-4 STEPS IN ESTABLISHING A PARTNERSHIP WITH A CONSUMER GROUP

26. Two nurses disagree on the Christmas schedule. The nurse manager meets with the nurses and offers one nurse time off at Christmas to be with her family. The second nurse responds, I will be glad to work those 2 days if I can have days off around New Years Eve to be with my fiancée. This interaction is an example of which of the following?

a. Barter c. Control

b. Plan d. Compromise

ANS: D

Compromise is working through nonessential and noncritical points and issues. The solution has provided both nurses with a positive outcome.

PTS: 1 DIF: Analysis

REF: TABLE 9-4 STEPS IN ESTABLISHING A PARTNERSHIP WITH A CONSUMER GROUP

MULTIPLE RESPONSE

1. Which of the following organizations are among the top 20

spenders on lobbying for health care during the years 1998-2010? Select all that apply.

a. American Nurses Association

b. American Medical Association

c. American Dental Association

d. American Pharmacists Association

e. American Hospital Association

f. American Association of Colleges of Nursing

ANS: B, E

The American Medical Association ranked #2 and the American Hospital Association ranked #6 in spending on lobbying on health care. The other organizations listed did not rank in the top 20 for the years 1998-2010.

PTS: 1 DIF: Knowledge

REF: TABLE 9-1 WASHINGTONS TOP 20 SPENDERS ON LOBBYING FOR ALL YEARS 1998-2010

2. Collaborative partnerships between nursing and consumer groups gain more political power than each group alone because together they possess which of the following? Select all that apply.

a. Larger voting block d. Stronger political voice

b. Important political agenda e. Mutual respect

c. Broader funding base f. Potential for

action ANS: A, C, D

Collaborative partnerships between nursing and consumer groups gain more political power than each group alone because together they possess a larger voting block, broader funding base, and stronger political voice.

PTS: 1 DIF: Analysis REF: ADVOCACY AND CONSUMER PARTNERSHIPS

3. Nurses can make a difference by implementing which of the following political strategies for mounting a consumer campaign? Select all that apply.

a. Lobbying at state and federal levels for health care regulations and guidelines that serve a consumer groups interest

b. Monitoring the enforcement of health care regulations and exacting corrective or punitive action when noncompliance occurs

c. Encouraging all nurses to demand higher salaries and more comfortable lounges to be used during breaks

d. Consulting with representatives from a consumer group when health care regulations and guidelines are being debated or written

e. Changing consumer perceptions and behaviors through the distribution of educational materials or other media

f. Encouraging providers and payers to make changes in delivery of services voluntarily to meet changing consumer demands

ANS: A, B, D, E, F

Each of the strategies listed above would facilitate the nurse in making a difference; however, while encouraging all nurses to demand higher salaries and more comfortable lounges may be nice, it is not appropriate when mounting a consumer campaign.

REF: TABLE 9-5 POLITICAL STRATEGIES FOR MOUNTING CONSUMER CAMPAIGNS

Chapter 10: Strategic Planning and Organizing Patient Care

MULTIPLE CHOICE

1. You decide to make it a priority to read the semiannual report by the Institute of Medicine entitled To Err Is Human. The report will enhance the care that you provide because it deals with:

- a. FDA drugs that have been recalled each year.
- b. preventable adverse events and deaths each year.
- c. patient safety regarding system failures and human failures.
- d. National Advisory Council in Medicine.

ANS: B

The report by the Institute of Medicine (IOM) reports that preventable adverse events cause loss of lives.

REF: INTRODUCTION

2. When developing a strategic plan, the nurse manager is aware that a critical competency for 21st century health care organization is:

- a. maintaining costs.
- b. leadership.
- c. continuous quality improvement.
- d. systems management.

ANS: C Planning for continuous improvement of quality, service, and cost-effectiveness are critical competencies of successful 21st century health care organizations. Leadership in the health care organizations of the 21st century demands competent nurses. Functioning in a leadership role requires an understanding of how systems function. REF: INTRODUCTION

3. A nurse manager is developing the value statement of the principles and beliefs that direct the behavior on the unit. The value statement is consistent with that of the organization and will become the units:

- a. mission. c. purpose.
- b. philosophy. d. strategic plan.

ANS: B

The philosophy of an organization is a value statement of the principles and beliefs that direct the organizations behavior. The mission is a formal expression of the purpose or reason for

existence of the organization. A strategic plan is the sum total or outcome of the processes by which an organization engages in environmental analysis, goal formulation, and strategy development with the purpose of organizational growth and renewal.

REF: PHILOSOPHY

4. You are seeking your first nursing position and decide to review the mission statement of each hospital. You realize that each organizations mission statement addresses which of the following?

- a. Providing care c. Educating professionals
- b. Promoting research d. Providing quality of

care ANS: D

Most health care organizations have mission statements that speak to providing high quality or excellence in patient care. Some mission statements focus on providing care, educating health care professionals, promoting research, and offering community-based activities.

PTS: 1 DIF: Analysis REF: ORGANIZATIONAL VISION, MISSION, PHILOSOPHY

5. A nurse manager decides to engage in some strategic planning with the staff that will require the staff to focus on which aspect of the unit?

- a. Ethics c. Employees
- b. Customers d. Mission

ANS: D

The pivotal value of strategic planning is that it requires an organization to focus on its raison d'être, its mission, and to test how its operations are contributing to accomplishing that mission.

REF: RELATIONSHIP OF STRATEGIC PLANNING TO THE ORGANIZATIONS MISSION

6. The nurse manager understands that one of the purposes of strategic planning is to:

- a. develop a coordinated vision.
- b. concentrate on higher productivity.
- c. emphasize a marketing strategy.
- d. eliminate competitive threats.

ANS: A

The purpose of a strategic plan is twofold. First, it is important that everyone has the same idea or vision,

and second, a good plan can help ensure that the needed resources are available to carry out the initiatives that have been identified as important to the unit or agency.

REF: PURPOSE OF STRATEGIC PLANNING

7. A nurse researcher has identified several individuals who will become members of four different groups. These individuals share common characteristic and will be asked to respond to questions on a topic about which they are expected to have interest or expertise. These groups are an example of which of the following?

- a. Stakeholders c. Focus groups
- b. Stakeholder assessments d. Managerial

epidemiology ANS: C

Focus groups are small groups of individuals selected because of a common characteristic who are invited to meet as a group and respond to questions on a topic about which they are expected to have interest or expertise. Stakeholders are any person, group, or organization that has a vested interest in the program or project under review. Stakeholder assessments consist of a would-be group of people with similar experiences who come together to discuss their experiences at an institution in the hope that the discussion will lead to insights or information that might not have been considered by the health care team, but could be used for improving care or marketing service in the future. Managerial epidemiology is the ability to effectively manage the health of a population with the broadest set of resources available.

PTS: 1 DIF: Analysis REF: OTHER METHODS OF ASSESSMENT

8. You are the nurse manager of a pediatric unit. During which stage of your strategic planning process will you perform a SWOT analysis?

- a. Environmental assessment
- b. Stakeholder assessment
- c. Review of literature and best practices
- d. Prioritizing according to available

resources ANS: A

A SWOT analysis is a tool that is frequently used to conduct environmental assessments. SWOT stands for strengths, weaknesses, opportunities, and threats. A stakeholder assessment consists of a would-be group of people with similar experiences who come together to discuss their experiences at an institution in the hope that the discussion will lead to insights or information that might not have been considered by the health care team, but could be used for improving care or marketing services in the future. A review of the literature identifies similar programs, structures, organizations, potential problems and pitfalls, and successes. Prioritizing according to available resources is needed once all strategic goals and objectives

have been identified.

REF: SWOT ANALYSIS

9. As part of each nurses evaluation, the nurse manager requires them to complete a self-assessment by rating their skill level on a Likert scale. The scale ranges from 1 (no experience) to 5 (proficient). The managers assessment tool is an example of

which of the following?

- a. Review of the literature c. Focus group or interview
- b. Survey or questionnaire d. Advisory board

ANS: B

Surveys or questionnaires are used when individuals might be polled with a Likert scale rating of how the participants rated a question on a scale of 1 to 5, 1 being no experience and 5 being proficient.

REF: SURVEYS AND QUESTIONNAIRES

10. A nurse researcher brings a group of breast cancer survivors together to discuss their experience with chemotherapy side effects and treatment. The nurse researcher is using which form of assessment to collect the data?

- a. Review of the literature c. Focus group or interview
- b. Survey or questionnaire d. Advisory board

ANS: C

Focus groups are small groups of individuals selected because of a common characteristic. The focus group is invited to meet as a group and respond to questions about a topic of common interest or in which they have expertise.

PTS: 1 DIF: Analysis REF: FOCUS GROUPS AND INTERVIEWS

11. A nurse has a meeting with an advisory board. The nurse would recognize that which of the following is a common characteristic of advisory boards?

- a. Formal authority c. Similar stakeholders
- b. Randomly selected d. Expertise varies

ANS: D

An advisory board is deliberately selected to reflect representation from various stakeholders and areas of expertise that are needed to have a broad perspective. An advisory board does not have formal authority.

REF: OTHER METHODS OF ASSESSMENT

12. A group of nurse practitioners is opening a clinic. During a preliminary meeting, they assess their external environment for threats and opportunities. Which of the following would they consider a threat?

- a. Competition c. Advanced technology
- b. New markets d. Population growth

ANS: A

Competition is considered a threat. New markets, advanced technology, and population growth are considered opportunities.

PTS: 1 DIF: Analysis REF: DEVELOPING A MARKETING PLAN 13. A group of nurse practitioners is opening a clinic. During a

preliminary meeting, they assess their external environment for threats and opportunities. Which of the following would they consider an opportunity?

- a. Unionization c. Decreased reimbursement
- b. Staffing shortages d. New programs and services

ANS: D

New programs and services are considered opportunities. Unionization, staffing shortages, and decreased reimbursement are considered threats.

PTS: 1 DIF: Analysis REF: DEVELOPING A MARKETING PLAN

14. A group of nurse practitioners opened a nurse-run clinic a year ago. During a regular staff meeting they assess their internal environment for strengths and weaknesses. Which of the following would they consider an internal weakness?

- a. Patient satisfaction c. Equipment and technology
- b. Unprofitable services d. Programs and

services ANS: B

Unprofitable services are considered weaknesses within the internal environment of the clinic. Patient satisfaction, equipment and technology, and programs and services are strengths.

PTS: 1 DIF: Analysis REF: DEVELOPING A MARKETING PLAN

15. A nursing instructor has completed a lecture on the nursing shortage. Which comment by a nursing student would indicate that further teaching is needed? Some of the factors affecting the nursing shortage

include:

- a. an aging nursing workforce.
- b. stress and low job satisfaction of nurses.
- c. decreased number of opportunities for nurses.
- d. a shortage of faculty to teach students.

ANS: C

Decreased number of opportunities is not a reason. Reasons for the nursing shortage are increased number of opportunities, aging workforce, stress and low job satisfaction, and faculty shortages in nursing education.

REF: EVIDENCE FROM THE LITERATURE16. One of the main focuses of a nurse recruiter is to:

- a. facilitate unit transfers. c. track turnover data.
- b. provide in-services. d. increase staff satisfaction.

ANS: C

One of the main focuses of the nurse recruiter is to track turnover data. Other nurse recruiter responsibilities may include facilitating potential unit transfers, providing in-services, and increasing staff satisfaction.REF: EVIDENCE FROM THE LITERATURE

17. A nurse wants to gain a better understanding of the organizations structure and lines of communication. The nurse should begin by reviewing which of the following?

- a. Centralization pattern c. Hierarchical structure
- b. Decentralization pattern d. Organizational chart

ANS: D

An organizations structure is communicated by means of an organizational chart. This chart depicts reporting relationships. A hierarchical organization structure is a formal, top-down reporting structure. Centralization and decentralization refer to the degree to which an organization has spread its lines of authority, power, and communication.

PTS: 1 DIF: Analysis REF: REPORTING RELATIONSHIPS

18. You have been asked to develop an organizational chart for your unit. You are aware that the one

thing that must be depicted on the chart would include which of the following?

- a. Management responsibilities
- b. Personnel contact information
- c. Job duties and responsibilities
- d. Reporting structure or chain of

command ANS: D

An organizational chart may specify divisions and/or a reporting structure, but exact roles and responsibilities, specific duties, and job requirements are found in other documents such as job or position descriptions.

REF: REPORTING RELATIONSHIPS

19. A nurse works in a hospital which employs a functional division of labor practice. In such an organization, the nurse understands that work is:

- a. divided by job title. c. globalized.
- b. specialized. d. individualized.

ANS: B

Division of labor by function tends to be specialized and efficient. Work is divided by job activity, and individuals carrying out their functional activities were intended to function as a cohesive team. A danger with functional division of labor is that each individual may be so focused on their specific area that there is no perspective on the global picture.

REF: FUNCTIONAL DIVISION OF LABOR

20. A nurse administrator in a large urban city divides the nursing labor force by geographic area. An example of such a division is:

- a. discharge planner role. c. patient diagnosis.
- b. West team. d. cardiology service.

ANS: B

An example of division of labor by geographic area is the West team. The discharge planner role is an example of division of labor by job activity. Functional division of labor by patient diagnosis or service is called division of labor by product lines.

PTS: 1 DIF: Application REF: DIVISION OF LABOR BY GEOGRAPHIC AREA

21. A nurse is preparing for a job interview. In doing so, it is critical that the nurse develop an

understanding of the institutions:

- a. unit structure. c. staffing model.
- b. mission. d. pay.

ANS: B

In preparation for an interview, you must understand the institutions mission and whether this fits with your beliefs and values. During the interview, understanding the unit structures, staffing model, and pay will be discussed.

REF: EVIDENCE FROM THE LITERATURE

22. A nurse is being interviewed for a position as manager of a pediatric unit. During the interview, the nurse asks the recruiter about the nurses span of control. The best response by the recruiter is that the nurses span of control will include:

- a. all of the children on the unit.
- b. the number of individuals reporting to nurse manager.
- c. any visitors to the unit.
- d. all patients and family members of the

patients ANS: B

Span of control is used to designate the number of individuals that report to the nurse manager. The nurse manager does not have supervisory responsibilities over patients, family members, and visitors because these individuals do not have a direct reporting relationship with the nurse manager.

REF: SPAN OF CONTROL

23. Which of the following organizational structures would be the most centralized?

- a. Matrix structure c. Flat structure
- b. Tall structure d. Compromised structure

ANS: B

The tall structured organization would most likely be the most centralized. A tall organization would have many layers in the chain of command. The Flat structure has fewer layers, and the matrix structure may have at least two different reporting paths. There is no structure called a compromised structure.

REF: TYPES OF ORGANIZATIONAL
STRUCTURES

24. A small rural hospital with 30 beds, would most likely have which type of organizational structure?

- a. Flat c. Matrix
- b. Tall d. Product line

ANS: A

A small rural hospital with only 30 beds would most likely have a flat structure. The flat structure has few layers while a tall structured organization would have many layers in the chain of command. The matrix, or product line structure, may not be appropriate because of the limited number of patients cared for. Additionally, a small rural hospital would probably have a limited number of staff members.

PTS: 1 DIF: Analysis REF: ORGANIZATIONAL STRUCTURE

25. The nurse practitioners of a nurse-run clinic would conduct a review of the literature prior to adding a new program. Which of the following would not be a major reason for conducting the review?

- a. Identifying the structure and organization of similar programs
- b. Identifying potential problems and pitfalls
- c. Identifying the nurse practitioners level of productivity
- d. Identifying the existence of similar

programs ANS: C

A review of the literature should be completed prior to strategic planning or beginning any new project or program. This allows the project team to identify similar programs, their structure and organization, their potential problems and pitfalls, and their successes.

PTS: 1 DIF: Analysis REF: REVIEW OF LITERATURE ON SIMILAR PROGRAMS

26. A nurse educator conducts a staff development training on marketing. Which response by one of the nurses would indicate that further teaching is needed when the educator asks, What are the four Ps of marketing?

- a. Patient c. Price
- b. Product d. Provider

ANS: D

If a nurse responded provider, the educator would realize that additional teaching is needed because provider is not one of the four Ps of marketing. The four Ps are patient, product, price, and placement.

PTS: 1 DIF: Knowledge REF: DEVELOPING A MARKETING PLAN

MULTIPLE RESPONSE

1. Some of the quality measures for an Emergency Department might include which of the following? Select all that apply.

- a. Increase in patient satisfaction
- b. Decrease in patient complaints
- c. Reduction in market share
- d. Increase in repeat asthma patient visits
- e. Development of patient education material
- f. Review of all Emergency Department deaths

ANS: A, B, E, F

Quality measures would reflect improvements such as an increase in patient satisfaction, decrease in patient complaints, development of patient education material, and a review of all Emergency Department deaths. Reduction in market share and an increase in repeat asthma patient visits do not indicate improvement.

REF: FACTORS INFLUENCING ORGANIZATIONAL STRUCTURE

2. Reasons for an organization to rethink its structure would include which of the following? Select all that apply.

- a. A change in leadership
- b. External review problems
- c. Severe problems in staff performance

ANS: A, B, C, F

Shortell and Kalunzy identify situations in which an organizations structure should be rethought. These include experiencing severe problems in performance, customer satisfaction, or internal/external review; and change in environment, programs, services, or leadership.

REF: FACTORS INFLUENCING ORGANIZATIONAL STRUCTURE

3. An organizations culture of safety is the result of shared values and behaviors that demonstrate which of the following? Select all that apply.

- a. Agreement on the importance of safety

- b. History of service to the community
- c. Communications based on mutual trust
- d. Mission statement that focuses on staff
- e. Importance of being a decentralized organization
- f. Confidence in the ability to prevent errors through the use of known safety practices

ANS: A, C, F An organizations culture of safety is the result of shared values and behaviors that demonstrate agreement on the importance of safety, communications based on mutual trust, and confidence in the ability to prevent errors through the use of known safety practices. History of service to the community does not specifically relate to a culture of safety. Most mission statements do not specifically focus on the staff. Both centralized and decentralized organization can have a culture of safety.

REF: HIGH RELIABILITY ORGANIZATIONS A CULTURE OF SAFETY

Chapter 11: Effective Team Building

MULTIPLE CHOICE

1. A team is a:

- a. small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they are mutually accountable.
- b. group of people who wear the same T-shirt and have the same goals.
- c. small number of people who share common goals and like to get things done in an organized and timely manner.
- d. group of people who work together to accomplish stated goals over the long run.

ANS: A, While it may be nice to share T-shirts and common goals (short- or long-term), teams are generally established for a certain period of time to accomplish set goals. Their members have skills that complement each other. They share a common purpose and approach and are all mutually accountable for the outcomes of their actions (or inactions). REF: DEFINITION OF A TEAM

2. A new graduate complains to the charge nurse, I dont see why we have to work in teams. The best response by the charge nurse regarding advantages of teamwork would include:

- a. increased interpersonal skills, communication, and delegation of responsibility.
- b. collaboration, communication, and job satisfaction.
- c. innovation, collaboration, and socialization.
- d. increased interprofessional communication, collaboration, and job satisfaction.

ANS: D, Teamwork has a number of advantages and can contribute to safe and efficient patient care delivery. Some advantages to this group process are job satisfaction, interprofessional team communication, and collaboration. REF: ADVANTAGES OF TEAMWORK

3. After a class discussion on teamwork, the instructor asked the participants if they could identify some of the disadvantages of teamwork. Which of the following responses would indicate that further teaching is needed?

- a. Teams may take longer to accomplish a task or achieve a goal.
- b. Teams equalize power through shared governance.
- c. Team process takes time, effort, and resources.
- d. Team members may disagree on the best course of action to take for a specific situation.

ANS: B, A positive advantage of teamwork is that it equalizes power through shared governance. If the participant in the class gave this response, he would be incorrect and further teaching would be indicated. There are several disadvantages to teamwork. It may take longer to accomplish a task or achieve a goal due to the size and diversity of disciplines involved. Members may not agree with ways to accomplish goals, or they may disagree with group process or solutions. The team process takes time, effort, and resources. Some members may lack motivation, ability, or skills to adequately participate in the team process. This may be due to differences in personality, work ethics, language, or different perceptions of what needs to be accomplished.

REF: DISADVANTAGES OF TEAMWORK

4. Which comment by a staff nurse would indicate to the nurse manager that further clarification regarding the concept of shared governance is needed? Shared governance:

- a. formalizes and insists upon collaboration among the health care team members.
- b. affirms that the patient is the center of care.
- c. distributes power more evenly among nursing staff and leaders.
- d. provides an outlet for the recognition of inappropriate processes.

ANS: D

Shared governance is the process that formalizes and insists upon collaboration among the members of the health care team and confirms that the patient is the center of care. It is also a means by which power can be equalized because it is more evenly distributed among the team members. It is not a means by which inappropriate behaviors or processes are confronted, criticized, or affirmed.

REF: ADVANTAGES OF TEAMWORK

5. A nurse manager states to the staff nurses, This group has such synergy! One of the new nurses asks, What does that mean? The most appropriate response by the nurse manager is that synergy is:

- a. a stage of team development.
- b. when luck and circumstance work together.
- c. a bonus when things work together harmoniously.

d. a philosophical term relating to sharing of visions and goals.

ANS: C

Synergy has been defined as the bonus that occurs when things work together harmoniously and that the whole is greater than the sum of its parts (Covey, 1989). Hence, synergistic nursing models such as those espoused by the American Association of Critical-Care Nurses provide nurses with a model in which the needs and characteristics of the patient, clinical unit, or system are matched to a nurses competencies (Hardin, 2005).

REF: ANATOMY OF A WINNING TEAM

6. A nurse manager compliments one of the staff nurses on demonstrating the skills that an effective team leader must possess. On which qualities of the staff nurse is the nurse manager most likely focusing?

- a. Conflict resolution, communication, and interpersonal skills
- b. Leadership, communication, and control
- c. Control, communication, and conflict resolution
- d. Communication, conflict resolution, and leadership

skills ANS: D

Skills that good team leaders should have to be effective are good communication skills, knowledge of and techniques of

conflict resolution, and leadership skills. Honest and open communication is vital in any group or team activities, and a good leader is versed in how to maintain respectful negotiations, when to utilize conflict resolution techniques, and which type of leadership style should be used in a given situation.

PTS: 1 DIF: Application REF: QUALITIES OF THE EFFECTIVE TEAM LEADER

7. A nursing instructor has just completed teaching a class on activities that promote effective communication among team members. When grading the post-test the instructor recognizes that further teaching is needed if the students chose which of the following as an activity to promote effective team communication?

- a. Scout activities c. Ambassador activities
- b. Task-coordinator activities d. Coordinator activities

ANS: D

Anaconda and Caldwell (1992) noted three types of communication behaviors used by the team in their internal (team members) and external (outside the team) communications: *ambassador activities* (frequent communication with those above themselves in the organizational hierarchy to help gain support and

resources and to protect the team from outside pressures), *task-coordinator activities* (frequent communication laterally with other groups), and *scout activities* (general scanning and exploration of the external environment for information and ideas).

PTS: 1 DIF: Application REF: CONDUCIVE ENVIRONMENT FOR TEAMWORK

8. You have been appointed team leader for one of your organizations marketing teams. You recognize that a key to success for effective teams is:

- a. political environment. c. timeliness of goal setting.
- b. diversity of members. d. status distribution of team members.

ANS: A

Having adequate support (political environment) and buy-in from administration is vital to the success or failure of team activities. Administrative and political support can provide financial support staff, time allotted, and empowerment and may allow for creativity and self-governance. Having a diverse group of people with various status levels and the timeliness of setting the groups goals can be beneficial to teams; they are not a requirement for success.

PTS: 1 DIF: Application REF: CONDUCIVE ENVIRONMENT FOR TEAMWORK

9. The Institute of Medicines report *Keeping Patients Safe: Transforming the Work Environment of Nurses* determined that which of the following factors in nurses work environments may have a significant negative impact on patient outcomes?

- a. Education level c. Status
- b. Experience d. Culture

ANS: C

One of the contributors to medical errors discussed by the Institute of Medicines 2003 report is counterproductive hierarchical communication patterns that derive from status difference. Some medical practitioners, often perceived by others as having a *higher status* due to their education and profession, tended to ignore valuable information from nurses or others they perceived as being *lower status* members of the health care team, which contributed to an increased tendency toward medical errors. In addition, nurses also have been found to withhold pertinent information needed for diagnosis and treatment from medical practitioners.

REF: STATUS DIFFERENCES

10. The Tuckman and Jensen Conceptual Model of team process development includes:

- a. six stages. c. four stages.
- b. five stages. d. three stages.

ANS: B

The Tuckman and Jensen model is comprised of *five* stages of team development: forming, storming, norming, performing, and adjourning.

PTS: 1 DIF: Knowledge REF: TABLE 11-1 TUCKMAN AND JENSEN'S STAGES OF

TEAM PROCESS

11. A staff development trainer evaluates a group of nurse interns knowledge and understanding regarding the quality of effective team members. Which response by an intern would indicate that further training is needed?

a. Critical thinking c. Time management skills

b. Being proactive d. Self-

esteem ANS: D

Effective teams are comprised of individuals who possess certain characteristics conducive to good team function: time management skills (enhance the ability to effectively manage their time and tasks), critical thinking skills, and motivation and the tendency to be proactive (take charge of their personal and professional lives and tend to be proactive rather than reactive to situations and events).

REF: QUALITIES OF EFFECTIVE TEAM MEMBERS

12. A group of professionals has joined together in a team to address the issue of low morale among employees. During which stage of team formation would interpersonal issues come into play?

a. Norming c. Performing

b. Adjourning d. Storming ANS: D

During the storming stage of team development, opposing opinions or interpersonal agendas or issues can surface, increasing the potential for conflict or uneasiness. This is a natural part of team formation and should be expected whenever people from a variety of disciplines, specialties, and experiences work together.

REF: STORMING STAGE

13. With regard to teams and team function, a person's perceptions about the potential results of taking interpersonal risks and a climate where productive discussion is possible is called:

a. groupthink. c. synergy.

b. psychological safety. d. group cohesiveness.

ANS: B

Psychological safety in groups or teamwork concerns the perception of safety when taking a risk such as

asking a question or proposing a new idea. Psychological safety is created by mutual respect and trust among team members as well as the belief that they will not be criticized or belittled in front of their colleagues. This perception is largely taken for granted in most teams.

REF: CREW RESOURCE MANAGEMENT

14. A group of nurses work together on a team; however, they are unwilling to challenge each other or disagree. The situation is

most likely the result of which of the following? a. Cohesiveness c. Psychological safety

b. Groupthink d. Synergy

ANS: B

Groupthink occurs when the teams desire for harmony and consensus overcomes rational desires to effectively analyze and assess a given situation. Maintaining a pleasant atmosphere and reducing or eliminating the potential for conflict or the introduction of new ideas are some of the prime results of this behavior. It is counterproductive to effective teamwork because it tends to stifle creativity, inhibit innovative solutions, and reduce the potential for a psychologically safe environment.

REF: AVOIDING GROUPTHINK **15.** Which of the following is *not* characteristic of groupthink?

a. Stereotyping others c. Use of mindguards

b. Collective rationalism d. Illusion of

vulnerability ANS: D

Three of the characteristics of groupthink as noted by Janis (1972) are *stereotyping of others* (biased, highly negative views of competing teams or those who are not members of their own team), *collective rationalism* (tendency to overlook conflicting information), and *the use of mindguards* (these are used by team members who withhold conflicting or disharmonious information that is in direct opposition to the teams views and thoughts).

Another characteristic of groupthink is the illusion of *invulnerability*, where team members believe that they are impervious and invincible, not vulnerable.

REF: AVOIDING GROUPTHINK

16. A team leader evaluates whether the team members understand the stages of team development. Which response by a team member would indicate that further teaching is necessary?

a. Norming, storming, and reforming

b. Storming, performing, and norming

ANS: A

c. Adjourning, forming, and performing

d. Performing, storming, and forming

The stages of team development are forming, storming, norming, performing, and adjourning. There is no reforming stage.

REF: TABLE 11-1 TUCKMAN AND JENSENS STAGES OF TEAM PROCESS

17. Which of the following have well-defined roles and organized processes, are outcome-oriented, and have open interpersonal relationships?

a. Teams c. Committees b. Groups d. Organizations

ANS: A

These are all characteristics of highly effective teams. These types of teams are able to assess and analyze specified concerns and situations to provide viable results due to their use of clear goals; offer well-defined role delineation and organized processes that are outcome-oriented; and encourage honest and open communication and interpersonal relationships.

PTS: 1 DIF: Analysis REF: KEY CONCEPTS

18. Setting a time frame, reviewing progress, establishing ground rules, and encouraging equitable participation and discussion are all characteristics of:

a. ad hoc committees. c. meetings.

b. standing committees. d. interdisciplinary teams.

ANS: C

It is advisable for leaders to have a set of guidelines for effective meeting management. Some guidelines that should be considered are setting a time frame (time for current and future meetings), reviewing the progress made (generally done at the beginning of each meeting), establishing ground rules up front (concerning individual and group discussions), and encouraging equitable participation (managing the discussions to allow everyone to participate). By setting guidelines and instructions up front, leaders can help avoid disruptive group practices such as discussion monopolization or a lack of understanding of when the meeting will be held.

REF: TABLE 11-13 GUIDELINES FOR MEETINGS 19. Which descriptor is vital to effective team function?

a. Desired c. Accepted

b. Known d. Clear ANS: D

Being *clear* in the processes, duties, roles, responsibilities, opportunities, and communication is a vital part of effective and successful teams. A clear understanding of what is to be expected, the processes used, and the desired outcomes can enhance trust among team members.

REF: CONDUCIVE ENVIRONMENT FOR TEAMWORK 20. Three requirements for successful teams are:

- a. conducive physical, social, and political environment.
- b. compatible members, environment, and goals.
- c. creative environment, like disciplines, and socialization.
- d. compliant administration, political environment, and status.

ANS: A Successful teams work best when there is a supportive and

conducive environment consisting of physical (good space, noise control, privacy, and adequate seating), social (trust, mutual respect can lead to improved interpersonal relationships), and political factors (support from administration and potential external stakeholders).

REF: CONDUCIVE ENVIRONMENT FOR TEAMWORK

21. The members of a team have achieved their goals and begin to review their activities and evaluate their progress and outcomes. The team is most likely in which stage of the team process?

- a. Norming c. Forming
- b. Adjourning d. Storming

ANS: B

During the adjourning stage of the team process, the team is involved in termination. Team goals and activities are met, leading to closure, evaluation, and outcome review. This may also lead to reforming, when the need for improvement or further goal development is identified.

REF: TABLE 11-1 TUCKMAN AND JENSENS STAGES OF TEAM PROCESS

22. Several nurses have been assigned to a new team. They come to the first meeting with a sense of curiosity, adventure, and a little apprehension. The team is most likely in which stage of

- the team process?
- a. Forming c. Norming
 - b. Storming d. Adjourning

ANS: A

During the forming stage of team development, relationships are developed. Team orientation, identification of role expectations, beginning team interactions, explorations, and boundary setting occur.

REF: TABLE 11-1 TUCKMAN AND JENSENS STAGES OF TEAM PROCESS

23. One of the nurses on your team states, I enjoy working with you and the other team members. We

support each other and are willing to share resources. If there are any problems, we work together to solve them. Its good to work with a team where there is trust and its easy to work together to complete our tasks. Your team is most likely in which stage of Tuckman Jensens team process?

- a. Forming c. Performing
- b. Storming d. Adjourning

ANS: C

According to Tuckman and Jensens team process, the team is most likely in the performing stage. During this stage, team roles become more functional and flexible, and structural issues are

resolved, leading to supportive task performance through group- directed collaboration and resources sharing.

PTS: 1 DIF: Analysis

REF: TABLE 11-1 TUCKMAN AND JENSENS STAGES OF TEAM PROCESS

24. You are conducting a meeting with a group of nurses. Today, you plan to discuss role expectations and the purpose of the team. You ask each individual to introduce themselves and share a little about their background in nursing. Your group is most likely in which stage of Tuckman and Jensens team process?

- a. Forming c. Norming
- b. Storming d. Performing

ANS: A

The group is most likely in the forming stage of the team process. During this stage, relationships begin developing. There is team orientation, identification of role expectations, beginning team interactions, explorations, and boundary setting.

PTS: 1 DIF: Analysis

REF: TABLE 11-1 TUCKMAN AND JENSENS STAGES OF TEAM PROCESS

25. You have been working with a group of nurses to update the job description for nursing assistive personnel (NAP). The team has completed its assigned task, and it decides to submit a recommendation for possible in-service education presentations for the NAPs on such topics as safety and effective

communication. According to Tuckman and Jensen, your team is most likely in which stage of the team process?

- a. Forming c. Norming
- b. Storming d. Adjourning

ANS: D

Your team is most likely in the adjourning stage of the team process. The task for this stage includes

termination and consolidation. Team goals and activities are met, leading to closure, evaluation, and outcome review. This may also lead to reforming when the need for improvement or further goal development is identified. In this situation, a team may need to develop an in-service program.

PTS: 1 DIF: Analysis

REF: TABLE 11-1 TUCKMAN AND JENSENS STAGES OF TEAM PROCESS

MULTIPLE RESPONSE

1. Which of the following statements is true regarding status differences in teams? Select all that apply.

- a. Status is the measure of worth conferred on an individual by a group.
- b. Status differences have a profound effect on the functioning of teams.
- c. High status individuals initiate communication more often.
- d. Low status individuals have more influence over the decision making process.
- e. Low status individuals may be intimidated or ignored by high status individuals.
- f. There are no status differences among health professionals.

ANS: A, B, C, E

The statements that status is the measure of worth conferred on an individual by a group, status differences have a profound effect on the functioning of teams, high status individuals initiate communication more often, and low status individuals may be intimidated or ignored by high status individuals are all true. In many situations, high status individuals have more influence over the decision making process. There are frequently status differences among health professionals.

PTS: 1 DIF: Analysis REF: STATUS DIFFERENCES

2. A nursing student is a member of several different groups. Which group(s) would be considered informal group(s)? Select all that apply.

- a. Four students planning the holiday party
- b. Student members of the Nursing Department Student Affairs Committee
- c. Students meeting each day for lunch in the school cafeteria
- d. Members of the National Student Nurses Association

- e. Students studying together for a nursing quiz
- f. Group of students who filed a petition regarding an unfair school

policy ANS: A, C, E, F

Four students planning the holiday party, students meeting each day for lunch in the school cafeteria, students studying for a nursing quiz, and a group of students who filed a petition regarding an unfair policy would all be considered informal groups. Informal groups are not directly established or sanctioned by an organization, but they are formed naturally by individuals to fulfill personal or social interests or needs.

PTS: 1 DIF: Analysis REF: INFORMAL TEAMS

3. Several nurses have participated on a team which has demonstrated symptoms of the presence of groupthink. Which of the following may be occurring on the team? Select all that apply.

- a. Collective rationalization
- b. Pressure not to conform
- c. Stereotyping others
- d. Self-censorship. Avoidance of mindguards
- f. Illusions of unanimity

ANS: A, C, D, F
The team may be demonstrating collective rationalization,

stereotyping others, self-censorship, and illusions of unanimity if they have become involved in groupthink. Other characteristics of groupthink include pressure to conform and use of mindguards.

REF: AVOIDANCE OF GROUPTHINK

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Chapter 12: Power My Nursing Test Banks

19-24 minutes

Chapter 12: Power

MULTIPLE CHOICE

1. While reading an article on power, a nurse would most likely hypothesize that power can be described as which of the following?

- a. Authority and influence
- b. Accountability and responsibility

- c. Personal and professional approaches to life
- d. Ability to create, get, and use resources to achieve ones

goals ANS: D

Power is the ability to create, get, and use resources to achieve ones goals. Power can occur at various levels, including personal, professional, and organizational. Authority, influence, accountability, and responsibility may result from power; however, these terms do not define power.

REF: DEFINITIONS OF POWER

2. One day a colleague asked you, What made you choose nursing as a profession? You replied that your mother and teachers encouraged you to choose this profession. Your colleague would most likely hypothesize that your mother and teachers possessed personal power because they:

- a. perceived themselves as having personal power.
- b. were individuals who could influence others and events.
- c. had extensive buying power or wealth.
- d. were individuals in powerful positions.

ANS: B

Power, regardless of level, comes from the ability to influence others and events. Personal power derives from characteristics in the individual; for example, parents and teachers are often seen as personally powerful because of the knowledge they possess and trust they generate.

PTS: 1 DIF: Analysis REF: DEFINITIONS OF POWER

3. Your supervisor comments that you have a great deal of personal power. The supervisors comment is most likely related to which of your assets?

- a. Decision-making ability c. Charisma when speaking to people
- b. Connections to other d. Expertise as a

nurse nurses

ANS: A

The personal power of nurses is evident in the decisions they make. Nurses sense of power is greater when they can influence events through personal effort. Connection is ultimately about building personal

and professional relationships. People who are strongly connected to others experience a degree of intimacy and a level of commitment that empowers them and others. Nurses who are trusted and respected by others and are most able to exert influence over others tend to be charismatic. The knowledge and skills nurses possess is referred to as expert power.

PTS: 1 DIF: Analysis REF: DEFINITIONS OF POWER

4. As a nurse you possess professional power. This type of power is that which:

- a. comes from ones position in a hierarchy.
- b. comes from a persons buying power or wealth.
- c. is perceived by a person with extensive knowledge.
- d. is conferred on members of a profession.

ANS: D

Professional power is that which is conferred on members of a profession by one another and the larger society to which they belong.

REF: DEFINITIONS OF POWER 5. As the nurse manager, you have organizational power that:

- a. comes from ones position in a hierarchy.
- b. comes from a persons buying power or wealth.
- c. is perceived by a person with extensive knowledge.
- d. is conferred on members of a profession.

ANS: A

Organizational power comes from ones position in an organizational hierarchy, as well as from understanding the organizational structure and function and from being authorized to function powerfully within an organizational culture.

REF: DEFINITIONS OF POWER

6. As a new employee, you can wield influence as an expert nurse by doing which of the following?

- a. Demonstrating nursing skills
- b. Proclaiming yourself an expert

ANS: A

c. Achieving position status

d. Networking with expert nurses

There are two ways to wield the influence of an expert. One way is the demonstration of nursing skills based on ones knowledge, skills, and abilities that one consistently demonstrates in practice

settings. Second is to be introduced and promoted to a group as an expert, thus validating ones expertise. The position a nurse holds in a group is called *legitimate power*. The extent to which nurses network and are connected with others having power is called *connection power*.

REF: DEFINITIONS OF POWER

7. Your agency hires a nurse consultant who is certified in wound care. The consultant is scheduled to work with staff nurses on methods to promote wound healing. Which type of power does the nurse consultant possess?

a. Legitimate power c. Referent power

b. Expert power d. Reward/coercion

power ANS: B

The knowledge and skills nurses possess are referred to as expert power. Since the consultant is certified in wound care, the consultant would possess expert power.

REF: SOURCES OF POWER

8. You have been appointed president of your states local nursing association. The power derived from this appointment is referred to as which of the following?

a. Legitimate power c. Referent power

b. Expert power d. Reward/coercion

power ANS: A

Legitimate power is power derived from the position a nurse holds in a group. As the president of the nursing association, you have legitimate power and the authority over the actions of the association.

REF: SOURCES OF POWER

9. One of the nurses on your unit serves as a member of the hospitals budget committee. Each month the nurse updates the unit staff on issues that may affect them. This nurse possesses which type of power?

a. Expert power c. Information power

b. Connection power d. Legitimate power

ANS: C

Power is based on the information that any person can provide to the group. The extent to which nurses are connected with others having power is called connection power. The knowledge and skills nurses possess is referred to as expert power. Legitimate power is power derived from the position a nurse holds in a group, and it indicates the degree of authority.

REF: SOURCES OF POWER

10. Visible reciprocal acknowledgement of expertise among group members:

- a. maintains productivity. c. balances power.
- b. enhances power. d. decreases productivity.

ANS: C

Visible reciprocal acknowledgment of expertise among group members balances power and enhances productivity, while lack of reciprocal acknowledge has the opposite effect.

REF: SOURCES OF POWER

11. Reward power and coercive power are commonly used to influence others. The effective use of rewards for staff nurses is all of the following *except*:

- a. increased salary for obtaining the next rung on the clinical ladder.
- b. formal recognition before ones nursing peers at an awards ceremony.
- c. one additional paid day off for each year you are with the organization.
- d. increased workload for displaying excellence in patient care outcomes.

ANS: D

Meaningful rewards exist beyond monetary ones; for example, formal and personal recognition of loyalty and commitment to the organization with more paid time off. Increased workload is not seen as a reward in most instances.

REF: SOURCES OF POWER

12. A staff nurse requests that the nurse manager promote her from the position of RN-I to RN-II. The nurse manager explains to the staff nurse that, according to hospital policy, additional

experience and time on the job must be achieved before being promoted to that position. In an attempt to

circumvent the managers power, the staff nurse approaches the Director of Nursing and requests a promotion to RN-II. Circumvention of the nurse managers power can cause which of the following?

- a. Respect c. Knowledge
- b. Tension and conflict d. Positive image

ANS: B

Circumvention of power causes tension and conflict. Circumvention of a persons authority or position is likely to be perceived as an indication of disrespect or ignorance. Bypassing the person who is directly responsible for a situation, or who has formal access to the person who is directly responsible, reflects negatively on nurses who take their concerns to a higher level of authority without working to resolve issues at a more appropriate level.

PTS: 1 DIF: Analysis REF: SOURCES OF POWER

13. One of the nurses recently attended a conference on best practices for nurses. Upon returning to work, the nurse shares the information with the other staff nurses. Which of the following would be a result of sharing the information from the conference?

- a. Foster unsubstantiated rumors
- b. Decrease organizational effectiveness
- c. Weaken ones professional connections

ANS: D

Information sharing can improve patient care, increase collegiality, enhance organizational effectiveness, and strengthen ones professional connections.

PTS: 1 DIF: Analysis REF: SOURCES OF POWER

14. Which of the following is predominantly an intrapersonal characteristic?

- a. Affiliation c. Achievement
- b. Power d. Empowerment

ANS: C

The need for achievement is predominantly an intrapersonal characteristic and is motivated by ones personal conviction of capability and competence. Affiliation, power, and empowerment are predominantly interpersonal characteristics.

REF: DEFINITIONS OF POWER 15. Nurses are empowered by:

- a. the medias recognizing them as a powerful group.

- b. others perceiving them as being powerful.
- c. their collective gender force.
- d. self-decision making.

ANS: B

At the most basic level, nurses are empowered because they are perceived as having individual, group, and/or organizational power. Empowered nurses are likely to manifest a high level of self-awareness and self-confidence.

REF: DEFINITIONS OF POWER

16. As you approach graduation from nursing school, you will most likely begin to imagine your future in nursing in terms of which of the following?

- a. The past, the present, the future
- b. Joy, hardship, and dread
- c. What is possible, what is probable, what is preferred
- d. As a return to the past, as a global community, as a journey into space

ANS: C

There are three ways to imagine the future: 1) What is possible?, 2) What is probable?, and 3) What is preferred? As you approach graduation, you will most likely imagine your future with these three aspects in mind.

REF: PERSONAL POWER DEVELOPMENT

17. Nurses understand there are inherent risks in making decisions. These are all risks *except*:

- a. there will always be more information to gather and analyze.
- b. information must be researched and complete.
- c. time constraints and priority setting.
- d. information is never complete.

ANS: B

Information must be researched and complete is not a risk in making decisions. Effective nurses understand that time constraints and priority setting are part of decision making. There will always be more information to gather and analyze, and information is never complete.

REF: POWER AND THE LIMITS OF INFORMATION18. The process that transforms information into power is:

- a. commitment. c. critical thinking.
- b. relationships. d. choice and control.

ANS: C

The critical thinking process that nurses use to gather, interpret, share, and apply information is what transforms their information into power. Power in nursing is created through the relationships nurse develop. What makes power come alive is commitment. Empowerment includes the concepts of choice and control to implement changes in attitudes, nursing practice, and health care

structures.PTS: 1 DIF: Analysis REF: SOURCES OF POWER 19. Critical thinking leads to which type of power?

- a. Information power c. Connection power
- b. Expert power d. Legitimate

power ANS: B

The power of critical thinking leads to expert power. Critical thinking enables a nurse to understand more and to find better information. Nurses who influence others with the information they provide to the group are using information power. The extent to which nurses are connected with others having power is called connection power. Legitimate power is power derived from the position a nurse holds in a group, and it indicates the degree of authority.

PTS: 1 DIF: Analysis REF: SOURCES OF POWER

20. Power struggles regarding access and distribution of resources occur when:

- a. an externally competitive environment is created.
- b. there is a failure to understand the role and responsibilities of others.
- c. nurses have experience.
- d. relationships are maintained at status quo.

ANS: B

Power struggles regarding access and distribution of resources often occur when those controlling access and distribution of resources fail to understand the roles and responsibilities of others outside their position or when they create an internally competitive work environment. The hard realities of power in relation to any profession and those who hold it have to be confronted in order for the profession to survive, much less advance. In times of rapid change, even the experienced nurse may have difficulty adjusting.

REF: REAL WORLD INTERVIEW

21. Nurses who are empowered at the personal level are likely to manifest which of the following?

- a. Superiority over others
- b. High level of self-awareness and self-confidence
- c. Self-confidence and disapproval of others
- d. Dissatisfaction with the job but satisfaction with personal

life ANS: B

Nurses who are empowered at the personal level are likely to manifest a high level of self-awareness and self-confidence. They are more likely to understand nursing as a profession because it represents a group to which they belong.

REF: DEFINITIONS OF POWER

22. As a new graduate, you decide to join a professional nursing organization. Your goal is to be affiliated with other nurses who are well-known members of this professional organization. Your belief is that you will secure which type of power by membership in the organization?

- a. Legitimate c. Reward
- b. Referent d. Information

ANS: B

Referent power is the power based on the trust and respect people feel about the individual, group, or organization with which one is associated.

PTS: 1 DIF: Analysis

REF: TABLE 12-1 UNDERSTANDING AND USING SOURCES OF POWER

23. During an evaluation meeting with one of the nurses, the manager compliments the nurse on the excellent care the nurse provided to the family of a terminally ill patient. The manager also indicates that the nurse will be recommended for a promotion. The nurse manager is demonstrating which of the

following?

- a. Reward power c. Coercive power
- b. Informational power d. Referent

power ANS: A

The nurse manager is demonstrating reward power. The compliment and indication of a promotion are both types of rewards that nurses may receive.

PTS: 1 DIF: Analysis REF: SOURCES OF POWER

24. A staff nurse is late for rounds every morning. As the nurse manager, you inform the staff nurse that continued tardiness will result in a suspension. In this instance, you are exerting which type of power?

- a. Reward c. Coercive
- b. Referent d. Informational

ANS: C

By threatening the staff nurse with suspension, you would be exerting coercive power. As the nurse manager, you are demonstrating your ability and authority to take disciplinary action against the staff nurse in order to influence the nurse to change the behavior.

REF: SOURCES OF POWER

25. After completing a class on nurses and the media, the instructor questions the students on methods the media can use to support nursing's image and encourage other young people to choose nursing as a career. The instructor evaluates that further teaching is necessary when a group of students make which of the following comments? The media can:

- a. acknowledge the rapidly growing nursing shortage over the next decade.

ANS: B

Further teaching is needed when students indicate that the media should present nurses in roles that are stereotypical. Some stereotypical roles would include nurses being subservient to physicians. The media can best support nursing by acknowledging the anticipated nursing shortage, recognizing that nursing is one of the largest, most trusted groups in health care, and showing nurses as competent health care providers.

PTS: 1 DIF: Analysis REF: POWER AND THE MEDIA

MULTIPLE RESPONSE

1. A framework for nurses to develop their personal power would include which of the following? Select all that apply.

- a. Find a mentor
- b. Seek answers to questions
- c. Maintain a source of evidence-based information
- d. Introduce yourself to powerful people
- e. Avoid professional organizations
- f. Make a plan to develop sources of

power ANS: A, B, C, D, F

Nurses can develop personal power by finding a mentor, seeking answers to questions, maintaining a source of evidence-based information, introducing themselves to powerful people, and

making a plan to develop sources of power. REF: TABLE 12-2 A FRAMEWORK FOR BECOMING EMPOWERED

2. In which of the following situations is the nurse manager using coercive power? Select all that apply.

- a. Informing a staff member that he will receive a raise because of his excellent nursing care
- b. Implying that an employee is at risk of losing his job due to lack of motivation
- c. Telling staff members that if they want to be considered for promotion, they must join one of the organizations committees
- d. Threatening to fire a staff member if excessive tardiness continues
- e. Writing a letter of recommendation for a nurse who has resigned
- f. Threatening an employee with job loss if he does not agree to work overtime

ANS: B, C, D, F, Coercive power comes from the ability to punish others or take disciplinary actions against others in an attempt to influence them to change their behavior. When the nurse manager implies that a nurse might lose his job, tells a staff that they must join a committee if they want a promotion, threatens to fire someone due to absence, or threatens job loss if the staff member is not willing to work overtime, the manager is using coercive power. Giving an employee a raise or writing a letter of recommendation are example of reward power. REF: SOURCES OF POWER

3. Strategies for nurses to implement in order to increase their organizational power include which of the following? Select all that apply.

- a. Get involved beyond direct patient care
- b. Continually improve and add to the knowledge you have in relation to your organizational unit, to the organization as a whole
- c. Readily share appropriate knowledge with others who will value it and use it to a good end
- d. Stay away from individuals who perceive themselves as powerful
- e. Volunteer to be involved with health care at the local, state, and national level
- f. Volunteer for committee assignments that will challenge you to learn and experience more than

what is expected of you in a staff nurse role

ANS: A, B, C, E, F, All of the above are strategies for increasing a nurses organizational power except for option d. Instead of isolating oneself from individuals who perceive themselves as powerful, analyze the situation. These individuals may in fact be powerful within the organization and can possibly serve as mentors. REF: TABLE 12-2 A FRAMEWORK FOR BECOMING EMPOWERED

Chapter 13: Change, Innovation, and Conflict Management

MULTIPLE CHOICE

1. Sullivan and Decker (1997) define change as:

- a. planned and purposeful.
- b. voluntary and for ones own reasons.
- c. making something different from what it was.
- d. voluntary and carries intrinsic or extrinsic rewards.

ANS: C

Sullivan and Decker define change as making something different from what it was. Sebastian (1999) states that organizational change is planned and most change is purposeful. Personal change is change made voluntarily for ones own reasons. Personal or professional change is voluntary and carries intrinsic or extrinsic rewards. REF: CHANGE

2. During a job interview, the nurse recruiter informs you that the organization is undergoing several significant changes. As a new graduate, you recognize that one characteristic of organizational change is:

- a. improving efficiency.
- b. spontaneous action.
- c. mandatory on an annual basis.
- d. voluntary for self- improvement.

ANS: A

Organizational change is usually planned, and the purpose is generally to improve efficiency or financial standing, or for some other organizational purpose. Personal change is a change made voluntarily for self- improvement.

REF: CHANGE

3. Which of the following is the change theory proposed by Lewin?

- a. Phases of change c. Diffusion of innovations theory
- b. Six-step change model d. Force-field

model ANS: D

Lewins change theory is entitled force-field model. Lippitts model is entitled phases of change. Havelocks model is six-step change model. Rogerss model is called diffusion of innovations theory of change.

PTS: 1 DIF: Knowledge REF: TRADITIONAL CHANGE THEORIES

4. Rogerss Diffusion of Innovations theory of change includes which of the following steps?

- a. Diagnose problem, assess motivation and capacity for change, assess change agents motivation and resources, select progressive change objective, choose appropriate role of change agent, maintain change, and terminate helping relationship
- b. Unfreeze, move, refreeze
- c. Awareness, interest, evaluation, trial, adoption
- d. Build relationship, diagnose problem, acquire resources, choose solution, gain acceptance, and stabilization/self- renewal

ANS: C

The steps in Rogerss diffusion of Innovations theory of change are awareness, interest, evaluation, trial, and adoption. The steps in Lippitts change theory are diagnose problem, assess motivation/capacity to change, assess change agents motivation/resources, select progressive change objective, choose appropriate role of change agent, maintain change, and terminate helping relationship. Lewins force-field model includes the steps of unfreeze, move, and refreeze. Havelocks six-step change model includes the following steps: build relationship, diagnose problem, acquire resources, choose solution, gain acceptance, and stabilization/self-renewal. REF: TABLE 13-2 COMPARISON CHART OF CHANGE THEORIES AND THEIR USES

5. Your organization is planning to make educational and cultural changes. Which model of change is most often used in this type of situation?

- a. Force-field model
- b. Phases of change model
- c. Six-step change model
- d. Diffusion of innovations theory of change model

ANS: C, The six-step change model is used most often for educational change or cultural change. The force-field model is used for most situations and organizations. The phases of change model is used for process changes and general change. The diffusion of innovations theory of change is for permanent change that is general in nature for organization and group change.

REF: TABLE 13-2 COMPARISON CHART OF CHANGE THEORIES AND THEIR USES

6. The model that emphasizes the participation of key personnel and the change agent in designing and planning the intended change project is:

- a. force-field model.
- b. phases of change model.
- c. six-step change model.
- d. diffusion of innovations theory of change model.

ANS: B, Lippitts phases of change model emphasizes the participation of key personnel and the change agent in designing and planning the intended change project. Havelocks six-step change model emphasizes the planning stage. Rogerss diffusion of innovations theory of change emphasizes the innovation decision-making process. Lewins force-field model emphasizes unfreezing, moving to a new level, and refreezing. REF: TRADITIONAL CHANGE THEORIES

7. The theory that is based on responsiveness and flexibility is:

- a. chaos theory. c. diffusion of innovations theory.
- b. learning organization d. change theory. theory.

ANS: B, Learning organization theory is based on responsiveness and flexibility due to interrelationships. Chaos theory is based on order that is potentially unrecognizable because it does not appear in the same form twice. Diffusion of innovations theory is based on the innovation decision-making process. Change theory focuses on understanding change and the dynamics involved in change. REF: THEORY OF LEARNING ORGANIZATIONS

8. One discipline that is needed for an organization to achieve the learning organization status to deal effectively with chaos is:

- a. systems thinking. c. self-learning.
- b. group mastery. d. physical models.

ANS: A

Senge developed five disciplines that are necessary for organizations to achieve the learning organization status to deal effectively with chaos. These disciplines are: systems thinking, personal mastery, mental models, building a shared vision, and team learning. The key to development of Senges five disciplines is two-way communication or open discussion and dialogue.

REF: THEORY OF LEARNING ORGANIZATIONS

9. During which step in the change process would the who, how, and when of the change be determined?

- a. Assessment c. Implementation
- b. Planning d. Evaluation

ANS: B

In the planning step, the who, how, and when of the change are determined. The assessment step identifies what the problem is or the opportunity for improvement through change by collecting and analyzing data. In the implementation step, the plan actually goes live. The evaluation step includes identifying measurable expected outcomes.

REF: PLANNING

10. As a new graduate, you recognize that one of the reasons to introduce change is to:

- a. solve a problem.
- b. maintain relationships.
- c. sort out the causes of chaos.
- d. acknowledge that change is inevitable.

ANS: A, There are three basic reasons to introduce a change: 1) to solve a problem, 2) to improve efficiency, and 3) to reduce unnecessary workload for some group. Change for the sake of change is an unnecessary and stressful. REF: THE CHANGE PROCESS

11. Your unit is in the process of making a major change in patient care delivery. Data has been collected; the driving and

restraining forces, including costs, desirability, and feasibility, have been examined. Which issue related to change has the unit addressed?

a. Political issue c. Structural issue

b. Technology issue d. People issue

ANS: C, Structural issues include the costs, desirability, and feasibility of the change project. Political issues include the power groups in favor of or against the proposed change. Technology issues may include new, up-to-date equipment. People issues include the commitment of the staff, their level of education and training, and their interest in the project. REF: THE CHANGE PROCESS

12. Your unit has just introduced a new system for electronic health records (EHR). Each of the staff members must be taught how to use the system. A strategy for change that focuses on teaching workers new technology is which of the following?

a. Providing information c. Power coercive

b. Training d. Normative reeducative

ANS: B, Training focuses on teaching workers new technology. Providing information focuses on what the change will mean to the individual. The power-coercive strategy uses authority and threat of job loss to gain compliance with change. The normative- reeducative strategy uses social orientation and the need to have satisfactory relationships in the workplace. REF: PLANNING

13. The nursing manager is preparing for change on the unit and approaches the change using a rational- empirical strategy. The managers approach to change uses which of the following as a power base?

a. Social orientation c. Knowledge

b. Authority and threat d. Teaching

ANS: C, The rational-empirical strategy for change uses knowledge as a power base. Once workers understand the organizational need for change or understand the meaning of the change to them as

individuals and the organization as a whole, they will change. Power-coercive uses authority and threat of job loss to gain compliance with change. The normative-reeducative strategy uses social orientation to support change. Training focuses on teaching. REF: TABLE 13-3 STRATEGIES FOR CHANGE

14. An indicator for successful implementation of a project is:

- a. people owning the change.
- b. change perceived as neutral.
- c. time limits on change.
- d. learning curve status.

ANS: A, There are two characteristics that indicate successful implementation of a project. The most important is that the people affected by the change begin to own the change. The second characteristic of successful implementation is that the change is perceived as an improvement. Usually not enough time is allowed for the change to be effective, and a learning curve must be identified. REF: IMPLEMENTATION OF CHANGE STRATEGIES

15. Your hospital is making changes to improve patient satisfaction. You recognize that many of your colleagues are satisfied with the current functioning of the hospital. In examining their response, you realize that the most typical response to change is which of the following?

- a. Trust c. Status quo
- b. Coping d. Resistance

ANS: D, The most typical response to change is resistance. Humans enjoy routine and the status quo. Two factors that affect resistance to change are trust and an individuals ability to cope with change. REF: PLANNING

16. According to Jones (2007), a factor that affects an individuals ability to cope with change is:

- a. individual perception of loss.
- b. anticipated group consequences.
- c. evaluation of previous situations.
- d. ability to adapt to change.

ANS: D

Jones identifies four factors that affect an individuals ability to cope with change: 1) the ability to adapt to change, 2) evaluation of the immediate situation, 3) anticipated consequences of change and the impact it will have on a person, and 4) perception of group and individual wins and losses in the change.

REF: RESPONSES TO CHANGE

17. Your unit is undergoing planned change. Most of the nurses have expressed openness and receptivity to change. These nurses would be considered which of the following?

- a. Innovator c. Early majority
- b. Early adopter d. Late majority

ANS: B, Early adopters are open and receptive to change, but they are not obsessed with change. Innovators embrace change and enjoy the challenge of change. The early majority enjoys and prefers the status quo, but does not want to be left behind. The late majority adopts change after expressing negative feelings. REF: TABLE 13-4 RESPONSES TO CHANGE

18. The last group to adopt change is called the:

- a. rejectors. c. early majority.
- b. laggards. d. late majority.

ANS: B, The laggards are the last group to adopt a change. They prefer tradition and stability to innovation. Rejectors openly oppose and reject change. The early majority enjoys the status quo but does not want to be left behind. The late majority adopts change after expressing negative feelings. REF: TABLE 13-4 RESPONSES TO CHANGE

19. The nurse manager of your unit has often been referred to as a real change agent. You recognize that one characteristic you manager depicts in her role as change agent is which of the following?

- a. Restrained c. Objective
- b. Manages change d. Trustworthy

ANS: D, Characteristics of a change agent are trustworthy, open, respected, maintains vision of change, able to empower people, and intuitive.

REF: THE CHANGE AGENT

20. A change agent can manage the process of change by:

- a. ignoring rumors. c. maintaining consistent meetings.
- b. ignoring political forces. d. accepting appointed change project team.

ANS: C, Strategies a change agent can use in managing the change process: 1) set up consistent meetings, 2) articulate vision clearly and concisely, 3) develop a timeline, 4) plant seeds and mention ideas to key individuals, 5) select the change project team, 5) share updates, 6) check out rumors, 7) maintain a positive attitude, 8) be alert to political forces, 9) know the informal and formal leaders, and 10) have self-confidence and trust in oneself. REF: TABLE 13-5 CHANGE AGENT APPROACHES

21. Two nurses disagree on the approach to be taken when caring for a hostile patient. One nurse feels the patient should be treated in the same manner that the patient treats the nurse. The second nurse feels that the patient should be further assessed to determine the possible cause of the patients hostility. These nurses are experiencing which type of conflict?

- a. Intrapersonal conflict c. Organizational conflict
- b. Interpersonal conflict d. System conflict

ANS: B

In interpersonal conflict, the source of disagreement may be between two people or groups or work teams. Intrapersonal conflict is the type of conflict that occurs within the individual. Organizational conflict is often referred to as intergroup conflict. Conflict can be defined as a disagreement about something of importance to each person involved.

PTS: 1 DIF: Analysis REF: TYPES OF CONFLICT

22. The conflict resolution technique in which each side gives up something and gains something is called:

- a. avoiding. c. competing.
- b. accommodating. d. compromising.

ANS: D

In compromising, each side gives up something and gains something. Avoiding is ignoring the conflict. In accommodating, one side gives in to the other side. In competing, two or three sides are forced to compete for the decision.

REF: CONFLICT MANAGEMENT

23. Which conflict resolution technique has the advantage of being the best solution for the conflict and encompassing all important goals to all sides?

- a. Competing c. Collaboration
- b. Confrontation d. Negotiating

ANS: C

The advantage of the collaboration conflict resolution technique is that it is the best solution for the conflict, and it encompasses all important goals to all sides. In competing, the advantage is that it produces a winner and is good when time is short and stakes are high. The advantage of confrontation is that it does not allow conflict to take root. In negotiating, stakes are very high, the solution is rather permanent, and it often involves powerful groups.

REF: CONFLICT MANAGEMENT

24. Which conflict resolution technique might have the disadvantage of becoming bigger than anticipated and being more important to one person or group than to others?

- a. Collaboration c. Competing
- b. Confrontation d. Avoiding

ANS: D

The disadvantage of avoiding is that it can become bigger than anticipated, and it might be more important to one person or group than to others. In collaboration, the disadvantage is that it takes a lot of

time and requires commitment in order to succeed. The disadvantage of confrontation is that it may leave an impression that conflict is not tolerated, and it may make something big out of nothing. In competing, the disadvantage is

that it produces a loser, which may cause anger and resentment on the losing side.

REF: CONFLICT MANAGEMENT25. The two biggest problems in health care today are related to:

- a. centralized patient data and flow of information.
- b. patient safety and soaring health care costs.
- c. physician/patient conflicts and consumer groups.
- d. clinical expertise and conflict management skills.

ANS: B

The two biggest problems in health care today are related to patient safety and soaring costs.

REF: INNOVATION

26. A conflict management technique where both sides work together to develop an optimal outcome is called:

- a. avoiding. c. confronting.
- b. competing. d. collaborating.

ANS: D

Collaborating is when both sides work together to develop an optimal outcome. Avoiding is ignoring the conflict. Competing is when two or three sides are forced to compete, and it produces a

winner. Confronting is an obvious movement to stop conflict at the very start.

REF: CONFLICT MANAGEMENT

27. The nurse manager wants to change the care delivery model from one of team nursing to that of primary nursing. The nurse manager decides to approach the change using Havelocks model. Which steps would need to be completed during Havelocks planning stage?

- a. Gaining acceptance c. Acquiring resources
- b. Choosing a solution d. Stabilizing and self-

renewal ANS: C

According to Havelocks model of change, the nurse manager would acquire resources during the planning stage. Other steps to be accomplished during this stage include building relationships and diagnosing the problem. Gaining acceptance and choosing a solution are steps in the moving stage. Stabilizing and self-renewal occur during the refreezing stage.

REF: TRADITIONAL CHANGE THEORIES

28. A new graduate nurse has been having difficulty working with one of the older nurses and has requested to be assigned to the evening shift. Which approach to conflict management has the new nurse chosen?

- a. Avoiding c. Competing
- b. Collaboration d. Accommodation

ANS: A

The new graduate has chosen to avoid the older nurse by being transferred to the evening shift. Avoidance is common and it may be on a conscious or unconscious level. There may be circumstances where avoidance is appropriate such as: (1) one of the parties is leaving so the conflict will resolve itself, (2) the conflict is not solvable and not all that important, and (3) there are other more important issues at stake and conflict management is not worth the time and energy required at this point. A better solution would be for the new graduate to discuss the situation with the older nurse.

PTS: 1 DIF: Analysis REF: CONFLICT MANAGEMENT

29. The local hospital in your area has begun to implement evidence-based nursing care. The last patient care unit to implement the change has frequently been skeptical and suspicious about the change. According to Rogerss theory, these individual would be considered which of the following?

- a. Rejectors c. Innovators
- b. Laggards d. Late majority

ANS: B

Laggards are the last group to adopt a change. They prefer tradition and stability to innovation and tend to be somewhat

suspicious of change. Rejectors openly oppose and reject change. They may be surreptitious or covert in their opposition and may even hinder the change process to the point of sabotage. Innovators embrace change, enjoy the challenge of change, and often lead change. The late majority, often known as the followers, are often skeptics, but they adopt change after expressing their negative feelings.

PTS: 1 DIF: Analysis REF: RESPONSES TO CHANGE

30. A group of Nurse Practitioners have been informed that changes are being planned for a new computerized charting system. The NPs are excited about the change and have offered to lead the change. According to Rogers, these NPs would be considered which of the following?

- a. Innovators c. Early majority

b. Early adopters d. Laggards

ANS: A

According to Rogers, the NPs would be considered *Innovators*. Innovators embrace change, enjoy the challenge of change, and often lead change. *Early adopters* are open and receptive to change, but they are not obsessed with it. *Early majority* enjoy and prefer the status quo, but they do not want to be left behind; consequently, they adopt change before the average person. *Laggards* are the last group to adopt a change. They prefer tradition and stability to innovation, and they are somewhat suspicious of change.

PTS: 1 DIF: Analysis REF: RESPONSES TO CHANGE

31. The nurse manager knows that for change to be successful which of the following must occur?

- a. Autocratic approach must be used.
- b. Only RNs should be involved in the change process.
- c. Empowerment of those involved in the change must occur.
- d. Physicians should be the initiators of change on the unit.

ANS: C

For change to be successful, the change agent must empower people to control the change project as it affects their lives. Those most affected by the change must be involved in assessing, planning, implementing, and evaluating the change.

REF: THE CHANGE AGENT

MULTIPLE RESPONSE

1. You have had concerns regarding the charting method used on your unit. You decide a change needs to be made and begin the change process using Lippitts model. Which steps are included in this model? Select all that apply.

- a. Diagnosing the problem
- b. Assessing the motivation and capacity for change
- c. Eliminating the routines and habits of people affected by the change
- d. Choosing the solution
- e. Choosing an appropriate role for the change agent

f. Maintaining change after it has been started

ANS: A, B, E, F

Lippitts phases of change include diagnosing the problem, assessing the motivation and capacity for change, choosing an appropriate role for the change agent, and maintaining change after it has been started. Choosing the solution is a step in Havelocks model. It is not suggested that eliminating the routines and habits of people affected by the change should be eliminated. Incorporating the routines and habits of those affected by the change would facilitate acceptance of the change.

REF: TRADITIONAL CHANGE THEORIES

2. In your role of change agent, which of the following approaches would be important? Select all that apply.

- a. Maintain a positive attitude
- b. Look for possible conflicts
- c. Constantly check the timeline for targeted activities
- d. Map out a tentative timeline
- e. Back away from any possible conflict
- f. Select the change project team

carefully ANS: A, C, D, F

Your approach as change agent should include maintaining a positive attitude, mapping out a tentative timeline, selecting the change project team carefully, and checking the timeline for targeted activities. You would not look for possible conflicts, but if conflict occurs, you should never back away from it.

REF: TABLE 13-5 CHANGE AGENT APPROACHES

3. The nursing staff have been informed that changes will be implemented. The most common people issue related to change includes which of the following? Select all that apply.

- a. Fear of leadership
- b. Fear of making mistakes
- c. Fear of job loss

ANS: C, F

d. Fear of promotione. Competitionf. Fear of not being valued

Driving and restraining forces related to change include political issues, technology issues, cost and structural issues, and people issues. The most common people issues include fear of job loss and fear of not being valued.

REF: RESPONSES TO CHANGE

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Chapter 14: Budget Concepts for Patient Care My Nursing Test Banks

18-23 minutes

Chapter 14: Budget Concepts for Patient Care

MULTIPLE CHOICE

1. A nurse manager is preparing a budget that outlines anticipated revenue and expenses over the next fiscal year. This is an example of which of the following?

- a. Operational budget c. Construction budget
- b. Capital budget d. Accounting

ANS: A

An operational budget is a financial tool that outlines anticipated revenue and expenses over a specified period. A capital budget accounts for the purchase of major new or replacement equipment. A construction budget is developed when renovations or new structures are planned. A process called accounting assists with budget documentation; it is an activity that managers engage in to record and report financial transactions and data.

REF: OPERATIONAL BUDGET 2. An expense that is associated with patient care is:

- a. fixed. c. direct.
- b. indirect. d. variable.

ANS: C

Direct expenses are those expenses that can be directly associated with patient care. Medical and surgical supplies and drugs would be considered direct expenses. Fixed costs are expenses that are constant and are not related to productivity or volume. Indirect expenses are expenses not directly related to patient care. Variable costs fluctuate depending on the volume, or census, and types of care required.

REF: DIRECT AND INDIRECT EXPENSES

3. A department managers budget concerned with the income and expenses associated with day-to-day activities of the unit is a(n):

a. operational budget. c. construction budget.

b. capital budget. d. balanced budget.

ANS: A

An operational budget accounts for the income and expenses associated with day-to-day activity within a department or organization. A capital budget accounts for the purchase of major new or replacement equipment. A construction budget is developed when renovations or new structures are planned. A balanced budget is one where the expenses are equal to or less

than the revenues.REF: OPERATIONAL BUDGET

4. The radiology department has requested that the hospital purchase a new mammogram machine. This equipment would be included in which of the following budgets?

a. Operational budget c. Construction budget

b. Capital budget d. Balanced budget

ANS: B

A capital budget accounts for the purchase of major new or replacement equipment. An operational budget accounts for the income and expenses associated with day-to-day activity within a department or organization. A construction budget is developed when renovations or new structures are planned. A balanced budget is one where the expenses are equal to or less than the revenues.

REF: CAPITAL BUDGET

5. When planning the budget for the unit, the nurse manager recognizes that equipment depreciation, utilities, fringe benefits, and salaries are considered:

a. fixed costs. c. direct expenses.

b. variable costs. d. indirect expenses.

ANS: A Fixed costs are those expenses that are constant and not related

to productivity or volume. Examples of these costs are equipment depreciation, utilities, fringe benefits, and salaries. Variable costs fluctuate depending on the volume, or census, and types of care required. Direct expenses are those expenses that can be directly associated with patient care. Indirect expenses are expenses not directly related to patient care.

REF: FIXED AND VARIABLE COSTS

6. Medical and surgical supplies, drugs, laundry, and food are considered:

a. fixed costs. c. direct expenses.

b. variable costs. d. indirect expenses.

ANS: B

Variable costs fluctuate depending on the volume, or census, and types of care required. Medical and surgical supplies, drugs, laundry, and food costs often increase with the volume. Fixed costs are those expenses that are constant and not related to productivity or volume. Direct expenses are those expenses that can be directly associated with patient care. Indirect expenses are expenses not directly related to patient care.

REF: FIXED AND VARIABLE COSTS7. Gas, electricity, and phones are considered:

a. fixed costs. c. direct expenses.

b. variable costs. d. indirect expenses.

ANS: D

Indirect expenses are items such as utilities, gas, electricity, and phones that are not directly related to patient care. Fixed costs are those expenses that are constant and not related to productivity or volume. Variable costs fluctuate depending on the volume, or census, and types of care required. Direct expenses are those expenses that can be directly associated with patient care.

REF: FIXED AND VARIABLE COSTS8. If an organization takes donations, this money is considered a:

a. profit. c. dashboard.

b. revenue. d. variance.

ANS: B

Revenue is income generated through a variety of meansdonations, billable patient services, and investments. Profit is determined by the relationship of income to expenses. A dashboard is a documentation tool providing a snapshot image of pertinent information and activity reflecting a point in time. A variance is the difference between what was budgeted and the actual result.

REF: REVENUE9. In the budget preparation phase, obtaining information

regarding other hospitals performance is considered:

a. demographic information. c. strategic initiatives.

b. regulatory influences d. competitive analysis.

ANS: D

A competitive analysis probes how the competition is performing by examining other hospitals practices. Demographic information identifies unique characteristics of the market that influence patient behavior. Regulatory influences affect financial performance and are influenced by several governing bodies. Strategic initiatives include strategic plans that guide the direction of the organization over several years.

REF: COMPETITIVE ANALYSIS10. Obtaining information on Medicare services is considered:

a. demographic information. c. strategic information.

b. regulatory information. d. competitive information.

ANS: B

Medicare is a federal regulatory body in the area of health care reimbursement. Other regulatory bodies include the Food and Drug Administration and the Joint Commission.

REF: REGULATORY INFLUENCES11. A nurse researcher is collecting data on the average income

of residents in her community. The purpose of the study is to determine if there is a correlation between income, educational level, and health beliefs. The data related to average income is considered:

a. competitive analysis. c. strategic initiatives.

b. demographic information. d. regulatory influences.

ANS: B

Demographic information such as average income, age, race, sex, and background provides insight into consumer individuality. Competitive analysis probes how the competition is performing by examining other hospitals practices. Strategic initiatives include strategic plans that guide the direction of the organization over several years. Regulatory influences affect financial performance and are influenced by several governing bodies.

REF: DEMOGRAPHIC INFORMATION AND MARKETING

12. A new nurse is receiving training on a payment classification system used for reimbursement of health care costs by Medicare. The nurse is most likely learning about which of the following?

a. Managed care contracts c. Diagnosis-related groups

b. Penetration rate revenue d. Length-of-stay

records ANS: C

The nurse is most likely learning about diagnosis-related groups (DRGs), which is the system used by Medicare to group

inpatients into categories for reimbursement. This form of classification system is used to group inpatients

into categories based upon the number of inpatient days, age, complications, and so on. Reimbursement covers room and board, tests, and therapy during a predetermined length of stay.

REF: REVENUE

13. During the budget process, the nurse manager wants to drill down into expenses and detail the cost of every supply item and quantity of times it is typically used. This is called:

- a. accountable budgeting. c. operating budget.
- b. zero-based budgeting. d. capital budget.

ANS: B

Zero-based budgeting is a process used to drill down into costs associated by detailing every supply item and quantity of times it is typically used. Accounting is an activity that managers engage in to record and report financial transactions and data. An operating budget accounts for the income and expenses associated with the day-to-day activities within a department or organization. A capital budget accounts for the purchase of major new or replacement equipment.

PTS: 1 DIF: Analysis REF: SUPPLIES

14. When examining the budget, the nurse manager knows that approximately 50 percent to 60 percent of the operational expenses are for which of the following?

- a. Supplies c. Salaries and benefits

ANS: C

Labor is a significant cost. Salaries and benefits account for 50 percent to 60 percent of operational costs.

REF: LABOR

15. When developing a budget that meets the needs of the department, the nurse manager understands that sick time, vacation time, and holiday time are considered which of the following?

- a. Productive time c. Direct expenses
- b. Unproductive time d. Variable costs

ANS: B

Unproductive time is when staff is not working; it usually includes sick, vacation, personal, holiday, and education time. Productive time is when staff is working directly with patient care. Direct expenses are those expenses that are directly associated with the patient. Variable costs fluctuate depending on the volume, or census, and types of care required.

REF: UNPRODUCTIVE TIME

16. A nurse manager wishing to positively affect the budget could employ which of the following strategies?

- a. Increase patient charge c. Maintain productivity items
- b. Maintain patient length of d. Evaluate staff downtime stay

ANS: D

Some strategies that staff can use to positively affect the budget are to evaluate staff downtime, enter charges in a timely manner, reduce the patient length of stay, enhance productivity, analyze the cause of delays, and explore new products.

REF: BUDGET APPROVAL AND MONITORING

17. When evaluating the organization, the nurse manager realizes that overall organizational performance is dependent on which of the following?

- a. Managers insight into financial outcomes
- b. Staffs insight into quality and financial outcomes
- c. Organizations strategic plan
- d. Administrations insight into financial

outcomes ANS: B

Overall, organizational performance is dependent on the insight and skill that the staff hold related to patient care quality and financial outcomes. Managers must engage the staff to understand the budget process and implement strategies that positively affect the budget, which is in alignment with the organizations strategic plan and is, in turn, guided by the administration.

REF: KEY CONCEPTS18. A nurse manager is listing the number and type of staff

needed for a procedure, otherwise known as which of the following?

- a. Staffing model c. Pre-procedure care
- b. Direct patient preparation d. Post-procedure

care ANS: A

A staffing model outlines the number and type of staff required for a procedure. Time analysis for a procedure includes pre- procedure care, direct patient preparation, intra-procedure care, and post-procedure care.

REF: STAFFING

19. During an in-service on budgeting, the staff developer asks the participants, Who is responsible for ensuring that expenses are kept within the budget? The participants would be correct if they gave which of the following responses?

- a. Chief financial officer c. Staff nurse using supplies
- b. Unit manager of d. Entire health care team

department ANS: D

The entire health care team is responsible for ensuring that expenses are kept within the budgeted amount. Nurses can have a major impact by following standards and reducing waste related to supplies.

REF: BUDGET APPROVAL AND MONITORING

20. A nurse manager, giving a presentation to subordinates, details an issue associated with registered nurses known as failure to rescue. Research has shown that failure to rescue is linked to which of the following?

- a. Lower proportion of hours of care at the bedside
- b. Weak cardiopulmonary resuscitation skills
- c. Inappropriate budgeting by the manager
- d. Inadequate equipment and

resources ANS: A

Low proportion of nursing hours of care per day has been linked with failure to rescue, which is defined as death from pneumonia, shock or cardiac arrest, upper GI bleeding, sepsis, deep venous thrombosis, and urinary tract infections.

REF: EVIDENCE FROM THE LITERATURE

21. When developing the budget, the nurse manager knows that a variance analysis that must be explained is which of the following?

- a. Actual = budget c. Actual > budget
- b. Actual < budget d. Projected =

budget ANS: C

A variance is a difference between what was budgeted and the actual result. A manager must explain

variances where actual budget is greater than budgeted. Projections are not part of the operating budget.

REF: BUDGET OVERVIEW

22. One of the laboratories in your hospital budgeted \$24,000 for procedure activity. However, when reviewing the data, the head of the department realized that the actual cost was \$26,250. What was the variance?

- a. 9.1 percent c. 10.4 percent
- b. 9.4 percent d. 110 percent

ANS: C

The variance for the laboratory was 10.4 percent. To determine the variance, the head of the laboratory would subtract the budgeted amount from the actual amount ($26,500 - 24,000 = 2,500$). Next, 2,500 is divided by the budget amount of 24,000 = 10.4 percent.

PTS: 1 DIF: Analysis REF: BUDGET PREPARATION

23. A nursing student questions the instructor regarding the acronym *DRGs*. The most appropriate response by the instructor is to inform the student that the acronym *DRGs* stands for which of the following?

- a. Debt ratio gain c. Disease recovery groups
- b. Diagnosis-related groups d. Debt resource

generator ANS: B

The acronym *DRGs* stands for diagnosis-related groups. This form of payment classification system is used to group inpatients into categories based upon the number of inpatient days, age, complications, etc.

PTS: 1 DIF: Knowledge REF: REVENUE

24. As the nurse manager of the unit, you are responsible for monitoring the units budget. You perform these activities in order to do which of the following?

- a. Demonstrate your expertise in budgeting
- b. Keep expenses above the amount of revenues collected in previous years
- c. Identify areas that may cause patient safety concerns
- d. Ensure that revenue is generated consistent with projected productivity and

standards ANS: D

Budget monitoring is generally carried out on a monthly basis. The purpose of monitoring is to ensure that revenue is generated consistent with projected productivity and standards. REF: BUDGET APPROVAL AND MONITORING

25. The nurse manager plans to develop a picture of a moment in time that depicts whether the unit is achieving its goals. This can be done by developing which of the following?

a. Storyboard c. Album with patients pictures

b. Dashboard d. Photographs of the

unit ANS: B

The nurse manager would most likely develop a dashboard. The purpose of the dashboard is to provide a visual pulse of how a unit or department is achieving its goals. The dashboard is considered a picture of a moment in time because the unit can change within days or weeks, which will impact the units outcomes displayed on the dashboard.

PTS: 1 DIF: Analysis REF: BUDGET OVERVIEW

26. The nurses in the hospital received a letter stating that they would each be receiving a small raise. The letter stated that the previous years income was higher than the expenses. This situation is known as which of the following?

a. Profitability c. Accountability

b. Stability d. Responsibility

ANS: A

Profitability results when the income is higher than the expenses. The extra income would allow the hospital to give raises to each of the staff members.

REF: BUDGET OVERVIEW

MULTIPLE RESPONSE

1. The nurse manager is preparing the budget. Which of the following would be considered direct costs? Select all that apply.

a. Syringes and needles

b. Dressing trays

c. Phone bills

ANS: A, B, D, F

d. Medication e. Housekeeping service f. Catheters

Direct expenses are those expenses directly associated with the patient such as medical and surgical supplies and drugs. The manager would need to include syringes and needles, dressing trays, medications, and catheters in the direct expense category. Indirect expenses are expenses for items such as utilities, housekeeping, and maintenance.

REF: DIRECT AND INDIRECT COST

2. When preparing a hospital's budget, which of the following would be included in the fixed costs? Select all that apply.

a. Utilities d.

b. Medical and surgical e. supplies

c. Equipment depreciation f.

ANS: A, C, E, F

Laundry and food Fringe benefits

Administrative salaries

Fixed costs are those expenses that are constant and are not related to productivity or volume. Examples of these costs are building and equipment depreciation, utilities, fringe benefits, and administrative salaries. Variable costs fluctuate depending upon the volume, or census, and types of care required.

REF: FIXED AND VARIABLE COSTS

3. The hospital in your local community is considering expanding their pediatric services. Which of the following pieces of demographic data would be important? Select all that apply.

a. Age of residents

b. Availability of pediatric services offered by other agencies in the area

c. Number of elderly residents

d. Incidence of prostate cancer

e. Number of women of childbearing age

f. Crime statistics for the area

ANS: A, B, E

The demographic information that would be most helpful would include age of residents, availability of pediatric services offered by other agencies in the area, and number of women of childbearing age. Information regarding the number of elderly residents, incidence of prostate cancer, and crime statistics

would not necessarily provide useful information. PTS: 1 DIF: Analysis REF: DEMOGRAPHIC INFORMATION AND MARKETING

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Chapter 15: Effective Staffing My Nursing Test Banks

19-24 minutes

Chapter 15: Effective Staffing

MULTIPLE CHOICE

1. A new staff nurse is hired as a full-time employee who works 40 hours a week. The nurse would be referred to as which of the following?

- a. .5 FTE c. .9 FTE
- b. .8 FTE d. 1.0 FTE

ANS: D

A full-time employee who works 40 hours a week or 80 hours in a 2-week period is referred to as a 1.0 FTE. A .5 FTE works 50 percent or 40 hours in a 2-week period. A .8 FTE works 80 percent or 64 hours in a 2-week period. A .9 FTE works 90 percent or 72 hours in a 2-week period.

REF: FTEs 2. A full-time employee works how many hours per year?

- a. 1,040 c. 1,664
- b. 2,080 d. 1,872

ANS: B

A full-time employee works 5 days a week or 40 hours per week for 52 weeks a year. This amounts to 2,080 hours of work time.

PTS: 1 DIF: Analysis REF: FTEs

3. At the end of the shift, nurses document the care provided each of the clients. The time spent on this type of accounting activity would be considered which of the following?

- a. Direct care c. Indirect care
- b. Productive time d. Nonproductive time

ANS: C

Indirect care is time spent on activities that are patient related but not done directly to the patient. Examples of indirect care are order entries and documentation. Direct care is time spent providing hands-on care to patients. Hours worked and available for patient care are designated as productive hours. Benefit time such as vacation, sick time, and education time is considered nonproductive time.

REF: FTEs

4. When completing the staffing assignment, the nurse manager must include holiday time for the staff members. In terms of financial budgeting, holiday time is considered which of the following?

- a. Productive time c. Direct

care ANS: B

Holiday time is considered benefit time; therefore, it is nonproductive time. Hours worked and available for patient care are designated as productive hours. Direct care is time spent providing hands-on care to patients. Indirect care is time spent on activities that are patient related but not done directly to the patient.

REF: FTEs

5. A measurement tool to articulate the nursing workload for a specific patient or group of patients over a specific period of time is called:

- a. benchmarking. c. staffing pattern.
- b. skill mix. d. patient classification.

ANS: D

A patient classification system is a measurement tool used to articulate the nursing workload for a specific patient or group of patients over a specific period of time. Benchmarking is a management tool for seeking out the best practices in ones industry. Skill mix is the percentage of RN staff to other direct care staff. Staffing pattern is a plan that articulates how many and what kind of staff are needed by shift to staff a unit or department.

REF: PATIENT CLASSIFICATION SYSTEMS6. A patient classification system that uses units of measure that

equate to nursing time is called:

- a. prototype. c. factor system.

b. seven domain. d. scorecard.

ANS: C

The factor system uses units of measure that equate to nursing time. Nursing tasks are assigned time or are weighted to reflect the amount of time needed to perform the task. A prototype system allocates nursing time to large patient groups based on an average of similar patients. The seven domain patient classification system identifies seven domains of patient care needs for nurse intervention: cognitive status, self-care ability, emotional/social/spiritual well-being, family information needs/support status, treatments and interventions, interdisciplinary coordination, and transitions. A scorecard is a tool to display data on organizational priorities.

PTS: 1 DIF: Knowledge REF: FACTOR SYSTEM

7. An advantage of the factor-type patient classification system is:

- a. ongoing workload for nurses to classify patients.
- b. capturing holistic patient needs.
- c. data are readily available.
- d. capturing typical nursing time.

ANS: C

An advantage of the factor-type patient classification system is that data are generally readily available. Disadvantages of the factor-type system are ongoing workload for the nurse in classifying patients every day, higher acuity levels, system does not holistically capture the patients needs, and the factor system calculates nursing time needed for a typical nurse.

REF: FACTOR SYSTEM8. An advantage of the prototype patient classification system is:

- a. reduction of work.
- b. ongoing data to monitor accuracy of the nursing requirements.
- c. ongoing measure of the actual nursing work required.
- d. commonly used system.

ANS: A

The advantage of the prototype patient classification system is the reduction of work for the nurse, who is not required to classify patients daily. Major disadvantages of the system are no ongoing measure of the actual nursing work required by individual patients, no ongoing data to monitor the accuracy of the

preassigned nursing care requirements, and the system is much less common than the factor system.

REF: PROTOTYPE SYSTEM

9. Acuity data and nursing hours per patient day (NHPPD) are concrete data parameters that are primarily used to:

- a. benchmark. c. develop a nursing budget.
- b. adjust staffing levels. d. review patient care outcomes.

ANS: B

NHPPD measure productive nursing hours as a tool to monitor staffing and scheduling.

REF: UTILIZATION OF CLASSIFICATION SYSTEM DATA

10. How many FTEs per day would you need if your target NHPPD was 8, and you expected to have 22 patients on your 24- bed unit?

ANS: B

You would multiply 8 NHPPD times 22 patients to get 176 productive hours needed every day. Dividing 176 by 8-hour shifts worked by an FTE gives you 22 FTEs per day.

PTS: 1 DIF: Analysis REF: INPATIENT UNIT 11. Whose responsibility is it to schedule staff?

- a. Staff members themselves c. Nurse manager
- b. Nursing scheduling office d. Director of Nursing

ANS: C

Scheduling of staff is the responsibility of the nurse manager. Scheduling may be overseen by the nursing departments staffing and scheduling office. Staff may become involved in self-

scheduling, which is a process in which staff on a unit collectively decide and implement the monthly work schedule. The ultimate responsibility of self-scheduling still falls to the nurse manager. The fiscal department may be a resource for financial staffing software, but it is ultimately the responsibility the nurse manager to schedule staff.

REF: KEY CONCEPTS

12. California was the first state to mandate nurse-to-patient staffing:

- a. plans. c. patterns.
- b. ratios. d. departments.

ANS: B

By January 2005, California hospitals were required to meet a 1:5 staffing ratio in all medical-surgical units by the California legislature. Similar legislation is pending in other states.

PTS: 1 DIF: Knowledge REF: REGULATORY REQUIREMENTS

13. The nurse manager must take into account which of the following when scheduling staff?

a. Staffing pattern c. Volume of patients

b. Volume of staff d. Staff needs

ANS: C

The nurse manager must take into account the following when scheduling staff: volume of patients, patients needs and intensity,

experience of the staff, and supports available to the staff. REF: KEY CONCEPTS

14. When doing self-scheduling, one of the guidelines should include:

a. nurse manager outcomes. c. staff outcomes.

b. patient outcomes. d. scheduling period.

ANS: D

Self-scheduling guidelines should include scheduling period, schedule timeline, staffing pattern, weekends, holidays, vacation time, unit vacation practices, requests for time off, short-staffed shifts, on call, cancellation guidelines, sick calls, military leave, schedule changes, shifts defined, committee time, seniority, and staffing plan for emergency situations. There is a relationship between patient outcomes and nurse staffing and between nurse staffing and nurse outcome. Evaluating the outcomes of scheduling on patients, staff, and the organization is a critical activity that should be done daily, monthly, and annually.

REF: TABLE 15-1 ISSUES TO BE SPELLED OUT IN SELF- SCHEDULING GUIDELINES

15. In which model of care delivery does the nurse have responsibility for the total care for the patient assignment during the shift?

a. Case method c. Functional nursing

b. Total patient care d. Team nursing

ANS: B

In total patient care, the nurse is responsible for the total care for the patient assignment during the shift worked. In the case method, the nurse has one patient that is cared for exclusively. Functional nursing divides the nursing work into functional units that are then assigned to one of the team members. In team nursing, staff is assigned to teams who then are responsible for a group of patients.

REF: TOTAL PATIENT CARE

16. An advantage of the total patient care and the case method model of care delivery is:

- a. cost. c. continuum of care.
- b. same patients. d. consistency of care.

ANS: D

The advantage of total patient care and the case method for the patient is the consistency of one individual caring for the patient or patients for an entire shift. This enables the development of a relationship based on trust. Disadvantages of these models are that the nurse may not have the same patients from day to day and is therefore not providing a continuum of care; they require a high level of RN nursing hours to deliver care; they require a high level of nurse intensity that is not needed and is costly.

REF: ADVANTAGES AND DISADVANTAGES 17. A disadvantage of functional nursing is:

- a. it serves a large number of patients.
- b. it utilizes different skill levels to deliver care.
- c. the patient receives task-focused care.
- d. the patient receives care from several staff members.

ANS: C

A disadvantage of functional nursing is that the patient receives task-focused care. Advantages of functional nursing are that care can be delivered to a large number of patients, other skill levels are utilized, and the patient receives care from several staff members.

REF: FUNCTIONAL NURSING ADVANTAGES AND DISADVANTAGES

18. A model of care delivery that consists of a group of patients who are being cared for by an RN, an LPN, and a UAP is called:

- a. functional nursing. c. total patient care.
- b. team nursing. d. primary nursing.

ANS: B

Team nursing consists of a group of patients who are being cared for by an RN, an LPN, and a UAP. Functional nursing is task

oriented. Total patient care is described as patients cared for by an RN with some support by other

support staff, but they are not assigned to a specific group of patients. Primary nursing delegates the RN as the primary provider of care.

REF: TEAM NURSING

19. In which model of care delivery is the focus on patient needs rather than on staff needs?

- a. Primary c. Differentiated practice
- b. Patient-centered d. Modular

ANS: B

Patient-centered care is designed to focus on the patients needs rather than on the staffs needs. Primary nursing delineates the responsibility and accountability of the RN and designates the RN as the primary provider of care to patients. Differentiated practice sorts the roles, functions, and work of registered nurses according to some identified criteria. Modular nursing divides a geographic space into modules of patients, with each module cared for by a team of staff led by an RN.

REF: PATIENT-CENTERED CARE OR PATIENT-FOCUSED CARE

20. An advantage of primary nursing is:a. accountability. c. geographic boundaries.

- b. cost. d. performing all interventions.

ANS: A

An advantage of this model is the defined accountability and responsibility for the nurse to develop a plan of care with the patient and family. Disadvantages of this model are its high cost, lack of geographical boundaries, and the fact that nurses often perform interventions that could be completed by other staff.

REF: PRIMARY CARE ADVANTAGES AND DISADVANTAGES 21. A disadvantage of clinical pathways is the:

- a. ability to manage care. c. ability to collect variances.
- b. ability to shorten length of d. template for care. stay.

ANS: D

An issue with pathways is that some physicians perceive pathways to be template (cookbook) medicine. Advantages of clinical pathways are that they are a tool for managing care, instructive for new staff, and time savers. In addition, they improve care, shorten the length of stay, and allow for data collection regarding variances to the pathway so care can be improved.

REF: CLINICAL PATHWAYS ADVANTAGES AND

DISADVANTAGES

22. A strategy to improve patient care and reduce hospital costs through coordination of care is termed:

- a. clinical pathways. c. primary nursing.
- b. case management. d. utilization review.

ANS: B

Case management coordinates patient care. Clinical pathways were an initiative to reduce LOS, enhance outcomes, and contain costs; however, these were not achieved through coordination of care. Primary nursing is a care delivery model where the patient is assigned a primary nurse. Utilization review is a review of patient charts daily to ensure the patients acuity warrants continued hospitalization.

REF: CASE MANAGEMENT

23. As the nurse manager of a pediatric unit, your daily staff assignments would be based on which of the following?

- a. Patient acuity and nursing care hours needed
- b. Number of nurses that are available
- c. Patient acuity and cost of care
- d. Staff preference and patient difficulty

ANS: AAs the nurse manager, you would base your assignment on the

patient acuity and the number of care hours required. Other items to take into consideration are the complexity of patient care and the experience of the staff.

REF: INTRODUCTION

24. Your unit is staffed by 4 nurses who work 12-hour shifts, 6 nurses who work 8-hour shifts, and 6 nurses who work 5-hour shifts. How many FTEs do these nurses represent?

- a. 11 FTEs c. 14.5 FTEs
- b. 12.6 FTEs d. 16 FTEs

ANS: B

The total FTEs for a nurse on the unit would be 12.6. It is computed as follows:

4 nurses $0.9\text{FTEs} = 3.6\text{ FTEs}$ 6 nurses $1.0\text{ FTEs} = 6\text{ FTEs}$ 6 nurses $0.5\text{FTEs} = 3.0\text{ FTEs}$ Total = $3.6 + 6 + 3 = 12.6\text{ FTEs}$ PTS: 1 DIF: Analysis REF: CORE CONCEPTS ANALYSIS

25. You recently hired a new staff nurse to work from 12 Noon until 8 P.M., 4 days per week. This new

staff nurse would add how many additional FTEs to your unit?

a. 0.8 FTEs c. 1.6 FTEs

b. 0.9 FTEs d. 2.5 FTEs

ANS: A

A staff nurse who works from 12 Noon until 8 P.M is working an 8-hour shift. Since the nurse only works 4 days per week, the nurse would work a total of 32 hours each week. A full-time nurse works 40 hours a week, which is equal to 1 FTE. The percentage of time worked by the new nurse is 40 divided by 32, which equals 0.8. The nurse would add 0.8 FTEs to your unit.

PTS: 1 DIF: Analysis REF: CORE CONCEPTS ANALYSIS

26. Each nurse on your unit receives a benefits package that includes a 2-week vacation, 1 sick day each month, 6 holidays, and 2 days to attend an educational conference. How many nonproductive hours would each nurse on your unit represent?

a. 60 hours c. 240 hours

b. 120 hours d. 360 hours

ANS: C

The calculation would be as follows:

2 weeks vacation each year = 10 days 8 hours/day = 80 hours

1 sick day per month = 12 days 8 hours/day = 96 hours

6 holidays per year = 6 days 8 hours/day = 48 hours

2 days per year to attend an educational conference = 2 days 8 hours/day = 16 hours

The total would be 80 hours + 96 hours + 48 hours + 16 hours = 240 hours.

PTS: 1 DIF: Analysis REF: CORE CONCEPTS ANALYSIS

27. A nursing unit schedule has one RN on admission assessments and discharges; an LPN assigned to pass medications to all patients; one RN for IVs, IV meds, and blood administration; two NAPs for baths; and two NAPs for assisting with patient feeding. This unit most likely uses which form of patient care delivery?

a. Team nursing c. Managed care

b. Primary nursing d. Functional nursing

ANS: D

The unit most likely is following a functional nursing care delivery system. Functional nursing divides the nursing work into functional roles that are then assigned to one of the team members. In this model, each care provider has specific duties or tasks for which they are responsible.

PTS: 1 DIF: Analysis REF: FUNCTIONAL NURSING

MULTIPLE RESPONSE

1. Value added refers to activities that are characterized by which of the following? Select all that apply.

- a. The customer will pay for this activity.
- b. The activity must be performed by a registered nurse.
- c. The activity must be done right the first time.
- d. The activity must be completed in half the time.
- e. The activity must be completed by both the client and the nurse.
- f. The activity must somehow change the product or service in some desirable manner.

ANS: A, C, F

Value added refers to activities that possess the following characteristics: the customer will pay for this activity, the activity must be done right the first time, and the activity must somehow change the product or service in some desirable manner.

REF: PATIENT CARE REDESIGN

2. The nurses on your unit want to change the patient care delivery model from functional nursing to primary care nursing. They are concerned about the disadvantages of functional nursing, which include which of the following? Select all that apply.

- a. Patients feel disjointed.
- b. Care can be delivered to a large number of patients.
- c. LPNs are forced to work outside their scope of practice.
- d. Patients become the sum of the tasks rather than an integrated whole.
- e. Other types of health care workers are used when there is

a shortage of RNs.

f. Technical, rather than professional, nursing care often results.

ANS: A, D, F

The disadvantages of functional nursing include patients feeling disjointed; patients becoming the sum of the tasks rather than an integrated whole; and technical, rather than professional, nursing care resulting. The advantages of functional nursing are that care can be delivered to a large number of patients, and other types of health care workers are used when there is a shortage of RNs. LPNs should never be forced to work outside their scope of practice no matter which care delivery system is used.

REF: FUNCTIONAL NURSING

3. The local hospital has just changed its patient care delivery model from Team Nursing to Total Patient Care. Some of the advantages for this change include which of the following with Total Patient Care? Select all that apply.

- a. Consistency of one individual caring for patients for an entire shift
- b. Less costly than other models of delivery
- c. Works well in a specialized unit such as hospice
- d. Requires fewer RNs to provide patient care
- e. Patient, nurse, and family are able to develop a relationship based on trust
- f. Nurse has more opportunity to observe and monitor the progress of the

patient ANS: A, C, E, F

Some of the advantages of using a Total Patient Care delivery model include consistency of one individual caring for patients for an entire shift; patient, nurse, and family are able to develop a relationship based on trust; nurse has more opportunity to observe and monitor progress of the patient; the fact that this model works well in a specialized unit such as hospice. Total Patient Care is very costly because it requires a higher number of RNs to provide patient care.

REF: TOTAL PATIENT CARE

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Chapter 16: Delegation of Patient Care My Nursing Test Banks

23-29 minutes

Chapter 16: Delegation of Patient Care

MULTIPLE CHOICE

1. The provision of guidance, direction, evaluation, and follow-up by a licensed nurse for tasks provided by an NAP (nursing assistive personnel) is:

- a. delegation. c. authority.
- b. accountability. d. supervision.

ANS: D

According to the ANA (1997, p. 20), supervision is the active process of directing, guiding, and influencing the outcome of an individual's performance of an activity. The supervisory nurse provides clear direction and information to staff concerning what tasks are to be accomplished, for what patients, at what time, and how the tasks are to be done.

REF: SUPERVISION

2. Three types of supervision identified by Hansten and Washburn (2004) are:

- a. unsupervised, supervised, and periodic inspection.
- b. unsupervised, initial direction, and assessment.
- c. continuous supervision, periodic inspection, and initial assessment.
- d. initial direction, unsupervised, and continuous supervision.

ANS: D

Hansten and Washburn's levels of supervision are 1) unsupervised, 2) initial direction and periodic supervision, and 3) continuous supervision. They are based upon the type of task delegated, education, competency, experience, and working relationship of all of the people to be involved.

PTS: 1 DIF: Knowledge REF: SUPERVISION

3. As an RN, you recognize that delegation involves which of the following?

- a. Assigning your staff to tasks that need to be completed
- b. Transferring responsibility for the performance of a task from one individual to another while retaining accountability for the outcome
- c. Identifying the appropriate individual to give care and demonstrate accountability for that care

d. Transferring accountability for the provision of care to the individual assigned to give the care

ANS: B

As an RN, you would recognize that delegation involves the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome. When making assignments, you would identify the appropriate staff members to complete specific tasks. While the staff members are responsible for their assigned tasks, you as the RN always retains accountability.

REF: DELEGATION

4. As the nurse manager of the unit, it is important for you to consider which of the following when making patient assignments?

- a. Staff education levels, skill sets, cultural traditions, willingness to be a team player
- b. Staff education levels, scope of practice, experience, and patient acuity
- c. Staff skill sets, education levels, timeliness, and patient acuity
- d. Patient acuity, staff experience, education, and ethnicity

ANS: B

When making patient care assignments, you must consider staff education levels, scope of practice, experience, and patient acuity. An assignment is a distribution of work that each staff member is to accomplish during a given time period according to

their scope of practice. An NAP should not be assigned to irrigate a colostomy or do a dressing change of a stage II decubitus ulcer even if the NAP is very experienced. Willingness to be a team player and skill level are important, but they should not be the sole factors when making assignments.

REF: ASSIGNMENT 5. Delegation is important for which reason?

- a. It is a means to organize the patient care needs according to acuity, desired outcomes, and staff levels.
- b. It provides a way to assign difficult patients to uncooperative nurses.
- c. It enables new nurses to gain experience with difficult patients by themselves.
- d. It is a means to organize the patient care needs according to acuity, desired outcomes, and staff levels, and it provides a way to assign difficult patients to uncooperative nurses.

ANS: A

While delegation, as defined by the ANA, is the transfer of responsibility for the performance of an

activity from one individual to another while retaining accountability for the outcome, the RN can use this skill to organize how the staff is utilized to meet the patient care needs for the shift. When delegating tasks to nursing personnel, the RN should take into consideration the patients condition (acuity), staff skills and

experience, complexity of the task assigned, staff workload, desired outcomes, and the amount of supervision needed to achieve the desired outcomes for the shift.

REF: NURSE MANAGER RESPONSIBILITIES

6. As an RN, you maintain accountability for overall patient care on the unit. The obligation of the NAPs to correctly perform their assigned duties is the NAPs:

- a. accountability. c. assignment.
- b. delegation. d. responsibility.

ANS: D

The act of being responsible (responsibility) for ones actions includes reliability, dependability, the obligation to accomplish work once the assignment has been accepted, and the desire to perform at an acceptable level in accordance with ones educational level and experience.

REF: ACCOUNTABILITY AND RESPONSIBILITY

7. According to the ANA (2005), delegation is:

- a. the transfer of responsibility for the performance of an activity from one individual to another without transfer of the accountability for the outcome.
- b. a legal and management concept and process that involves assessment, planning, action, intervention, and evaluation.
- c. trust, empowerment, responsibility, and authority to perform the task.
- d. the responsibility for the completion of tasks is given to others as a means of saving time, energy, and leader blame.

ANS: A

According to the ANA (2005), the act of delegation involves the transfer of responsibility for the performance of actions while the *accountability for the outcomes* remains with the delegator; it does not shift to the person performing the task. The nurse retains the accountability for the delegation. Delegation is a legal and management concept and process involving the four-step process of assessment, planning, intervention, and evaluation. Action, while important and a means of accomplishing the task goals, is not a part of this four-step process.

PTS: 1 DIF: Knowledge REF: DELEGATION

8. A nursing instructor evaluates whether the students know the five rights of delegation. The students would be correct if they responded that these rights are which of the following?

- a. Right task, right circumstance, right route, right communication, and right person
- b. Right task, right circumstance, right person, right communication, and right supervision
- c. Right communication, right person, right task, right time, and right evaluation
- d. Right time, right task, right person, right communication, and right

supervision ANS: B

The five rights of delegation have to do with identifying and providing the correct (right) task, in the correct (right) circumstance, to the correct (right) person, with the correct (right) direction/communication, and under the correct (right) supervision and evaluation.

PTS: 1 DIF: Application REF: TABLE 16-2 THE FIVE RIGHTS OF DELEGATION

9. The act of being responsible for the actions or inactions of yourself and of others in nursing is:

- a. accountability. c. assignment.
- b. authority. d. delegation.

ANS: A

Accountability is being responsible for the actions or inactions of oneself and of others. Authority refers to a right to delegate based upon the states Nurse Practice Act and nursing management. Assignment refers to the duties (i.e., patients) assigned to individuals generally on a daily basis. Delegation is the transferring of the authority to perform a selected nursing task in a selected situation to a competent individual.

REF: ACCOUNTABILITY AND RESPONSIBILITY

10. A new graduate RN assigns a NAP to provide basic ADL (activities of daily living) to several patients on her unit. The NAP obtains vital signs and helps to bathe and feed the patients assigned. The nurse is:

- a. accountable only for the actions done by herself.
- b. accountable for all her own actions and those of the NAP.
- c. accountable only for the basic ADL provided by the NAP.
- d. not accountable for anything the NAP does outside of the NAPs scope of practice.

ANS: B

Through the act of delegation, the nurse is accountable for the actions or inactions of the assigned NAP. The NAP is always responsible for completing the tasks assigned, but accountability stays with the RN.

REF: NURSING ASSISTIVE PERSONNEL (NAP)

11. A nursing instructor evaluates whether the nursing students know the steps in the NCSBN decision-making tree. Which response by a student would indicate that further teaching is needed?

- a. Assessment, planning, and communication
- b. Intervention and delegation
- c. Surveillance and supervision
- d. Evaluation and feedback

ANS: B

Further teaching would be needed if a student included intervention and delegation as one of the steps. The NCSBN decision-making tree consists of assessment and planning, communication, surveillance and supervision, and evaluation and feedback. While intervention and delegation are important decision-making factors, they are not as vital as these other components because they relate to delegation to nursing assistive personnel.

REF: NCSBN DECISION TREE-DELEGATING TO NURSING ASSISTIVE PERSONNEL

12. Poole, Davidhizar, and Giger (1995) have noted several cultural phenomena to be considered when working with culturally diverse staff. Which of the following would be included?

- a. Communication, space, social organization, time, environmental control, biological variations, cultural expectations, and traditional barriers
- b. Space, social organization, biological variations, communication, environmental factors, and cultural norms
- c. Biological variations, traditional barriers, time, environmental control, space, communication, and social organization
- d. Social organization, time, space, environmental control, biological variations, and communication

ANS: D

Six cultural phenomena suggested by Poole, Davidhizar, and Giger that should also be considered when delegating to a culturally diverse nursing staff are social organization, time, space, environmental control (locus of control), biological variations, and communication. All of these factors can impact how staff organize and perform their tasks. While traditional barriers, cultural expectations, and norms are also important factors to be considered when working with culturally diverse staff and patients, they are not described by Poole et al. as being as critical as those mentioned above.

REF: TRANSCULTURAL DELEGATION

13. The degree to which people perceive they have power over their environment is:

- a. control c. fate and luck.
- b. transcultural delegation. d. environmental control.

ANS: DHow people perceive that they can control or have power over

their environment is called *environmental control*. Two types of this perceived control are *internal locus of control*, where the person relies upon his own inner (internal) resources to handle stimuli from the environment, and *external locus of control*, which is when a person relies more upon external forces such as luck and chance for control over what is experienced from the environment.

REF: TABLE 16-8 CULTURAL PHENOMENA

14. Your supervisor compliments you on your ongoing ability to integrate and apply the knowledge, skills, judgment, and personal attitudes required to practice safely and ethically. The supervisor is commenting on which of your qualities?

- a. Authority c. Responsibility
- b. Competence d. Right

ANS: B

The supervisor is complimenting you on your competence as an RN. Competence is the ongoing ability of a nurse to integrate and apply the knowledge, skills, judgment, and personal attitudes required to practice safely and ethically in a designated role and setting (Canadian Nurses Association, 2004).

REF: COMPETENCE

15. The nurse manager would assign patient care that requires problem solving and innovation to which of the following staff members?

- a. RN c. NAP
- b. LPN/LVN d. Physician

ANS: A

A patient care assignment that requires problem solving and innovation should be given to an RN. These assignments require the RN to use critical thinking and specific knowledge and skills. Also, the nurse manager would not be assigning patient care of any type to the physician.

PTS: 1 DIF: ApplicationREF: RESPONSIBILITIES OF HEALTH TEAM MEMBERS

16. A 64-year-old Italian cardiac patient in the telemetry unit post- CABG, is very demanding and expects his needs to be met immediatelyif not sooner. He refuses to have female staff care for him. It is the end of shift, and he appears to be stable in normal sinus rhythm. He has removed his telemetry electrodes, is sitting up on the side of the bed, has thrown an empty tissue box across the room, and seems to be trying

to get up and walk. He is now coughing loudly and is demanding his pain medication in a loud, booming voice that carries across the unit. The type of care that he requires now is:

- a. direct patient care. c. teamwork.
- b. indirect patient care. d. transcultural care.

ANS: A This patient, while a postoperative cardiac patient, appears to be

stable; however, he is agitated. He needs direct patient care from a nurse to assess his current state regarding agitation, to replace his electrodes, and to assist in easing his fears and need for control (demands). While teamwork would be great in this situation, it is not essential until the cause for his agitation has been determined, or unless he is a large man and assistance is required to get him back into bed. Indirect care, such as replacing his empty tissue box, would be beneficial, but it is not of top priority.

PTS: 1 DIF: Analysis REF: DIRECT AND INDIRECT PATIENT CARE ACTIVITIES

17. The use of interpersonal decision making, psychomotor skills, and application of the knowledge expected in the role of a licensed health care professional in the context of public health welfare and safety is an example of:

- a. responsibility. c. delegation.
- b. supervision. d. competence.

ANS: D

According to the NCSBN (1996), competence is defined as the ability of the nurse to apply knowledge and interpersonal decision making, and psychomotor skills expected for the practice of public health safety and welfare. It concerns the ethical and safe practice in a designated role and specific setting according to state laws and regulations.

REF: COMPETENCE

18. You are developing the assignment for today. You are considering potential for harm, complexity of the task, amount of problem solving and innovation required, unpredictability of outcome, and level of patient interaction. Your analysis of these components will assist you with which of the following?

- a. Supervising c. Directing
- b. Delegating d. Staffing

ANS: B

The AACN (2004) reminds us that the potential for consequences and likely effects must be considered when delegating patient care. The five factors above should be contemplated before delegating care. While supervision also takes into account these important factors, they are not prerequisites before supervision can take place.

PTS: 1 DIF: Application REF: RESPONSIBILITIES OF HEALTH TEAM MEMBERS

19. Areas in which nursing assistive personnel (NAP) need training and skill development are:

a. critical thinking, decision making, communication skills, and basic care procedures.

b. basic care procedures, decision making, communication, and reliable thinking.

c. communication, basic care procedures, critical

thinking, and teamwork.

d. basic care procedures, reliable thinking, communication, and teamwork.

ANS: A

Parkman (1996) suggested areas in which NAP require training and skill development are basic care procedures, communication skills, decision-making skills, and critical thinking skills. While being reliable in one's thinking (thought processes) and teamwork are two other valuable areas in which personnel can gain skills, they are not essential for viable practice.

REF: ACCOUNTABILITY AND RESPONSIBILITY

20. Which of the following is the legal authority for nursing practice and action according to each state?

a. The Joint Commission c. Nurse Practice Act

b. State boards of nursing d.

NCLEX ANS: C

While state boards of nursing operate under the Nurse Practice Act, they themselves are not the legal authority of such. The Joint Commission provides guidelines and standards for safe nursing practice according to evidence-based practice guidelines, and they do have the capacity to accredit health subscribed care facilities although they are not the legal authority for nurse practice. NCLEX is not the legal authority for nursing actions.

REF: NEW GRADUATE RESPONSIBILITY

21. A nursing instructor evaluates the nursing students' understanding of factors involved in new nurse graduates' tendency to underdelegate. Which response by the students would indicate that further teaching is needed?

a. Fear of resentment from older personnel

b. Need for approval

c. Lack of understanding of clinical principles

d. Confusion regarding their scope of duties

ANS: C

Further teaching is needed if the students responded lack of understanding of clinical principles. All new graduates should have a firm understanding of basic clinical principles and be willing to ask for assistance for clarification of areas in which they are unsure. The new nurse graduates tendency to underdelegate is usually related to fear or resentment on the part of more experienced nurses, the need for approval or validation by completing all of their assigned duties without assistance, or they may be unsure of the scope of their duties or what they are allowed to do (such as ask for help).

PTS: 1 DIF: Application REF: UNDERDELEGATION AND OVERDELEGATION 22. A new graduate nurse asks the unit manager, What type of

tasks can I assign to the NAP? The most appropriate response by the unit manager would include which of the following?

- a. Assignments that you dont have the time to complete
- b. Patients who are stable and only require routine care
- c. Assignments that require patient teaching
- d. Any patient whose care will require you to spend too much time at the

bedside ANS: B

The most appropriate response would be to assign the NAP to patients who are stable and only require routine care.

REF: FIGURE 16-2 ELEMENTS TO CONSIDER WHEN DELEGATING

23. You are making assignments for your staff. Today you have one RN, one LPN/LVN, and two NAPs working with you. Which patient should be assigned to the LPN/LVN?

- a. Applying soft restraints to a patient at risk for falls
- b. Providing tracheostomy care for a client who has had a trach for several months
- c. Completing the admission assessment for a patient admitted with pneumonia
- d. Measuring vital signs and I&Os for all

patients ANS: B

You should assign the tracheostomy care to the LPN/LVN. The NPAs can apply the restraints and

measure vital signs and I&Os. The RN should complete the admission assessment. While the RN and LPN/LVN are capable of measuring vital signs and I&Os, you would assign these tasks to the NAPs since there are two of them.

PTS: 1 DIF: Analysis

REF: FIGURE 16-2 ELEMENTS TO CONSIDER WHEN DELEGATING

24. You are completing the list of assignments for today. Working with you are another RN, two LPNs, and two NAPs. Which patient would you assign the RN?

- a. Providing general care for a patient with Scarlet Fever
- b. Providing general care to a patient with Congestive Heart Failure 3 days after admission
- c. Providing general care to a patient admitted in Sickle Cell crisis
- d. Providing diversional activities for a patient who is depressed

ANS: C The RN should be assigned to the patient in Sickle Cell

crisis

because of the complexity and instability of the patient. Also, the outcome for the patient may be unpredictable. The LPN/LVN should be assigned to the patient with Congestive Heart Failure since the client is 3 days post-admission and probably stable. The NAPs can care for the patient with Scarlet Fever and provide diversional activities for the patient who is depressed.

PTS: 1 DIF: Analysis

REF: FIGURE 16-2 ELEMENTS TO CONSIDER WHEN DELEGATING

25. The nurse manager has assigned a new graduate to provide care to a client who is in cervical traction. The new graduate states that she has never cared for this type of patient. What should the nurse manager do?

- a. Tell the new graduate that she will be suspended if she refuses the assignment.
- b. Refer the new graduate to the units policy and procedure manual.
- c. Contact the supervisor and request that the new graduate be assigned to another patient care unit.
- d. Reassign the patient to a more experienced nurse.

ANS: D

When a new graduate nurse refuses an assignment because of lack of experience, the best course of action for the nurse manager is to reassign the patient to a more experienced nurse.

The nurse manager recognizes that assignments should be based on staff education levels, scope of practice, experience, and patient acuity.

PTS: 1 DIF: Analysis REF: ASSIGNMENT

26. A nurse from the Obstetrics unit has been floated to your unit. In making assignments, which patient would you assign to this nurse?

- a. A 25-year-old client diagnosed with severe hypertension
- b. A 42-year-old male who is receiving peritoneal dialysis treatment
- c. A 22-year-old female in sickle cell crisis
- d. A 47-year-old male who is 1 day post-gallbladder surgery

ANS: A

The nurse should be assigned the 25-year-old client with severe hypertension. Hypertension is often seen on the Obstetrics unit; therefore, the OB nurse should be able to provide the appropriate care needed. Care for a client receiving peritoneal dialysis, one in a sickle cell crisis, or the client who has had gallbladder surgery may require additional experience that the float nurse does not have.

PTS: 1 DIF: Analysis REF: ASSIGNMENT

MULTIPLE RESPONSE

1. Which of the following can the charge nurse delegate to an LPN/LVN certified in medication administration? Select all that

apply.

- a. Catheterizing of a patient who has been unable to void
- b. Performing the admission assessment of a newly admitted patient
- c. Administering morning P.O. medications
- d. Monitoring a patient during the first hour of a blood transfusion
- e. Discharge teaching for a post CVA client
- f. Developing the plan of care for a newly admitted

patient ANS: A, C

The charge nurse could assign the LPN/LVN the tasks of catheterization and medication administration. Discharge teaching, admission assessments, monitoring a patient at the beginning of a blood transfusion, and developing the care plan are responsibilities of the RN.

PTS: 1 DIF: Analysis

REF: FIGURE 16-2 ELEMENTS TO CONSIDER WHEN DELEGATING

2. Which of the following tasks can a nurse delegate to a Nursing Assistive Personnel (NAP)? Select all that apply.

- a. Taking vital signs
- b. Collecting a urine specimen
- c. Suctioning a clients trach tube
- d. Feeding a 2-month-old infant
- e. Performing a catheterization
- f. Giving a bed bath to an elderly client whose condition is

stable ANS: A, B, D, F

The NAP can take vital signs, collect a urine specimen, feed a baby, and give a bed bath as long as the clients conditions are stable. NAPs cannot suction a trach or catheterize a patient. These tasks should be assigned to an LPN/LVN.

PTS: 1 DIF: Analysis

REF: FIGURE 16-2 ELEMENTS TO CONSIDER WHEN DELEGATING

3. Which of the following can the charge nurse delegate to an LPN/LVN? Select all that apply.

- a. Administering pain medication
- b. Teaching a patient how to crutch walk
- c. Monitoring a patients blood sugar via Accu-Check
- d. Changing a dressing on a patient 3 days post-surgery
- e. Inserting a nasogastric tube
- f. Hanging 2 units of blood for a patient with severe anemia

ANS: A, C, D, E

The LPN/LVN can administer medications and assess the patients reactions to these medications in most states. They can also monitor blood sugar, insert a nasogastric tube, and change a dressing on a patient who is 3 days post-surgery. Teaching and hanging of blood should be done by the RN.

PTS: 1 DIF: Analysis

REF: FIGURE 16-2 ELEMENTS TO CONSIDER WHEN DELEGATING

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Chapter 17: Organization of Patient Care My Nursing Test Banks

21-26 minutes

Chapter 17: Organization of Patient Care

MULTIPLE CHOICE

1. A nurse manager is engaged in a process designed to achieve goals in dynamic, competitive environments through allocation of resources. This process is called:

- a. process improvement. c. strategic planning.
- b. total quality improvement. d. market analysis.

ANS: C

Strategic planning is the process by which specific goals are met through an allocation of resources. It also involves clarifying the organizations philosophy, mission, and vision and analyzing the current environmental state.

REF: UNIT STRATEGIC PLANNING

2. A student asks a nurse manager why they should use a SWOT analysis. The nurse manager explains that a SWOT analysis is:

- a. useful in strategic planning.
- b. an acronym for a type of quality improvement technique.
- c. a financial management term.
- d. a human resource process.

ANS: A

A SWOT analysis is an environmental analysis used in strategic planning to measure an organizations strengths (S), weaknesses (W), opportunities (O), and threats (T).

REF: ASSESSMENT OF EXTERNAL AND INTERNAL ENVIRONMENT

3. A nurse manager is composing a vision statement for the organization. The nurse should include which of the following of the four elements of a sound vision statement?

- a. It is written down.
- b. It is written in the present tense using action words.
- c. It covers a variety of activities and spans specific short- term time frames.
- d. It balances the needs of providers, patients, and the environment.

ANS: C

An effective vision statement will include a range of activities that can be accomplished within a specified time frame.

REF: VISION STATEMENT

4. A nurse has just started to work for an organization that employs a shared governance organizational framework. The nurse understands that this type of framework is grounded in a philosophy of decentralized leadership; however, the nurse understands that which of the following may not necessarily be correct regarding shared governance?

- a. It implies the allocation of power and control.
- b. It fosters autonomous decision making.
- c. It consists of mutually interested or vested parties.
- d. It encourages professional liaisons among all hospital levels.

ANS: D

Shared governance is an organizational framework positioned in a framework of decentralized leadership, and it implies the allocation of control, power, or authority (shared) and fosters autonomous decision making and professional nursing practice among mutually (shared) interested parties such as management and clinicians (not all hospital levels).

REF: BENNERS NOVICE TO EXPERT

5. The nurse is informed that the clinic employs all four principles of the whole-systems shared governance. The nurse knows that which of the following is NOT one of these four principles?

- a. Partnership c. Accountability
- b. Collaboration d. Ownership

ANS: B

The principles of whole-systems shared governance are *partnership* (implies horizontal linkages between nursing and other staff roles), *equity* (staff roles are based upon relationships, not titles), *accountability* (individuals are accountable for their actions), and *ownership* (individuals own the work they perform).

REF: SHARED GOVERNANCE

6. A nurse works for an organization using a shared governance model, and she understands that, under such a model, structures are generally divided into multiple councils. Which council would the nurse join in order to participate in establishing practice standards for a workgroup?

- a. Education council c. Clinical practice council
- b. Quality council d. Management

council ANS: C

The purpose of a clinical practice council is to provide the practice standards for that workgroup. An education council assesses the learning needs of the unit staff and designs and develops programs to meet those needs. A quality council credentials staff and oversees quality management initiatives. A management council ensures that the standards of practice and governance are agreed upon and upheld and that there are

adequate resources to deliver safe patient care.

PTS: 1 DIF: Analysis REF: CLINICAL PRACTICE COUNCIL

7. A nurse manager is a strong proponent of the concept of learning organizations as a means to promote professional practice through the encouragement of personal mastery and awareness of ones mental models. This concept was developed by:

- a. W. Edwards Deming. c. Florence Nightingale.
- b. Peter Senge. d. Philip B. Crosby.

ANS: B

Peter Senge's (1990) seminal work, *The Fifth Discipline*, discussed the concept that learning organizations promote professional practice through the encouragement of *personal mastery* (beyond our competence and skills to an ongoing expansion of our current knowledge), *awareness of our mental models* (mental models influence how we take action and consist of deeply ingrained assumptions, generalizations, and

biases), and *team learning* (a workgroups ability to align and develop their talents to attain a shared goal or vision). W. Edwards Deming and Philip B. Crosby are best known for their contributions to the continuous quality movement. Florence Nightingale was one of the pioneers of nursing practice, and she promoted the link between unsanitary conditions and adverse patient outcomes.

REF: EDUCATION COUNCIL 8. The nurse manager is aware that situational leadership

maintains there is no one best leadership style, but rather effective leadership lies in matching the appropriate leadership style to the individuals or groups level of task-relevant readiness. The nurse manager wishes to help promote and develop the managers staff and followers. Under the situational leadership model, which of the following is not necessarily correct to achieve this outcome?

- a. Coaching c. Collaborating
- b. Supporting d. Delegating

ANS: C

Hersey and Blanchards (1993) situational leadership framework is based upon four stages of behavior through which leaders can move back and forth as they determine which style they need to use to promote staff development. These stages are directing, coaching, supporting, and delegating (not collaborating).

REF: SITUATIONAL LEADERSHIP

9. A nurse manager is trying to develop a means to facilitate professional staff development by building upon the skills, abilities, and experience of each practitioner. This method is otherwise known as:

- a. career enhancement. c. the novice to expert model.
- b. clinical ladder. d. situational leadership model.

ANS: B

The use of a clinical ladder is a means of ensuring staff competence, and it acknowledges that staff members have varying skill sets and abilities based upon their education and experiences. The clinical ladder helps to evaluate these abilities and rewards each staff member differently according to his placement in the designed (ladder) clinical structure.

REF: ENSURING COMPETENCE AND PROFESSIONAL DEVELOPMENT

10. A nurse manager is attempting to devise a statement that reflects the purpose of a health care agency. This statement is referred to as which of the following?

- a. Core values c. Vision
 - b. Philosophy d. Mission
- ANS: D

An organizations *mission* statement reveals its purpose, direction, and reason for existence. A *philosophy* is a statement of beliefs based upon *core values* (inner forces that give it purpose). A *vision* statement reflects the organizations vision (foresight) of what it wants to be.

REF: MISSION STATEMENT

11. A nurse manager is using Benner's (1984) novice to expert model for clinical and career promotion ladders in order to provide a framework for facilitating professional staff

development. Which of the following is *not* necessarily one of the five stages of Benner's novice to expert model?

- a. Novice c. Competent
- b. Beginner d. Expert

ANS: B

Benner's novice to expert model consists of five stages of experience: novice, advanced beginner (not just beginner), competent, proficient, and expert.

REF: TABLE 17-1 BENNER'S MODEL OF NOVICE TO EXPERT

12. The nurse manager decides to use the Bassett Healthcare Professional Nursing Pathway model because it builds upon the original work by Benner regarding clinical ladder stages. The nurse manager knows that which of the following is *not* necessarily a stage in this model?

- a. Novice c. Preceptor
- b. Competent d. Expert

ANS: C

The four stages of the Bassett Healthcare Professional Nursing Pathway model are Stage I, novice; Stage II, competent; Stage III, proficient; and Stage IV, expert. While being a preceptor for either clinical or managerial tasks can be an example of a proficient or expert individual who has been selected to train others, it is not one of the stages of this particular model.

REF: FIGURE 17-5 PROFESSIONAL NURSING PATHWAY

13. A nursing instructor wants to determine whether the students understand accountability-based care delivery systems. During the class, the instructor explains that the system emphasizes that accountability is based upon several elements. When questioned about the elements, which response by the students would indicate that further teaching is needed?

- a. Processes, not outcomes c. Individually defined
- b. Inherent in the role d. Foundation for evaluation

ANS: A

Accountability-based care delivery systems focus upon roles, their relationship to the work being done, and the goals or outcomes they are to achieve. Elements of this type of system are that accountability is about *outcomes*, not *processes*, is individually defined, is inherent in the role, is not delegated, and is the

foundation for evaluation.

PTS: 1 DIF: Analysis REF: ACCOUNTABILITY-BASED CARE DELIVERY

14. A nurse manager is developing a comprehensive unit-based performance quality improvement program that includes outcomes tracked from four domains. Which of the following would the nurse manager *least likely* choose as one of the domains?

- a. Process c. Cost

ANS: A

Unit-based quality improvement programs need to track certain aspects of care that reflect the units goals in order to ensure their compliance with regulatory and quality initiatives. These outcomes should come from four domains: access, service, cost, and clinical quality. Process is not included, but various processes will be used in the tracking and monitoring procedures.

PTS: 1 DIF: Analysis REF: UNIT-BASED PERFORMANCE IMPROVEMENT

15. A student nurse asks a nurse educator what the Bassett Healthcare Quality Compass is used for. The nurse educator responds that it is used for:

- a. staff evaluation and promotion.
- b. accountability-based care delivery.

ANS: D

- c. quality assurance.
- d. unit-based performance improvement.

The Bassett Healthcare Quality Compass can be used to display the outcomes of unit-based performance improvement programs such as patient satisfaction, cost, and utilization.

PTS: 1 DIF: Application REF: UNIT-BASED PERFORMANCE IMPROVEMENT 16. A nurse manager is employing the Bassett Healthcare Quality

Compass and is aware of its four domains, which are:

- a. functional status, patient satisfaction, clinical outcomes, and cost/utilization.
- b. patient satisfaction, clinical improvement, resources, and utilization.
- c. clinical outcomes, cost, resources, and patient satisfaction.
- d. utilization, functional status, cost, and clinical improvement.

ANS: A

The Bassett Healthcare Quality Compass is comprised of four unit quality improvement outcome domains. These domains are functional status, patient satisfaction, clinical outcomes, and cost/utilization.

PTS: 1 DIF: Application REF: UNIT-BASED PERFORMANCE IMPROVEMENT

17. A nurse asks the nurse manager how accountability in health care-related professions can be evaluated. The nurse manager explains that staff accountability can be evaluated by:

- a. their actions and the ability to state when they have been wrong.
- b. the ability to support their actions and justify the results.
- c. the ability to report, justify, or explain actions.
- d. processes and experiences.

ANS: C

Individuals who are deemed accountable are able to report, explain, or justify their actions. For example, a nurse who assigned a NAP to bathe a patient and discovers that this has not been done although it is nearing the end of the shift takes responsibility for this task and might talk with the NAP to see why this was left undone, complete the task with the NAP, complete the task themselves, or report this undone task to the next shift or unit manager.

REF: INTRODUCTION

18. A nurse manager is developing a mission statement for an organization and must consider several questions. Which of the following questions is not necessarily part of developing a mission statement for the organization?

- a. What do we stand for?
- b. What principles are we willing to defend?
- c. Who are we here to help?
- d. Where are we going?

ANS: D

Organizational mission statements state the purpose of the organization. Questions that need to be asked when developing

this statement are What do we stand for?, What principles are we willing to defend?, and Who are we here to help? The question of where we are going pertains to more long-range goals, which are reflected in the vision statement of an organization.

REF: MISSION STATEMENT

19. A student nurse has frequently heard the name Senge, and he asks a nurse educator who Senge was. The nurse educator explains that Senge was:

- a. a pioneer in quality management.
- b. an insightful leader who advocated intuitive thinking for nursing process.
- c. an advocate for nursing education and improved clinical conditions and experiences.
- d. a leader in how individuals learn in organizations.

ANS: D

Peter Senge is best known for his pioneer work on learning organizations. His own definition of learning organizations is organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together (Senge, 1990, p. 3).

REF: EDUCATION COUNCIL20. A nurse manager is deciding on a specific target that the unit desires to attain within the timespan of 1 year. This target would be a(n):

- a. goal. c. objective.
- b. initiative. d.

project ANS: A

Goals and objectives are used in the strategic planning process. A *goal* is a specific aim or target that the unit wishes to achieve within the timespan of 1 year. An objective is a measurable step to be taken to reach the goal (outcome). Performance measures include these goals and objectives in their process improvement plans.

REF: GOALS AND OBJECTIVES

21. The Director of Nursing (DON) has issued a policy that allows the nursing staff to self-schedule. In addition, the DON actively seeks input from the nursing staff when making decisions that will affect them. The DON's actions are consistent with which of the following?

- a. Shared governance c. Laissez-faire leadership
- b. Autocratic leadership d. Critical

thinking ANS: A

By allowing nurses to participate in self-scheduling and encouraging their participation in decision

making, the DON is facilitating shared governance. Shared governance is an organizational framework grounded in a philosophy of decentralized leadership that fosters autonomous decision making and professional nursing practice.

REF: SHARED GOVERNANCE

22. You have a BSN and 2 years of nursing experience. You provide accountable and competent practice. You are able to work independently and to coordinate a team using appropriate delegation and supervision. According to Benner, you would be considered to be in which stage of nursing?

- a. Novice c. Proficient
- b. Competent d. Expert

ANS: B

According to Benner's Professional Nursing Pathway, you would be considered a competent nurse. Competent nurses are also qualified to serve as preceptors.

PTS: 1 DIF: Analysis

REF: FIGURE 17-5 PROFESSIONAL NURSING PATHWAY

23. You would like to advance in your career and have submitted your portfolio for review. The supervisor has identified a group of peer reviewers. According to the Bassett Healthcare Professional Pathway Algorithm, the purpose of the peer reviewers would include which of the following?

- a. Finding fault in your nursing practice
- b. Identifying areas of strength as well as areas for professional/practice development
- c. Discussing your portfolio with nurses outside your organization
- d. Assisting the organization in controlling costs which might result from excessive

promotions ANS: B

According to the Bassett Healthcare Professional Pathway Algorithm, the purpose of the peer reviewers would include identifying areas of strength as well as areas for professional/practice development. After the peer review and discussion, the peer group would make their decision concerning your promotion recommendation.

REF: FIGURE 17-6 THE BASSETT HEALTHCARE PROFESSIONAL PATHWAY ALGORITHM

24. As the nurse manager of your unit, there are times when you must be autocratic; however, in most situations, you encourage the participation and involvement of all your staff. Today, in a meeting with a group of APNs, you did not take the lead. Based on all of your approaches, your leadership style is most likely which of the following?

a. Transactional c. Democratic b. Transformational d. Situational

ANS: D

Situational leadership maintains that there is no one best leadership style, but rather that effective leadership lies in matching the appropriate leadership style to the individuals or

groups level of task-relevant readiness.

PTS: 1 DIF: Analysis REF: SITUATIONAL LEADERSHIP

25. The nurse manager is revising the unit-based performance improvement plan and considers such issues as service, cost, access, and clinical quality. These components are tracked through which of the following?

a. Outcomes c. Clinical practice area

b. Staff education d. Nurse-patient ratios

ANS: A

The unit-based performance improvement plan must consider outcomes. Outcomes should be tracked from the four domains of access, service, cost, and clinical quality

PTS: 1 DIF: Application REF: UNIT-BASED PERFORMANCE IMPROVEMENT **MULTIPLE RESPONSE**

1. The nurses on your unit are developing a vision statement that will be consistent with the vision statement of the organization. The unit vision statement would include which of the following elements? Select all that apply.

a. It is written down.

b. It is written in present tense, using action words, as though it were already accomplished.

c. It includes the units policies related to patient care and staff behavior.

d. It covers a variety of activities and spans broad time frames.

e. It balances the needs of providers, patients, and the environment. This balance anchors the vision to reality.

f. It states the procedures to be used when providing safe, effective care.

ANS: A, B, D, E

The units vision statement would include the following elements: It is written down, It is written in

present tense, using action words, as though it were already accomplished, It covers a variety of activities and spans broad time frames, and It balances the needs of providers, patients, and the environment. This balance anchors the vision to reality. The vision statement does not include policies or procedures; they would most likely be found in the policy and procedure manual.

REF: VISION STATEMENT

2. A nurse complains to the supervisor that horizontal violence (bullying) is occurring on the unit. The nurse most likely indicates

to the supervisor that which of the following was occurring on the unit? Select all that apply.

a. Intimidation

b. Verbal abuse

c. Camaraderie

ANS: A, B, D, F

d. Faultfinding e. Supportf. Elitist attitude

Horizontal violence (HV), also known as bullying, is described as aggressive behavior towards individuals or group members by others (Hastie, 2002). It is a little-known phenomenon that recent evidence demonstrates is prevalent in the workplace of practicing Registered Nurses. Horizontal violence contributes to nursing turnover and undermines a culture of professional nursing practice. Examples of HV include acts of unkindness, dishonesty, and divisiveness such as gossip, verbal abuse, intimidation, sarcasm, elitist attitudes and faultfinding. It is often said that nurses eat their young.

REF: EVIDENCE FROM THE LITERATURE

3. Which of the following are major components of Relationship- Based Care that support patients and families? Select all that apply.

a. Leadership d. Elitismb. Teamwork e. Outcomes measurement

c. Resource-driven practice f. Professional nursing practice

ANS: A, B, C, E, F

The six major components of Relationship-Based Care that support patients and families include leadership, teamwork, resource-driven practice, outcomes measurement, professional nursing practice, and patient care delivery. Elitism is not a component of Relationship-Based Care.

REF: COORDINATING COUNCIL

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Chapter 18: Time Management and Setting Patient Care Priorities My Nursing Test Banks

23-29 minutes

Chapter 18: Time Management and Setting Patient Care Priorities

MULTIPLE CHOICE

1. A nurse is deciding on an appropriate time management strategy. Which of the following time management strategies does not belong?

- a. Outcome delivery
- b. Analysis of time cost and use

ANS: A

c. d.

Focus on priorities

Visualization of the big picture

Some basic time management strategies include outcome orientation (not delivery), an analysis of the cost of use of time, a focus upon priorities, and the ability to visualize the big picture.

REF: KEY CONCEPTS2. The nurse manager is trying to plan the shifts in the most effective manner. The manager knows that one characteristic of effective shift planning includes which of the following?

- a. Getting the job done in the least amount of time
- b. Nobody died
- c. Everybody showed up for work
- d. Evaluation of optimal and reasonable

outcomes ANS: D

Effective shift planning involves deciding what goals or outcomes they want to achieve. Identifying optimal outcomes (best possible objectives), as well as reasonable outcomes (realistic objectives given the resources at hand), and evaluating progress made toward these outcomes during and at the end of the shift are qualities that lead to effective planning during ones shift. Often enough, nurses do not allow themselves permission to do less- than-optimal work, but sometimes, due to circumstances beyond their

control (short staffed), achieving reasonable goals is the best that can be expected.

REF: KEY CONCEPTS

3. A nurse manager is providing instruction on related commonsense skills that can help nurses to use their time in the most effective and productive manner possible. These skills are best known as which of the following?

- a. Pareto principle c. Shift planning
 - b. Time management d. Effective leadership
- ANS: B

A definition of *time management* is a set of related common- sense tools that helps you use your time in the most effective and productive way possible (Mind Tools, 2006). The Pareto principle concerns the concept that 20 percent of focused efforts results in 80 percent of outcome results. Shift planning deals with the organization and prioritization of patient care and tasks per shift. While the use of time management skills is a quality of effective leadership, it encompasses a variety of other attributes and qualities such as management skills, knowledge of leadership techniques, theory, and practice.

REF: GENERAL TIME MANAGEMENT CONCEPTS

4. A nursing instructor wants to determine whether a nursing student understands the importance of the Pareto principle. Which of the following responses would indicate that the student understands?

- a. It is the principle that 80 percent of unfocused effort results in 20 percent of outcome results.
- b. It is a way to record your activities over a period of time to see how your time is spent.
- c. It is the principle that 20 percent of focused efforts equals 20 percent of outcome results.
- d. It is the principle that 80 percent of focused efforts results in 80 percent of focused time.

ANS: A

The Pareto principle is based upon the prioritization of work effort through such measures as managing ones time effectively. The basic premise is that 80 percent of unfocused efforts results in 20 percent of outcome results or that 20 percent of focused efforts results in 80 percent of outcome results.

REF: THE PARETO PRINCIPLE

5. A nurse manager observes that a few of the new employees continue to mismanage their time, which results in a flurry of activities that do not achieve the expected outcome goals for the time spent. The most likely cause of this behavior is that the nurses:

- a. want to appear busy.
- b. love crises.

- c. know about time management but do not think it applies to them.
- d. think they are far too superior to need to plan their time.

ANS: B

Unfortunately, many people still function in the crisis mode to get things done. An example of this would be a student who does not study for an exam until the night before, thereby creating a crisis

that stimulates them to do the work. People continue to mismanage their time for other reasons: they do not know about time management, or they think they do not have time to plan or do not want to stop to plan.

REF: THE PARETO PRINCIPLE

6. When developing long-term goals, the nurse manager is always aware that these goals should remain:
- a. long. c. flexible.
 - b. short. d. inflexible.

ANS: C

It is important, when making long-term goals and outcomes, that they remain flexible. The concept of flexibility should be built into any outcome orientation such as goal setting because, at times, the long-term goals may no longer be realistic or may need to be changed as circumstances change.

REF: OUTCOME ORIENTATION

7. The nurse manager suggests that a subordinate nurse use a time management tool that may benefit the nurse when determining how much time is spent. Which time management tool would the manager most likely suggest?
- a. Shift assignments c. Shift action plan
 - b. Nursing chart d. Activity log

ANS: D

The activity log is a time management tool in which behaviors are logged consistently over a period of days to determine how time is spent. Nursing charts, shift action plans, and shift assignments are all good methods for organizing time and tasks.

REF: TIME ANALYSIS

8. You are planning your schedule for the day. Your plan includes a list of objectives that should be achieved given less-than- optimal circumstances and limited resources. These objectives are called:
- a. optimal outcomes. c. reasonable outcomes.

b. general outcomes. d. unreasonable outcomes.

ANS: C

Outcomes can be categorized in a variety of different groups. Reasonable (realistic) outcomes are those that can *reasonably be expected to occur* given limited resources and less-than-optimal circumstances. Unreasonable outcomes are those that are expected to occur under unreasonable circumstances. While many nurses decide they will settle only for optimal outcomes, it is wise to plan for the less-than-optimal circumstances and situations and to be more reasonable and realistic.

REF: FORMULATE THE PLAN FOR THE SHIFT

9. A nurse preceptor wants to determine if a novice nurse is able to organize tasks and categorize them according to patient needs and conditions. Which of the following categories, if included by the novice, would indicate to the preceptor that further teaching is needed?

- a. Life-threatening or potentially life-threatening conditions
- b. Activities essential to patient safety
- c. Activities essential to the plan of care
- d. Activities essential to hospital/governmental

regulation ANS: D

Prioritizing care is one means nurses have of organizing their patient care. Life-threatening or potentially life-threatening conditions (such as assessing the ABCs) are always the top priority, with patient safety second (availability of crash carts and equipment to help prevent patient falls or injury), followed by items relating to the plan of care (pain medication and patient positioning).

PTS: 1 DIF: Analysis REF: FORMULATE THE PLAN FOR THE SHIFT

10. A nurse manager is trying to implement the Joint Commission (JC) patient safety goals for 2006 pertaining to time organization. One of those goals is to:

- a. improve the effectiveness of critical alarm systems.
- b. eliminate wrong-site, wrong-patient, and wrong-procedure.
- c. improve the safety of infusion pumps.
- d. standardize the approach to hand off communication.

ANS: D

Improving the effectiveness of communication among caregivers (hospital goal # 2) was expanded in 2006 (hospital goal # 2E) to implement a standardized approach to hand off communications, including an opportunity to ask and respond to questions, which pertains directly to end-of-shift reports and the handing off of patients from one location (such as surgery or admission from another unit) to another.

PTS: 1 DIF: Knowledge REF: UTILIZE SHIFT HANDOFF REPORT

11. A nurse manager is deciding whether or not to employ audiotaped end-of-shift handoff reports. The nurse manager would recognize that which of the following is a potential disadvantage of this method?

- a. Report is brief.
- b. Previous shift provides care during report.
- c. Information may be inaccurate.
- d. Report is taped before the new shift arrives.

ANS: C

Disadvantages of audiotaped end-of-shift reports are that the information may be inaccurate due to the reports being taped

earlier in the shift and the quality of the report (equipment, diction, and clarity of the speaker) may not be easy to hear. The reports being brief due to lack of interruptions from questions, patients being cared for by the outgoing shift, and the fact that the report is ready for the incoming shift when they arrive are all *advantages* of audiotaped reports.

REF: UTILIZE SHIFT HANDOFF REPORT

12. A nurse manager is addressing concerns in the shift action plan. Which of the following would be least likely to be addressed in the shift action plan?

- a. Resources
- b. Optimal outcomes

ANS: B

- c. Task completion due dates/times
- d. Guidelines for task completion

Concerns that can be addressed in shift action plans include understanding the big picture (staffing issues, number of patients, environmental concerns), task completion due dates/times (time frame for accomplishment of tasks), understanding the priorities (emergency equipment checks, identification of patients at greatest risk for life-threatening complications), reasonable outcomes (those that are realistic to accomplish, not *optimal* outcomes), and resources (staff available to do work).

PTS: 1 DIF: Analysis

REF: TABLE 18-5 FACTORS TO CONSIDER IN PLANNING FOR A SHIFT

13. The nurse manager is making nursing assignments for the day shift. When making patient assignments, which of the following should *not* be a consideration?

- a. Complexity of patient care
- b. Skill, education, and competency of staff members
- c. Staff preferences
- d. Attitude and dependability of staff

ANS: C

A number of factors would be considered when making the shift assignment. Some of these factors would include the complexity of patient care; skill, education, and competency of staff members; attitude and dependability of the staff; the nurse practice acts; other responsibilities of the staff; and the need for continuity of care. Staff preferences would not be a major consideration.

PTS: 1 DIF: Analysis

REF: TABLE 18-6 FACTORS CONSIDERED IN MAKING ASSIGNMENTS

14. A nurse manager is dealing with a series of issues related to procrastination, inability to delegate, inability to say no, management by crisis, haste, indecisiveness, interrupting telephone calls, socialization, and complaining. These issues can

all be categorized as examples of which one of the following?

- a. Mistakes c. Time wasters
- b. Errors d. New nurses

ANS: C

Marquis and Huston (2005) identified five criteria that contributed to wasting time and hindered the outcomes being achieved: procrastination, inability to delegate, inability to say no, management by crisis and/or haste, and indecisiveness. Sullivan and Decker (2009) added interrupting telephone calls and socialization, and Reed and Pettigrew (2006) added complaining to this rather lengthy list.

REF: EVALUATE OUTCOME ACHIEVEMENT

15. A nurse manager is giving a briefing to the nursing staff regarding traps nurses can fall into related to prioritization, as described by Vacarro (2001). Which of the following is not one of those traps?

- a. Doing what hits first
- b. Taking the path of least resistance

ANS: C

- c. Relying on misguided judgment
- d. Completing tasks by default

Vacarro (2001) identified five potential traps of prioritizing that nurses need to be aware of and avoid. They are doing what hits

first, taking the path of least resistance, responding to the squeaky wheel, relying on misguided inspiration (not judgment), and completing tasks by default.

REF: AVOID PRIORITY TRAP

16. A nurse provides assistance to the NAP during a patient transfer. This activity would be considered an example of which type of prioritization?

- a. First priority: life-threatening or potentially life-threatening
- b. Second priority: activities essential to safety
- c. Third priority: activities essential to the plan of care
- d. Fourth priority: activities essential to the patients well-

being ANS: B

Second priority activities pertain to the patient, and obtaining assistance during patient transfers is one way of providing safe care for the patient and the nurse. First priority activities are related to conditions that are potentially life-threatening to the patient such as having IV access and continuous monitoring of vital signs on critical patients. Third priority activities are related directly to the plan of care and include such items as medications, nutrition, and ambulation. The phrase fourth priority is not generally used in nursing.

PTS: 1 DIF: Analysis REF: SECOND PRIORITY: ACTIVITIES ESSENTIAL TO SAFETY

17. A nurse needs to create more time. Three ways to do this are:

- a. delegating, getting up 1 hour earlier, and eliminating tasks that add no value.
- b. getting up 1 hour earlier, eliminating tasks that have value, and delegating.

c. going to bed 1 hour earlier, delegating, and hiring people to do work.

d. eliminating tasks that add no value, taking a nap during the day, and hiring people to do work.

ANS: A

Three major ways to create more time are delegating work to others, getting up 1 hour earlier (this can free up about 2 weeks per year of extra time), hiring someone else to do work (hiring people to do boring tasks), and eliminating chores that add no value (not those that have value).

REF: CREATE MORE PERSONAL TIME

18. A nurse is trying to avoid personal time distraction. Which type of distraction will be avoided if the nurse uses the strategies of providing encouragement and making conscious decisions?

a. Procrastination c. Interruptions

b. Perfectionism d. Requests for

assistance ANS: D

There are numerous distractions available for invading ones personal time. Two strategies for dealing with *requests for assistance* are to provide encouragement, but to send the requester back to finish the task; and to make a conscious decision about whether or not to respond to the request for assistance. It should be *your choice* whether to provide help or not.

REF: CONTROL UNWANTED DISTRACTIONS

19. A nurse is striving to become a pursuer of excellence, rather than a perfectionist. After reading Whites (2000) *Critical Thinking in Practical/Vocational Nursing*, the nurse understands that which of the following applies to perfectionists?

a. Perfectionists experience disappointment but keep going, must be number one, and get depressed.

b. Perfectionists hate criticism, must be number one, and correct mistakes and learn from them.

c. Perfectionists value themselves for what they do, welcome criticism, and remember mistakes and dwell on them.

d. Perfectionists have to win to maintain high self-esteem, are devastated by failure, and value themselves for what

they do.

ANS: D

Whites (2000) description of behaviors consistent with pursuers of excellence versus perfectionists listed the perfectionist behaviors as *having to win to maintain high self-esteem, being devastated by failure* (not

learning from failure), *valuing themselves for what they do* (not for who they are), *hating criticism* (not welcoming criticism), *getting depressed and giving up* (not experiencing disappointment but keeping on going), *only being able to live with being number one* (not pleased with knowing they did their best) and *remembering mistakes and dwelling on them* (not correcting mistakes and learning from them).

REF: TABLE 18-8 BEHAVIORS OF PERFECTIONISTS VS. PURSUERS OF EXCELLENCE

20. A nurse is returning to school and is considering some personal time management items. Which of the following tips for personal time management are offered by Flaherty?

- a. Study on the run, be careful of sacrifices, be aware of the demands of school, and focus on the outcome.
- b. Develop computer skills, let your friends know you are interested in returning to school, manage your time, and do not take breaksgo straight through.
- c. Be careful of sacrifices, be aware of the demands of school, develop computer skills, and do not let your employer know you are interested in returning to school.
- d. Develop computer skills, study at specified times, be aware of the demands of school, and manage your time.

ANS: A

Tips for personal time management when returning to school as offered by Flaherty (1998): study on the run, be careful of sacrifices, be aware of the demands of school, focus on the outcome, develop computer skills, let your employer know you are interested in returning to school (not withholding this information), manage your time, and take a break if you find you need one (do not force yourself to continue if you need a break).

REF: TABLE 18-9 PERSONAL TIME MANAGEMENT WHEN RETURNING TO SCHOOL

21. The nurse has just finished the change-of-shift report. Which patient should the nurse assess first?

- a. The patient who needs assistance transferring from the bed to a wheelchair
- b. The client with COPD who is having difficulty breathing
- c. A client who is being discharged today
- d. An elderly client who has requested medication for

pain ANS: B

The nurse should assess the client with COPD first. This client is having difficulty breathing, which could be a life-threatening situation. Remember to follow the ABCs (airway, breathing, circulation). The other three patients are not experiencing life- threatening situations.

PTS: 1 DIF: Analysis

REF: FIRST PRIORITY: LIFE-THREATENING AND POTENTIALLY LIFE-THREATENING CONDITIONS

22. The nurse has just finished the change-of-shift report. Which client should the nurse assess second?

- a. The client who needs assistance transferring from the bed to a wheelchair
- b. The client with COPD who is having difficulty breathing
- c. A client who is being discharged today
- d. An elderly client who has requested medication for

pain ANS: A

The client needing assistance with transferring from bed to wheelchair would be seen second. Having already assessed the client with COPD because of issues with breathing, attention would be turned to the next priority. Because the client needs help transferring, the issue of safety must be addressed, and it would, therefore, become the second priority. The client requesting pain medication is experiencing a comfort issue which

would be addressed after safety. Also, the client being discharged is not experiencing a major health situation.

PTS: 1 DIF: Analysis

REF: SECOND PRIORITY: ACTIVITIES ESSENTIAL TO SAFETY

23. You have just returned from your morning break, and the nurse who has been covering your patients gives you an update on their conditions. Which patient would you assess first?

- a. Mr. Akerman whose wife is angry because his discharge papers have not been completed
- b. Mrs. Samuels who needs to be taught how to use her new crutches
- c. Mr. Donaldson who is complaining of chills and is having surgery today
- d. Mrs. Smith who is scheduled for surgery tomorrow morning and needs to have her consent

signed ANS: C

The client who should be assessed first is Mr. Donaldson. Because the client is scheduled for surgery, it is of utmost importance to determine the cause of his chills. The client's condition could have a negative effect on his recovery from surgery. Addressing Mr. Akerman's discharge papers and Mrs. Samuels

teaching would not be as critical. Since Mrs. Smiths surgery is not scheduled until tomorrow morning, this issue can

be addressed after checking on Mr. Donaldson. PTS: 1 DIF: Analysis

REF: FIRST PRIORITY: LIFE-THREATENING OR POTENTIALLY LIFE-THREATENING CONDITIONS

24. You have just completed the change-of-shift report. Which of the following clients would you see first?

- a. An elderly client who needs help with transferring to the commode
- b. A client admitted 2 hours earlier after receiving 2nd- degree burns on his face and torso
- c. An obese client who needs assistance with changing position
- d. A client who is 2 days post-op and has an IV that has

infiltrated ANS: B

You should see the client admitted 2 hours earlier with burns to the face and torso. This type of burn injury has the potential for compromising the clients ability to breath. The clients respirations and oxygen saturation level must be assessed. Following the ABCs of prioritizing, this client becomes the priority.

PTS: 1 DIF: Analysis

REF: FIRST PRIORITY: LIFE-THREATENING OR POTENTIALLY LIFE-THREATENING CONDITIONS

25. You are working on the evening shift with eight patients assigned to your care. Which patient issue would receive first priority?

- a. A client who complains of a sore throat and requests something to gargle with
- b. A client with COPD who is resting quietly with 2 liters of O₂ running
- c. A client in respiratory isolation who requests a sleeping pill
- d. A client with tubular necrosis and a urine output of only 15 mL for each of the past 2

hours ANS: D

The client with tubular necrosis who has only had a total of 15 mL of urine output in the last 2 hours should be seen first. Requests for something to gargle with and a sleeping pill focus on comfort issues. The client with COPD is stable.

PTS: 1 DIF: Analysis

REF: FIRST PRIORITY: LIFE-THREATENING OR POTENTIALLY LIFE-THREATENING CONDITIONS

MULTIPLE RESPONSE

1. Which of the following client care tasks would most likely be third priority in terms of assessing? Select all that apply.

- a. Dressing change for a client who is 3-days post-op
- b. Teaching a client about the importance of the ordered medications
- c. Returning a call to a family member who is requesting information
- d. Starting an IV on a client in a sickle cell crisis
- e. Teaching family members about methods to prevent accidents in the home
- f. Monitoring a client who is in the first 15 minutes of receiving a unit of

blood ANS: A, B, C, E

Issues of comfort, healing, and teaching, while essential to a patient's care, can be addressed after first and second priority issues have been addressed.

PTS: 1 DIF: Analysis REF: COMFORT, HEALING, AND TEACHING

2. Three RNs are working in a busy ER when six patients enter at the same time. Which three patients will the RNs see first? Select all that apply.

- a. A client with head trauma from a car accident who is unconscious
- b. A child with a small laceration on the knee resulting from a fall
- c. A client who has been stabbed and is bleeding profusely
- d. A child experiencing a severe asthma attack
- e. A client limping on a very swollen bruised ankle
- f. An infant with a rash on the abdomen and

extremities ANS: A, C, D

The first priority assessments for RNs would include the client with the head trauma who is unconscious, the client who is bleeding profusely, the child having an asthma attack.

PTS: 1 DIF: Analysis

REF: FIRST PRIORITY: LIFE-THREATENING OR POTENTIALLY LIFE-THREATENING CONDITIONS

3. Two RNs are working in the pediatric outpatient clinic when six patients enter at the same time. Which two patients will the RNs see first? Select all that apply.

- a. A 2-month-old infant who has had bad vomiting and diarrhea for the past 3 days
- b. A 3-year-old who needs his immunizations updated
- c. An 5-year-old who needs to have a physical for school
- d. A 7-year-old with an elevated temperature, severe headache, vomiting, and stiff neck
- e. An 8-year-old who has not had a bowel movement in 2 days
- f. A 10-year-old who is coughing and has a runny nose

ANS: A, D

The two clients who will be assessed first include the 2-month-old infant and the 7-year-old. The infant is priority one because vomiting and diarrhea for 3 days may have compromised the infants fluid and electrolyte balance. The 7-year-old has presented with symptoms of possible meningitis. Both may need to be referred to the nearest acute care facility by ambulance.

PTS: 1 DIF: Analysis

REF: FIRST PRIORITY: LIFE-THREATENING OR POTENTIALLY LIFE-THREATENING CONDITIONS

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Chapter 19: Patient and Health Care Education My Nursing Test Banks

19-24 minutes

Chapter 19: Patient and Health Care Education

MULTIPLE CHOICE

1. A nursing instructor asks, What are the stages of standard educational methodologies? Which response by the student would indicate that further teaching is needed?

- a. Design c. Process
- b. Development d. Evaluation

ANS: C

The five stages of a standard education methodology are analysis, design, development, implementation, and evaluation. Process is not one of the stages. Implementing standard educational methodologies is a process in and of itself.

REF: TABLE 19-1 EDUCATIONAL DEVELOPMENT METHODOLOGY

2. A clinic nurse is planning to teach a group of clients

procedures for administering their own medications. The two types of objectives the nurse will use to help clarify learning include which of the following?

- a. Behavioral and terminal c. Cognitive and terminal
- b. Affective and sequencing d. Terminal and enabling

ANS: D

When designing educational offerings, it is important to structure the objectives around the goals for the offering. Two objectives are used to support the goals of the program/initiative. They are *terminal objectives* (identifies the major behavior that contributes to the achievement of the overall goal) and *enabling objectives* (identifies a secondary behavior that enables/contributes to the achievement of the terminal goal).

REF: TERMINAL AND ENABLING OBJECTIVES

3. A nursing instructor has asked a group of students to develop teaching plans for their clients according to Gagne's nine elements. If the instructor asks the students about some of the components of Gagne's events of instruction, which response by a student would indicate that further teaching is needed?

- a. Gain attention c. Implement performance
- b. Present stimulus materials d. Provide feedback

ANS: C Gagne's nine elements of instruction are one of the most

frequently utilized guides for developing a framework for instruction. These nine elements/events of instruction are as follows: gain attention, inform the learner of the objective, stimulate recall of prerequisite learning, present stimulus materials, provide learning guidance, elicit performance (not

implement performance), provide feedback, assess performance, and enhance retention and transfer.

PTS: 1 DIF: Analysis REF: TABLE 19-10 GAGNES NINE EVENTS OF INSTRUCTION

4. During an in-service program, the nurses are taught that learning can be classified according to several types of learning domains. When asked to name the domains, which responses by one of the nurses would indicate that further teaching is needed?

- a. Cognitive c. Affective
- b. Psychomotor d. Effective

ANS: D

A learning domain is a means of categorizing learning theories according to the primary type of learning involved. The three major types are *cognitive* (centers on knowledge), *psychomotor* (centers on skills), and *affective* (centers on attitude).

REF: LEARNING DOMAINS

5. When developing behavioral objectives, the nurse recognizes that an essential component would be which of the following?

- a. Design c. Implementation
- b. Performance d.

Evaluation ANS: B

A primary aspect of any learning objectives is the performance that is built into the statement. Performance is something that can be observed and measured such as demonstrating the correct injection sites for intramuscular injections.

REF: ESTABLISHING BEHAVIORAL OBJECTIVES

6. Some elements of taxonomies based in the cognitive domain are listed here. Which does not necessarily belong?

- a. Knowledge c. Process
- b. Comprehension d. Synthesis

ANS: C

The six levels of learning for taxonomies grounded in the cognitive domain are knowledge, comprehension, application (not process), analysis, synthesis, and evaluation.

PTS: 1 DIF: Knowledge

REF: TABLE 19-4 TAXONOMIES OF LEARNING: COGNITIVE DOMAIN

7. The majority of learning theories fall into three categories. Which is correct?

- a. Cognition, perception, and information
- b. Psychomotor, cognitive, and affective
- c. Perception, information processing, and personality
- d. Behavioral, psychosocial, and affective

ANS: C

A learning style is a particular manner in which a person responds to and processes learning. Most learning style theories fall into three categories: perception, information processing, and personality. Cognitive, psychomotor, and affective pertain to learning domains.

REF: LEARNING STYLES

8. During which phase of learning would a nurse conduct teaching based upon the lesson plan?

- a. Implementation c. Evaluation
- b. Development d. Execution

ANS: A

Lesson plans provide a blueprint for the educational session and are used to *implement* the learning. They have been designed during the development phase, and the success of the plan will be evaluated during the evaluation phase.

REF: IMPLEMENTATION

9. A nurse is using Kolbs experiential learning style (Kolb, 1984). Which of the following thinking styles would the nurse least likely employ?

- a. Sensing c. Doing
- b. Abstracting d. Perceiving

ANS: D

Kolbs experiential learning style theory can be categorized as an information processing theory that emphasizes different styles of thinking. The four major thinking styles espoused in Kolbs experiential learning style are sensing, abstracting, doing, and watching.

REF: INFORMATION PROCESSING

10. When establishing behavioral learning objectives, the nurse educator would consider which of the following four components?

- a. Audience, behavior, condition, and degree
- b. Performance, behavior, design, and condition

c. Behavior, audience, situation, and design

d. Audience, condition, design, and

behavior
ANS: A

The four primary elements that should be present in all behavioral learning objectives are *audience* (who will perform the behavior), *behavior* (what they will do), *condition* (limitations or conditions placed on the performance), and *degree* (level of measurement to determine successful performance).

REF: DESIGN

11. A nurse educator is preparing to teach a group of nurses the use of a new piece of equipment. The nurse educator establishes the format to be used, selects strategies and media, and finalizes the teaching plan. The nurse educator would be completing which phase of the educational process?

a. Design c. Implementation

b. Development d. Evaluation

ANS: B

During the development phase of education, the following occur: *format* (selection and use of a framework such as Gagne's nine events of instruction), *selection of strategies* (i.e., lecture, group discussion, and role-playing), *selection of media* (i.e., written, visual, computer-based, audio), and the *finalization of the lesson plan* (the structured plan for the delivery of the education is completed).

REF: DEVELOPMENT

12. Context analysis consists of two types of context that need to be considered and incorporated into planned instructional sessions. They are:

a. situational and presentational.

b. learner and instructional.

c. instructional and situational.

d. environmental and instructional.

ANS: C

One of the three major elements of any educational program is the context of the planned offering. Context is divided into two categories: *instructional* (the conditions/environment under which the education will occur, for example, the location and time) and *situational* (the situation that created the need for the education).

REF: CONTEXT ANALYSIS

13. Gardners multiple intelligences theory divides learners into several different types such as verbal-linguistic, logical- mathematical, intrapersonal, spatial, and naturalist. Teaching considerations that might be used for an intrapersonal learner type might be:

- a. graphics or visual models. c. talking in a group.
- b. listening to music. d. reflecting upon a specified situation.

ANS: D

Another perception-based learning theory is Gardners multiple intelligences. This theory categorizes learners in eight categories according to how they best perceive their environment. Intrapersonal types of learners tend to respond to personal, inner emotions to understand themselves and others. Activities that use introspection, reflection, and/or process emotions work should be incorporated into learning plans for this particular kind of learner.

REF: TABLE 19-3 GARDNERS MULTIPLE INTELLIGENCES

14. Education conducted according to a standardized structured approach is called:

- a. formal education. c. methodology.
- b. information processing. d. informal education.

ANS: C

Education is more effective when it is structured and presented according to a standardized approach called a methodology. Formal education is planned, structured, and targeted toward a specific topic/goal, and informal education is not as structured or organized and can be as simple as information being exchanged during a conversation.

PTS: 1 DIF: Knowledge REF: METHODOLOGY

15. You are in the analysis phase of developing an educational program for your clients diagnosed with diabetes. The three major elements that you will focus on during this phase are which of the following?

- a. Content, process, and learner
- b. Learner, context, and format

ANS: D

- c. Process, objectives, and presentation
- d. Context, learner, and content

The first phase in developing educational programs is called the analysis phase, and it consists of three primary components to

be analyzed: the *context* (the situational context in which the need for the education arose and the instructional context in how it will be delivered), *learner* (who needs to be taught and what unique characteristics should be considered in delivering this information), and *content* (what needs to be taught/learned).

REF: ANALYSIS

16. During a staff development program, each nurse was asked to complete the Meyers-Briggs test of personality. The results of the test indicated that each nurse showed characteristics related to one of the four categories of types of personality traits. These four categories have been identified as which of the following?

- a. Introversion-extroversion, thinking-intuition, sensing- perceiving, and sensing-judging
- b. Thinking-perceiving, sensing-intuition, judging- extroversion, and feeling-introversion
- c. Extroversion-introversion, sensing-intuition, thinking- feeling, and judging-perceiving
- d. Verbal-linguistic, sensing-feeling, bodily-kinesthetic, and introversion-extroversion

ANS: C

Personality theories, such as the Meyers-Briggs, emphasize how personality differences influence learning. The four complementary sets of traits are extroversion-introversion, sensing-intuition, thinking-feeling, and judging-perceiving.

REF: FIGURE 19-3 MEYERS-BRIGGS PERSONALITY DICHOTOMIES

17. That individuals learn best when they touch and move is a design quality for which learning theory?

- a. Meyers-Briggs
- b. Gardners multiple

intelligences ANS: C

- c. Roses visual-auditory- kinesthetic model
- d. Kolbs experiential learning style

The visual-auditory-kinesthetic model (VAK) by Rose (1985) is a perception learning theory and emphasizes the relationship of the senses to learning. According to this model, kinesthetic learners learn best when they can touch and move; hence the model incorporates activities that get learners up and moving or having them physically practice what they have just learned.

REF: TABLE 19-2 ROSES VISUAL-AUDITORY-KINESTHETIC (VAK) MODEL OF LEARNING

18. Some factors that affect the success of an educational session for patients are listed here. Which does

not necessarily belong?

- a. Environment c. Nurses education
- b. Patient condition d. Topic to be learned

ANS: D

Some elements that are critical to the success or failure of a patient educational session are the environment, patients condition, the nurses education, and communication skills.

REF: IMPLEMENTATION

19. During the evaluation phase of education, what two components are of major importance?

- a. Learner evaluation and educational evaluation
- b. Program evaluation and communication
- c. Process evaluation and strategies for improvement
- d. Focus and learner evaluation

ANS: A

Evaluation is a process by which the effectiveness of an educational session can be assessed. Two major areas in which to evaluate the education being offered are *learner evaluation* (whether the learner effectively processed and adopted the information presented) and *educational evaluation* (whether the education itself was effectively constructed and presented).

PTS: 1 DIF: Analysis REF: EVALUATION

20. Nurse B has planned to instruct Mr. C, a newly diagnosed diabetic, in how to test his blood sugar. Nurse B has decided that due to time constraints she will quickly show him how to test his

blood sugar, but she will not stay for a return demonstration to see if he can do this himself, due to other duties on the unit. Mr. C appears to be confused and becomes agitated halfway through the session. Which education evaluation area does Nurse Bs training session need more work on?

- a. Process c. Pacing
- b. Implementation d. Accuracy ANS: C

The evaluation area of appropriate *pacing* was lacking in this particular example. Some questions that pertain to the pacing of an instructional session: Did the education move too fast or too slowly? Was there enough patient involvement? Was there a lack of or shortage of activities and/or practice time? The answer is yes, because she did not build in enough time to enable Mr. C to practice and reinforce the training. Accuracy focuses upon whether the information was accurate, not the pace at which it was delivered.

PTS: 1 DIF: Analysis REF: TABLE 19-14 EDUCATION EVALUATION

21. According to the Institute of Medicine, what percentage of all American adults have difficulty understanding and using health information?

- a. Fewer than 10 percent c. Nearly half
- b. Under one-fourth d. Three-quarters

ANS: C

According to the Institute of Medicine, nearly half of all American adults have difficulty understanding and using health information.

PTS: 1 DIF: Knowledge REF: LEARNER ANALYSIS

22. You are planning to teach a client about her disease and decide to give her a short paper-pencil, true/false test at the end of your teaching. Which domain of learning will you be evaluating with this technique?

- a. Cognitive c. Psychomotor
- b. Affective d. Behavioral

ANS: A

A paper-pencil test is a tool to use when evaluating a clients cognitive domain. The cognitive domain is centered on knowledge, or what the learner knows.

REF: LEARNING DOMAINS

23. The staff developer has just completed a session on cultural diversity and nursing care. One of the questions on the final exam asks the participants about their feeling related to caring for clients from different ethnic groups than the nurses. The staff developer is measuring which domain of learning?

- a. Cognitive c. Psychomotor
 - b. Affective d. Effective
- ANS: B

Asking the nurses about their feelings is a method used to measure the affective domain of learning. The affective domain is centered on attitude, values, beliefs, and feelings of the learner.

PTS: 1 DIF: Analysis REF: LEARNING DOMAINS24. Health literacy is best defined as which of the following?

- a. Reading level of the learner
- b. Learners ability to sign his name on a consent

c. Educational level of the learner

d. Learners ability to read, understand, and act on health

information
ANS: D

Health literacy is defined as the learners ability to read, understand, and act on health information. Incomplete health literacy can affect anyone of any age, ethnicity, background, or education level.

PTS: 1 DIF: Knowledge REF: LEARNER ANALYSIS

25. A nurse educator develops a PICO question to research the success of a support group for renal failure. The questions is: Do newly diagnosed renal failure patients who attend monthly support group meetings have a decreased readmission rate over a 6-month period when compared to a similar group of patients who do not attend a support group? In analyzing the data, the letter *C* might focus on which of the following?

a. Comparison with patients who do not attend a support group

b. The patients involvement in a monthly support group

c. Decreased readmission rate over 6-month period

d. The problem of maintaining newly diagnosed renal failure patients at

home
ANS: A

Using the acronym PICO, the *C* might involve a comparison with patients who do not attend a support group. *P* would be the patient or problem such as the problem of maintaining newly diagnosed renal failure patients at home. The letter *I* would be the intervention such as involvement in a monthly support group. And the letter *O* would reflect the outcome. In this case the outcome might be decreased readmission rate over a 6-month period.

PTS: 1 DIF: Analysis REF: CONTENT ANALYSIS

MULTIPLE RESPONSE

1. Which of the following are part of Gagnes nine elements of instruction? Select all that apply.

a. Gain attention d.

b. Stimulate recall e.

c. Repeat lesson several f.

Present stimulus materials Elicit performance Assess performance

times

ANS: A, B, D, E, F

According to Gagne, the nine elements of instruction include gain attention, inform learner of objectives, stimulate recall, present stimulus materials, provide learning guidance, elicit performance, provide feedback, assess performance, and enhance retention.

REF: DEVELOPMENT

2. An instructor is planning to teach a group of students a new procedure. The analysis of the students learning style indicates that they are all predominantly kinesthetic learners. Which teaching strategies would best facilitate learning of individuals who are kinesthetic learners? Select all that apply.

- a. Numerous handouts to be read
- b. Activities to get learners up and moving
- c. Opportunities for the students to physically practice using the equipment
- d. Verbally lecturing to the students
- e. Use of charts, pictures, and graphs
- f. Models, equipment, or other objects the students can touch

ANS: B, C, F Strategies that would facilitate learning by kinesthetic learners

would include activities to get learners up and moving; opportunities for the students to physically practice using the equipment; and the use of models, equipment, or other objects the students can touch. Visual learners like handouts, charts, pictures and graphs, while auditory learners prefer things they can hear such as a lecture.

PTS: 1 DIF: Analysis

REF: TABLE 19-2 ROSES VISUAL-AUDITORY-KINESTHETIC (VAK) MODEL OF LEARNING

3. A nurse is preparing to teach a group of elementary students, and she decides to write all of the objectives at the knowledge level. The objectives would most likely begin with which of the following words? Select all that apply.

- a. Identify
- b. Construct
- c. List

ANS: A, C, D, F

d. Namee. Compare f. Select

The nurse would most likely develop objectives that begin with identify, list, name, or select. Asking students to construct would involve comprehension, while using the word compare would require them to analyze.

REF: TABLE 19-4 TAXONOMIES OF LEARNING: COGNITIVE DOMAIN

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Chapter 20: Managing Outcomes Using an Organizational Quality Improvement Model

MULTIPLE CHOICE

1. The plan-do-study-act cycle begins with:

- a. three questions. c. five agendas.
- b. four stages. d. two concepts.

ANS: A

The plan-do-study-act (PDSA) cycle, a process improvement tool, starts with three questions: 1) What are we trying to accomplish?, 2) How will we know that a change is an improvement?, and 3) What changes can we make that will result in improvement?

REF: THE PLAN DO STUDY ACT CYCLE

2. A staff nurse asks the nurse manager, What does the mnemonic FOCUS in FOCUS methodology stand for? The best response by the nurse manager is that it stands for:

- a. Focus, Organize, Clarify, Understand, Substantiate.
- b. Focus, Opportunity, Continuous, Utilize, Substantiate.
- c. Focus, Organize, Clarify, Understand, Solution.
- d. Focus, Opportunity, Continuous (process), Understand, Solution.

ANS: C

The FOCUS methodology uses a stepwise process for how to move through the improvement process. The five steps involved are 1) *focus* on an improvement idea, 2) *organize* a team that knows the work

process, 3) *clarify* the current process, 4) *understand* the degree of change needed, and 5) *solution* (select a solution for improvement).

REF: THE FOCUS METHODOLOGY

3. The nurse manager recognizes that the goal of studying outcomes is to:

- a. determine staff needs.
- b. identify potential problems.
- c. predict the quality of patient care.
- d. incorporate change in nursing practice.

ANS: B

By studying outcomes, the nurse manager is able to identify potential areas of concern (problems). The outcomes can be short or long term and may lead to an investigation of the structure and process to determine any root causes for a negative outcome.

PTS: 1 DIF: Application REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

4. An educator wants to determine if the nursing students know the work of W. Edwards Deming. Which statement by the students would indicate that the students know the focus of Deming's work?

- a. Pioneer of the continuous quality improvement movement
- b. Quality expert known for his studies on surgical and ambulatory care
- c. Father of risk management
- d. Guru of the PDSA movement

ANS: A

W. Edwards Deming is one of the primary pioneers of the continuous quality improvement movement. Some of the contributions to the science of improvement made by Deming are appreciating a system, understanding variation, and applying knowledge and psychology.

REF: INTRODUCTION

5. A local hospital is implementing a systematic process of organization-wide participation and partnership in planning and implementing improvement methods to test evidence-based practices at all levels of the services. The hospital is most likely implementing which of the following?

ANS: A

QI (quality improvement) is an organization (system-wide) process of organization-wide participation and partnership in planning and implementing improvement methods to understand and meet customer needs and expectations. It is proactive in its approach, and other terms that may be used interchangeably for QI are TQM (total quality management) and PI (process improvement).

REF: INTRODUCTION

6. A nursing instructor is evaluating a student's understanding of the primary difference between QA and QI. Which response by the student would indicate that the student understood?

- a. QI is reactive, and QA is proactive.
- b. QA's emphasis is on maintaining minimum standards of care, and QI's emphasis is upon identifying real and potential problems.
- c. QA documents quality, and QI reports incidents and errors.
- d. QI is more a single program, and QA is more a management approach.

ANS: B

The primary focus of QA (quality assurance) is upon *maintaining the minimum standards of care*, and it tends to be *reactive* rather than proactive. The main focus of QI (quality improvement) is on *the identification of real and potential problems*, and it tends to be *proactive* instead of reactive.

REF: THE EVOLUTION OF QUALITY IMPROVEMENT INITIATIVES

7. Which of these general principles of total quality management does *not* necessarily belong?

- a. Quality is achieved by the participation of everyone.
- b. Focusing on the work process develops improvement opportunities.
- c. Improving the service of quality is a continuous process.
- d. Decisions to improve or change a process are based on the majority rule.

ANS: D

Some of the general principles of quality improvement are that quality is achieved through the participation of everyone in the organization, improvement opportunities are developed by focusing upon the work process, the improvement of the quality of services is an ongoing (continuous) process, and decisions to change or improve a system or process are made based on data

(not on majority rule).REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

8. A staff development trainer wants to determine if a group of nurses knows the primary difference between QA and TQM. Which response by the nurses would indicate that further teaching is needed?

- a. There is no difference between QA and TQM since the primary focus of both is doing it right.
- b. The primary focus of TQM is doing the right thing.
- c. The primary focus of QA is doing it right.
- d. The primary focus of QA is doing it right. The primary focus of TQM is doing the right thing.

ANS: A

The primary focus of quality assurance (QA) methods is upon doing it right, and it involves such methods as chart audits, reviewing incident reports, and determining whether performance conforms to standards. Quality improvement (also called total quality management TQM) focuses on doing the right thing, and it uses such methods as building quality performance into the work process and meeting the needs of the customer proactively.

REF: TOTAL QUALITY MANAGEMENT

9. An effective nurse manager adopts several quality improvement methods in the management of the ICU. The

managers approach is based on the understanding that some of the primary benefits to this approach includes which of the following?

- a. Empowers staff and provides an outlet for critical theory
- b. Views every problem as an opportunity to improve and to improve staff satisfaction
- c. Decreases necessary expenses from lost business and helps customers think you care about them
- d. Involves staff in how work is planned and done and increases the customers perception that you care by designing processes that meet the providers needs

ANS: B

Some principle benefits of adopting quality improvement methods include viewing every problem as a possible opportunity for improvement; involving staff in how the work is designed and delivered (improves staff satisfaction); empowering staff to identify and implement improvement, resulting in increased patient outcomes; and increasing the customers perception that you care by designing health care processes to meet customer needs, as opposed to the health care providers needs.

PTS: 1 DIF: Application REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

10. A set of causes and conditions that repeatedly come together in a series of steps to transfer inputs into outcomes is called:

- a. CQI. c. QA.
- b. a process. d. a movement.

ANS: B

This definition of a process (Bandyopadhyay and Hayes, 2009) provides a means for understanding how work processes encompass steps and result in outcomes. Deming (2000) also noted that every activity, every job is part of a process. CQI and QA are all comprised of different work processes aimed toward obtaining improved outcomes to specified concerns.

REF: FOCUS ON IMPROVEMENT OF THE HEALTH CARE WORK PROCESS

11. A group of nurses is working with the Quality Assurance Department to improve the quality of care in the hospital. These nurses would recognize that one of the hospitals external customers would include which of the following?

- a. Staff nurse c. Joint Commission (JC)
- b. Pharmacist d. Hospital chaplain

ANS: C

External customers are those people who are outside the (health care) organization and receive the output of the organization such as patients, regulatory agencies (Joint Commission, the Department of Health), the community the organization serves, and private practitioners. Internal customers are those people

who work within the organization and received output of other employees such as nurses, pharmacists, hospital chaplains, and therapists.

REF: CUSTOMERS IN HEALTH CARE

12. An independent group of items, people, or procedures with a common purpose is called a(n):

- a. process. c. system.
- b. goal. d. organization.

ANS: C

Systems are independent groups of people, processes, or items with a common purpose or goal. Organizations are made up of various systems such as different departments (i.e., radiology, laboratory, and cardiology) or processes (i.e., QI or risk management departments).

PTS: 1 DIF: Knowledge REF: IMPROVEMENT OF THE SYSTEM

13. The credit for the cycle of continuous improvement is given to:

a. W. Edwards Deming. c. Joseph M. Juran.

b. Philip B. Crosby. d. Walter Shewhart.

ANS: D

Walter Shewhart, the director of Bell Laboratories in the mid 1920s, has been credited with the concept of the cycle of

continuous improvement, which advocates that the process of quality improvement (QI) is an ongoing process because it is linked to customer needs and judgments. W. Edwards Deming, Philip B. Crosby, and Joseph M. Juran are all well-known pioneers of the continuous quality movement, and all have made important contributions to the science of improvement.

PTS: 1 DIF: Knowledge REF: A CONTINUOUS PROCESS

14. The nurses on your unit want to ensure that the care provided to patients has value to both the patients and the hospital. In this situation, value involves which of the following?

- a. Philosophy
- b. Function of quality outcomes and cost
- c. Beliefs about something
- d. Price for a particular item or service

ANS: B, The repercussions of quality improvement for patient care can be measured by the overall *value* of that care. Value itself is a function of both quality outcomes and cost; for example, outcomes can be a patient's return to functional status (or mortality/morbidity), and the cost is a combination of both the indirect and direct patient care needs. REF: IMPLICATIONS FOR PATIENT CARE

15. The nurse manager poses the following question to a group of staff nurses, What changes can we make that will result in improvement? The nurse manager's question is an integral part of

which of the following? a. TQM c. FOCUS

b. PI d. PDSA

ANS: D

This question is one of three that are utilized at the beginning of each application of the PDSA (plan-do-study-act) methodology for improvement. Other questions include What are we trying to accomplish? and How will we know that a change is an improvement?

REF: IMPLICATIONS FOR PATIENT CARE

16. The goal of the local hospital is to increase the ability to predict the effect that one or more planned changes in the provision of patient care will have an impact. The hospital would most likely implement which of the following?

a. FOCUS c. PDSA

b. QA d. Risk Management

ANS: C

The PDSA (plan-do-study-act) methodology is used to analyze the potential effect of a certain change or changes if they had been implemented. It involves who will do what, when will they do it, and where will they do it in relation to the proposed change(s).

REF: THE PLAN DO STUDY ACT CYCLE

17. The Quality Improvement Team has begun assessing and analyzing the care given to TB patients. This is an example of which organizational strategy for quality and process improvement?

1. Benchmarking
2. Identifying opportunities for system change following a sentinel event review
3. Using a storyboard
4. Meeting regulatory requirements

ANS: A, Benchmarking is a continual and collaborative discipline of measuring and comparing the results of key work processes with those of the best performers, and it uses those best processes (practices) to improve work design and patient care delivery. It identifies gaps in performance and provides options for improvement. A benchmarking study can be *clinical* (reviewing outcomes of patient care such as in the case of the TB patients), *financial* (examining the length of stay), and *operational* (assessing the function of the ER or case management system). If a TB patient had died unexpectedly in the OR or ER and contaminated staff, then the analysis of this particular case could be termed a sentinel event, and a storyboard may have been used in the descriptive process. By reporting a sentinel event, one would be complying with regulatory requirements.

18. A client is preparing for discharge after a month-long hospitalization for complications of his cardiac surgery and diabetes. He tells his nurse that he forgot to mention that he takes Viagra at home and asks if it is still okay to take it. His question is directly related to which of these four of the six National Patient Safety Goals set forth by the Joint Commission (formerly JCAHO)?

a. Communication c. Medication safety

b. Patient identification d. Medication

reconciliation ANS: D

The Joint Commissions Patient Safety Goal # 8 concerns medication reconciliation, which is accurately and completely reconcile medications across the continuum of care. Mr. Zs question concerning his Viagra use reveals his use of a medication that he neglected to mention to his health care provider. This information should be given to his health care provider and to the pharmacist before he is discharged, and he should be informed not to take his Viagra until he hears from his health care provider about what to do.

PTS: 1 DIF: Analysis REF: REGULATORY REQUIREMENTS

19. A sentinel event is:

- a. a major change in a patients status.
- b. an unexpected incident involving a death or serious physical or psychological injury to a patient.
- c. a way to identify processes for improvement based upon analysis of their care over a long period of time.
- d. an occurrence involving a sentinel or someone who is watching.

ANS: B, A sentinel event is an unexpected occurrence involving a death or serious physical or psychological injury to a patient. The results of the analysis of a sentinel event generally lead to process improvement, but they tend to be based upon the events surrounding the *individual occurrence*.

20. A nursing instructor evaluates the nursing students knowledge of the type of statistical graphs used to determine relationships and outcomes related to analyzing quality improvement data. Which response by a student regarding a method to use would indicate that further teaching is needed?

- a. Time series charts c. Histogram charts
- b. Pareto charts d. Fishbone

diagrams ANS: C

Some types of charts used by quality improvement initiatives to examine data are time series charts, Pareto charts, histograms (not histamine), fishbone diagrams, and pie charts.

REF: INTERPRETING DATA

21. A nurse manager implementing a FOCUS process understands that each work process should be evaluated for which of the following?

- a. Redundancy and value c. Simplicity and frequency
- b. Clarity and simplicity d. Currency and

researchability ANS: A

The nurse manager implementing a FOCUS process would understand that each work process should be evaluated for redundancy and value. If a step of the work process is repeated or does not have any value for the customer, it should be eliminated.

REF: THE FOCUS METHODOLOGY

22. Your patient was admitted for a minor elective surgery. Two hours after the patient was sent to surgery, you received a call that the patient died. The patients death would be considered which of the following?

- a. Accident
- b. Sentinel event
- c. Careless event
- d. Faultless incident

ANS: B, When a patient dies while having a minor elective surgery, this would be considered a sentinel event. A sentinel event is an unexpected incident involving a death or serious physical or psychological injury to a patient.

23. You are a member of the hospital's Quality Improvement (QI) team. You are interested in determining how quality in the organization has improved over time. Which of the following would most effectively provide you with this information?

- a. Histograms c. Time series charts
- b. Pie charts d. Bar charts

ANS: C

Time series charts will allow you to see changes in quality over time. These charts will also allow you to determine whether a process is in control, meaning the process has normal variation rather than dramatic changes that are not predictable.

REF: TIME SERIES DATA

24. A hospital is using the FOCUS methodology to examine issues related to quality improvement. If, during the step of clarifying, it is determined that resources are not in one service alone, which of the following approaches would be best?

- a. Ignore the issue
- b. Send ideas to the Quality Management department
- c. Continue to the next step of the process
- d. Ask a group of nurses and physicians to determine why this is

occurring ANS: B

If, during the step of clarifying, it is determined that resources are not in one service alone, the best approach would be to send ideas to the Quality Management department. The issue should be addressed before continuing with the steps in the FOCUS process.

PTS: 1 DIF: Analysis REF: FIGURE 20-3 FLOW DIAGRAM

25. A patient is admitted to the mental health unit because of suicidal ideations and several suicide attempts in the past. As the nurse manager, you realize that the patient is a safety risk, and you assign one of the staff members to do a 1 to 1 with the client. After lunch, the patient informs the staff member of the need to use the bathroom. After several minutes, the staff member knocks on the bathroom door, but there is no answer. The staff member immediately presses the emergency call light and pushes the door open only to find that the patient has hung herself. The patient's death would be considered which of the following?

- a. Unfortunate accident
- b. What the patient really
- c. Grievous error
- d. Sentinel event wanted

ANS: D, The patients death would be considered a sentinel event. A sentinel event is an unexpected incident involving a death or serious physical or psychological injury to a patient. Because the staff member was assigned as a 1 to 1, the patient should not have ever been out of the staff members sight.

MULTIPLE RESPONSE

1. The nurse manager is conducting an in-service with the staff regarding quality improvement. Which principles of quality improvement would the manager most likely include? Select all that apply.

- a. The priority is to benefit patients and all other internal and external customers.
- b. Quality is achieved through the participation of everyone in the organization.
- c. Improvement opportunities are developed by focusing on the work process.
- d. Decisions to change or improve a system or process are made based on data.
- e. It is difficult to improve the quality of service in a health care facility that is financed by federal dollars
- f. Improvement of the quality of service should be implemented biannually.

ANS: A, B, C, D

Quality improvement is a continuous process and should be implemented by all health care organizations. Quality improvement benefits internal and external customers. Quality is

achieved through the efforts of all individuals in the organization. Opportunities are developed by focusing on the work process. Organizational changes or improvements are based on obtained data.

REF: GENERAL PRINCIPLES OF QUALITY IMPROVEMENT

2. Which of the following are the focus of quality improvement (doing the right thing)? Select all that apply.

- a. Meeting the needs of the customer proactively
- b. Building quality performance into the work process
- c. Employing a scientific approach and using data for assessment and problem solving

- d. Assessing the work process to identify opportunities for improved performance
- e. Reviewing only chart audits and incident reports
- f. Improving health care performance and changing the health care system continuously as a management strategy, not just when standards are not met

ANS: A, B, C, D, F

All of the options are part of the focus of quality improvement except option e. By only reviewing chart audits and incident reports, limited data would be obtained. Quality improvement requires obtaining data from numerous sources.

REF: TABLE 20-1 DIFFERENCE IN FOCUS BETWEEN QUALITY ASSURANCE AND QUALITY IMPROVEMENT

3. Your hospital is using the Clinical Value Compass to determine quality. The hospital would most likely include which of the following indicators related to clinical status? Select all that apply.

- a. Mortality
- b. Direct cost
- c. Indirect cost

ANS: A, D, E

- d. Morbiditye. Infection rate f. Staffing cost

Using a Clinical Value Compass, indicators related to clinical status would include mortality, morbidity, and infection rate. Other indicators would include incidence of nursing sensitive outcomes such as cardiac arrest. Direct, indirect, and staffing are indicators of cost and not of clinical status.

REF: FIGURE 20-5 CLINICAL VALUES COMPASS

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Chapter 21: Evidence-Based Strategies to Improve Patient Care Outcomes My Nursing Test Banks

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Chapter 21: Evidence-Based Strategies to Improve Patient Care Outcomes

MULTIPLE CHOICE

1. A nursing instructor is evaluating whether a student nurse knows the difference between evidence-based nursing practice (EBNP) and evidence-based practice (EBP). Which comment by the student would indicate that further teaching is needed? EBNP:

- a. concerns nursing actions, not medical ones.
 - b. considers the patients needs and preferences based upon nursing theory and research.
 - c. utilizes nursing theory to determine process in nursing care.
 - d. targets medical decision making for the bulk of evidence- based care strategies.
-
-
-

ANS: D

Evidence-based practice (EBP) differs from evidence-based nursing practice (EBNP) in that EBP has a medical focus and EBNP is practice performed by *nurses* that considers the individual patients needs and preferences based upon *nursing* theory and research.

PTS: 1 DIF: Analysis REF: EVOLUTION OF EBP

2. The nurse educator explains to the nursing student that an evidence-based practice (EBP) guideline is:
- a. a guideline for assessing practice.
 - b. a descriptive tool for identifying specified care in unique situations.
 - c. a standardized specification for care of a typical patient in the typical situation.
 - d. used in medical credentialing.

ANS: C

In evidence-based practice, guidelines are standardized tools or specifications of how care should be delivered, and they are used to guide practice treatment and intervention.

REF: EVOLUTION OF EBP3. A nurse researcher understands that outcomes research:

- a. is used in EBP.
- b. studies mortality and end-of-life issues.
- c. is a way of evaluating the goal or outcome of an educational program.
- d. provides evidence concerning the continuum of disease processes.

ANS: A

Evidence-based practice (EBP) uses outcomes research to guide the development of specific strategies to deliver quality, cost-effective care.

REF: EVIDENCE-BASED PRACTICE

4. When giving a lecture regarding outcomes, the nurse educator explains that an important report issued by the ANA concerning outcomes is which of the following?

- a. Crossing the Quality Chasm
- b. To Err Is Human
- c. Nursing Report Card for Acute Care Settings
- d. Keeping Patients Safe

ANS: C

The American Nurses Association's 1995 report entitled a Nursing Report Card for Acute Care Settings listed indicators for patient-centered outcomes, structures of care, and care

processes. Crossing the Quality Chasm, To Err Is Human, and Keeping Patients Safe are all reports concerning patient safety and quality care from the Institute of Medicine (IOM).

PTS: 1 DIF: Knowledge REF: ROLE OF ANA

5. A nurse is exhibiting the conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual patients. The nurse's actions are an example of which of the following?

- a. Evidence-based models
- b. Evidence-based practice

guidelines ANS: C

- c. Evidence-based practice
- d. Evidence-based nursing practice

Evidence-based practice (EBP) is a total process that makes a conscientious, judicious effort to utilize the most current and best evidence for clinical decision making regarding patient care. It uses evidence-based models and guidelines, and when it is applied to nursing practice, it is called evidence-based nursing practice.

PTS: 1 DIF: Analysis REF: EVOLUTION OF EBP

6. The nursing instructor has just completed a lecture on evidence-based practice that included a

discussion of the different phases. Which response by a nursing student who is identifying the phases would indicate to the nursing instructor that further clarification is needed?

a. Making the correct

diagnosis ANS: A

The steps involved in the total process of evidence-based practice are step 1, asking the correct clinical question(s), finding the best practice, and validating the findings to the particular care situation; step 2, clinical application of the best practice; and step 3, evaluation of the effectiveness of the care given and continual process improvement. The nursing instructor would need to clarify that making the correct diagnosis is always important, but it is not one of the steps in the process.

PTS: 1 DIF: Analysis REF: EVIDENCE-BASED PRACTICE

7. A student nurse has learned that traditionally, medicine has relied primarily upon biomedical parameters and measures such as laboratory and diagnostic tests to determine if a clinical intervention has been successful. The student nurse asks the nurse educator if this practice reflects current patient needs. Which of the following responses by the nurse educator would be correct?

a. Yes, because it has always been done this way, and it is a sound practice for patient care.

b. Yes, because these tests provide the clinical indicators necessary for accurate diagnosis.

c. No, because they may be false and thus not give enough information to make a sound diagnosis or intervention.

d. No, because these measures do not always address the multifaceted outcomes that patients care about most

(quality of life).

ANS: D

Traditionally, health care providers have relied solely upon biochemical parameters and diagnostic tests to determine if an intervention is needed or if a treatment was effective. However, in today's society, there are other outcomes of care that matter most to patients such as quality of life, family, work, and overall level of functioning, which are not reflected in these types of tests or procedures.

REF: EVIDENCE-BASED PRACTICE

8. A student nurse has heard of something called the IHI 100,000 Lives campaign. When the student nurse asks a nurse educator about it, the nurse educator explains that the primary goal of the campaign is:

a. saving lives through improvements in safety and effectiveness of care.

b. delivering reliable evidence-based care for acute myocardial infarctions.

- c. the evaluation of the effects of actions in relation to phenomena.
- d. preventing adverse drug-related events by medication reconciliation.

ANS: A

The primary goal of the 100,000 Lives Campaign, launched in 2004 by the Institute of Healthcare Improvement (IHI), is to save 100,000 lives among hospitalized patients through improvements in safety and effectiveness of care. Delivering reliable EB care for acute myocardial infarctions and preventing adverse drug events through medication reconciliation are two of the targeted intervention identified, but they are not the primary goals themselves. The evaluation of the effects of actions in relation to phenomena is one of the defining characteristics of nursing from the 1980 ANA Social Policy Statement.

REF: EVIDENCE-BASED PRACTICE

9. A nurse suggests that deploying rapid response teams and preventing central line infections are important ideas to implement. These ideas were identified in which publication/campaign?

- a. Joint Commission Patient Safety Goals
- b. IOMs To Err Is Human

ANS: C

- c. IHI's 100,000 Lives Campaign
- d. IOMs Crossing the Quality Chasm

Deploying rapid response teams and preventing central line infections are two of six areas for evidence-based interventions identified by the Institute of Healthcare Improvements 100,000 Lives Campaign.

REF: EVIDENCE-BASED PRACTICE

10. When comparing the applicability of the University of Colorado Hospital Model and Model for Improvement, the nurse manager realizes that they both have which of the following in common?

- a. They have nothing in common.
- b. They are the same model, only one is for Colorado and the other is for California.
- c. They are used in EBP.
- d. They are used in PARETO.

ANS: C

The University of Colorado Hospital Model and Model for Improvement are both multidisciplinary

practice models used in evidence-based practice. They present frameworks for thinking about the use of specific sources of information to support or change ones practice.

PTS: 1 DIF: Analysis

REF: EVIDENCE-BASED MULTIDISCIPLINARY PRACTICE MODELS

11. A nurse researcher decides to employ the University of Colorado Model, which categorizes information according to several sources of evidence that are linked to a research core. Which source of evidence does not necessarily belong?

- a. Patient preference c. Cost-effective analysis
- b. Clinical expertise d. Comparison analysis

data ANS: D

The nine sources of evidence (information) linked to a central core of valid and current research in the University of Colorado Hospital Model are patient preference; clinical expertise; cost- effective analysis; infection control data (not comparison analysis data); benchmarking data; pathophysiology; retrospective or concurrent chart review; quality improvement and risk data; and international, national, and local standards.

PTS: 1 DIF: AnalysisREF: THE UNIVERSITY OF COLORADO HOSPITAL MODEL

12. A student nurse read an article that mentioned PDSA. When the student nurse asks the nurse educator what PDSA is, the nurse educator responds that PDSA is:

- a. a national quality improvement campaign.
- b. process, demonstrate, supervise, and analyze.
- c. an acronym for an EBP model.
- d. a type of quality improvement outcome that is part of the 100,000 Lives Campaign.

ANS: C

The Model for Improvement, an evidence-based practice (EBP) model, uses the plan-do-study-act (PDSA) format as the basis for its process.

REF: THE MODEL FOR IMPROVEMENT

13. A nurse manager wishes to implement the Model for Improvement with the rest of the team. The nurse manager knows that the Model for Improvement begins with three questions. Which of the following is not necessarily one of the three questions?

- a. What are we trying to accomplish?

- b. What change is needed for improvement?
- c. What change can we make that will result in improvement?
- d. How will we know that a change is an improvement?

ANS: B

The three primary questions that the Model for Improvement begins with are What are we trying to accomplish?, How will we know that a change is an improvement? (not What change is needed for improvement?), and What change can we make that will result in improvement? These three questions begin the PDSA cycle for improvement for this model.

REF: THE MODEL FOR IMPROVEMENT

14. A nurse has been assigned to care for a trauma patient with bilateral femoral spiral fractures and a torn spleen, which was removed 2 days before. The patient confides to the nurse that

she agreed to an advance directive when she entered the hospital but now is not so sure that is what she wants. The patient asks if this is normal for her to feel this way. Which element of the University of Colorado Hospital Model should the nurse consider first in this situation?

- a. Clinical expertise c. Patient preferences
- b. Benchmarking data d. Quality improvement and risk

data ANS: C

Of the nine possible elements in the University of Colorado Hospital Model, *patient preferences* would be the most appropriate in this situation because it includes discussion, documentation, and implementation of the patients wishes regarding advanced directives, pain management, etc. Even though consulting the patients health practitioner (clinical expertise) is also indicated, the primary need for this patient is to have her questions answered and some discussion of her concern.

PTS: 1 DIF: Analysis

REF: TABLE 21-2 PRACTICE APPLICATIONS TO ELEMENTS OF THE UNIVERSITY OF COLORADO HOSPITAL MODEL

15. A patient has been complaining of unrelieved pain. The nurse is aware that unrelieved pain:

- a. is unnecessary.
- b. can be easily accommodated through drugs and patient positioning.
- c. is a major health problem.

d. is one of the interventions in the 100,000 Lives Campaign.

ANS: C

Unrelieved pain continues to remain a major health problem. In 2006, pain management standards were added to the Joint Commissions *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*(CAMH).

REF: PAIN AND COMFORT

16. A nurse is giving a presentation to the rest of the team regarding the elements of the Joint Commissions pain management standards. Which of the following does not necessarily belong among those elements?

- a. Respect for patient values and beliefs
- b. Pain assessment for all patients
- c. Reassessment after an allotted time frame to monitor the effectiveness of pain management treatments
- d. Patient rights to pain management.

ANS: C

Pain management standards as set forth in the 2006 Joint Commissions *Comprehensive Accreditation Manual for*

Hospitals: The Official Handbook (CAMH) include respect for patient values, beliefs, preferences and dignity; pain assessment in all patients; data collection to monitor effectiveness of pain management; and patient rights to pain management. Reassessment may be used as one of the means of gathering data to evaluate the effectiveness of care, but it should be postponed according to specified time frames for medication administration.

REF: PAIN AND COMFORT

17. A student nurse wishes to know which model provides a way for the nurse to organize information needed not only to care for the patient but also to evaluate the care provided. The nurse educator explains that this is which of the following models?

- a. Model for Improvement
- b. University of Colorado Hospital

ANS: B

- c. Mayo Clinic

d. Samaritan Hospital Quality Practice

The University of Colorado Hospital Model provides a framework that nurses can use to organize data/information needed to not only care for individual patients but also to evaluate the care rendered. The Model for Improvement utilizes a plan-do-check-act or plan-do-study-act format.

REF: THE UNIVERSITY OF COLORADO HOSPITAL MODEL 18. During a presentation to the rest of the team, a nurse

explains that reducing the prevalence of pressure ulcers is a major goal of:

a. the Model for Improvement.

b. 100,000 Lives campaign.

ANS: D

c. Joint Commission Core Measures.

d. Healthy People 2020.

One of the primary goals of the Healthy People 2020 initiative for national health (U.S. Department of Health and Human Services, 2000) is to reduce the prevalence of pressure ulcers.

REF: PRESSURE ULCER MANAGEMENT

19. A nurse is reviewing the guidelines developed by the Agency for Healthcare Research and Quality (AHRQ) for the identification and treatment of pressure ulcers. The nurse notes that the guidelines include several categories of care. Which of the following is *not* necessarily one of those categories?

a. Skin care c. Mechanical loading

b. Early treatment d. Nutritional

assessment ANS: D

The Agency for Healthcare Research and Quality (AHRQ) developed evidence-based guidelines for the prevention and treatment of pressure ulcers. These guidelines categorized preventive care into three areas:

1) skin care and early treatment, 2) mechanical loading and support surfaces, and 3) education.

PTS: 1 DIF: Analysis REF: PRESSURE ULCER MANAGEMENT

20. When reviewing some of the primary aspects of effective local wound management, a nurse would see all of the following, *except*:

a. maintain a moist c. promote epithelialization. environment.

b. ongoing debridement. d. increase comfort.

ANS: B

The treatment of local wounds includes several components for effective therapy. Some of these measures are maintaining a moist environment, aiding debridement (not ongoing debridement), promoting epithelialization, increasing comfort, controlling exudate and odor, minimizing the frequency of dressing changes, and removing dressings without trauma.

PTS: 1 DIF: Analysis REF: PRESSURE ULCER MANAGEMENT

21. In an effort to provide evidence-based care, the nurse manager of the unit informs the staff that they will be benchmarking their wound care practices with that of the major medical center in the area. The staff recognizes that they will be doing which of the following?

- a. Measuring their wound care practices against one of their hospitals toughest competitors, a recognized leading hospital in the area
- b. Competing with another hospital to determine who provides the better care
- c. Comparing the number of cases of wound care in their hospital with the number of cases in the other hospital
- d. Working harder for longer hours each shift

ANS: A

Benchmarking is defined as the continuous process of measuring products, services, and practices against the toughest competitors or those customers recognized as industry leaders (The Joint Commission, 2009; Camp, 1994). The purpose of benchmarking is not to compare number of cases, compete with the other hospital, or for the staff to work harder.

PTS: 1 DIF: Application REF: THE UNIVERSITY OF COLORADO HOSPITAL MODEL

22. The nurses on your unit are using the University of Colorado Hospital Model to care for patients with pressure ulcers and to evaluate the care given. One of the steps in this model is to identify patient preferences. During this step of the model, the nurses would do which of the following?

- a. Review pathophysiology and etiology of pain and pressure ulcer progression for the palliative care patient
- b. Compare the patients comfort, palliative care, and wound care measures against institutional and national benchmarks. Review evidence-based literature
- c. Discuss, document, and implement patients wishes regarding advanced directives and comfort care measures
- d. Consult Acute Care Nurse Practitioner (ACNP) and other practitioners for pressure relief, wound care, pain management, and comfort and palliative care measures

ANS: C

To identify patient preferences, you would discuss, document, and implement patients wishes regarding advanced directives and comfort care measures. None of the other options directly address patient references.

REF: TABLE 21-2 PRACTICE APPLICATIONS TO ELEMENTS OF THE UNIVERSITY OF COLORADO HOSPITAL MODEL

23. One of your patients is not responding to curative treatment. Implementing which of the following would be most appropriate at this time?

a. Hospice care c. Terminal care

b. Palliative care d. Respite

care ANS: B

You would most likely begin to implement palliative care. Palliative care has been defined by the World Health Organization as the active, total care of patients whose disease is not responsive to curative treatment. Palliative care is directed at preventing, reducing, and relieving symptoms of disease or

disorders rather than interventions to cure.PTS: 1 DIF: Analysis REF: THE PALLIATIVE CARE PATIENT

24. According to Kobala, comfort is the immediate state of being strengthened by having which of the following needs met?

a. Food, shelter, clothing c. Relief from pain, shelter, work ease

b. Food, hygiene, pain d. Relief, ease,

transcendence ANS: D

Kobala defined comfort as the immediate state of being strengthened by having the needs of relief, ease, and transcendence met.

REF: PAIN AND COMFORT CARE

25. You are providing wound care for a patient. The order is for Tagaderm once a day. Tagaderm is used to do which of the following?

a. Treat local signs of infection

b. Autolytically debride devitalized tissue

c. Stop bleeding

d. Mechanically debride necrotic tissue

ANS: B Tagaderm is used to autolytically debride devitalized tissue. A

topical antimicrobial would be used to treat local signs of infection. A hemostatic such as Surgicel would be used to stop bleeding, and wet-to-dry dressings would be used to mechanically debride necrotic tissue.

REF: FIGURE 21-6 WOUND AND SKIN CARE PRODUCTS WITH INSTRUCTIONS

MULTIPLE RESPONSE

1. The six areas of evidence-based practice interventions identified in IHIs 100,000 Lives campaign included which of the following? Select all that apply.

- a. Deploy Rapid Response Teams
- b. Reduce Surgical Site Infections
- c. Prevent Adverse Drug Events through Medication Reconciliation
- d. Treat Central Line Infections
- e. Reduce the Number of Ventilator-Associated Pneumonias
- f. Deliver Reliable Evidence-Based Care for Acute Myocardial

Infarction ANS: A, C, F

The six areas were Deploy Rapid Response Teams, Deliver Reliable Evidence-Based Care for Acute Myocardial Infarction,

and Prevent Adverse Drug Events through Medication Reconciliation. Other goals identified included Prevent Central Line Infections, Prevent Surgical Site Infections, and Prevent Ventilator-Associated Pneumonia. The goal was to prevent these last three from occurring and not just to treat these situations or reduce their occurrence.

PTS: 1 DIF: Analysis REF: EVIDENCE-BASED PRACTICE

2. The nurse is making a home visit to an elderly patient with a history of pressure ulcers. The patient lives with her son, daughter, and four grandchildren. The daughter-in-law, who is home today, tells the nurse, She has to be able to take care of herself because the job and the children keep me very busy. I make sure there is food for her to eat, but she is still losing weight. I don't know what else I can do. The nurse proceeds to conduct an assessment of the patient. Which of the following assessed factors would indicate to the nurse that the patient's wound will not heal? Select all that apply.

- a. Walks independently

- b. Eats independently
- c. Wound is over 3 months old
- d. Incontinent of feces
- e. Incontinent of urine
- f. Has lost more than 5 percent of her weight in the past 90

days
ANS: C, D, E, F

The fact that the client walks and eats independently is a positive; however, the fact that the client has lost more than 5 percent of her baseline weight in the past 90 days, is incontinent of both feces and urine, and the wound is over 3 months old would indicate that the wound will not heal.

PTS: 1 DIF: Analysis

REF: HEALING PROBABILITY ASSESSMENT TOOL

3. The 5Ps strategy for assessing skin changes, skin breakdown, and pressure ulcers include which of the following? Select all that apply.

- a. Prevention
- b. Prescription
- c. Promotion

ANS: A, B, D, E, F

- d. Preservation
- e. Palliation
- f. Patient preference

The 5Ps include prevention, prescription, preservation, palliation, and patient preference. Promotion is not one of the 5Ps.

PTS: 1 DIF: Knowledge REF: PRESSURE ULCER MANAGEMENT

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Chapter 22: Decision Making and Critical Thinking My Nursing Test Banks

23-30 minutes

Chapter 22: Decision Making and Critical Thinking MULTIPLE CHOICE 1. Which of the following is Pauls definition of critical thinking?

- a. Thinking about your thinking while youre thinking in order to make your thinking better

- b. Purposeful, outcome-directed thinking based upon a body of non-scientific knowledge derived from research and other courses of evidence
- c. Making sense of our world by carefully examining our thinking and the thinking of others in order to clarify and improve our understanding
- d. Understanding of the argument, recognizing fallacies, and distinguishing premises from

conclusions ANS: A Paul (1992) provided a rather interesting and somewhat amusing

view of critical thinking as thinking about your thinking while you're thinking in order to make your thinking better. Other definitions include the making sense of our world through examination of our thinking and the thinking of others (questioning) and understanding of the argument, recognition of fallacies, and the recognition of premises from conclusions.

PTS: 1 DIF: Knowledge REF: CRITICAL THINKING

2. An instructor has just completed teaching a class on critical thinking to a group of sophomore nursing students. On the test the instructor asked, Which of the following are the basic components required for the development of sound critical thinking skills? Which of the following responses would indicate that further teaching is needed?

- a. Critical reading c. Critical listening
- b. Critical writing d. Critical

evaluation ANS: D

The four basic aptitudes—reading, writing, listening, and speaking (not evaluation)—are essential for the development of effective critical thinking skills. While being able to critically evaluate a given situation or decision is a valuable tool, it uses all of these critical aptitudes in order for the process of evaluation to take place.

REF: CRITICAL THINKING

3. In class, students tell the teacher that they often watch or observe themselves as they perform tasks or make decisions

about particular situations. The teacher would most likely inform the students that what they are doing is called:

- a. critical thinking. c. intuitive thinking.

b. decision making. d. reflective thinking.

ANS: D

Pesut and Herman (1999) define reflective thinking as the watching or observing of ourselves while we perform a task or make a decision about a particular situation. Intuitive thinking concerns the use of an innate sense or gut feeling about a certain situation.

REF: REFLECTIVE THINKING

4. Which of the following is *not* an integral part of reflective thinking?

- a. Evaluating a decision
- b. Observing themselves while performing tasks
- c. Thinking about what has happened
- d. Implementing changes or improvements

ANS: D

The process of reflection, as described by Pesut and Herman (1999), states that reflective thinking is watching or observing ourselves as we perform a task or make a decision about a particular situation. Reflection allows one to evaluate decisions

and think about what has occurred. While the reflective process may enhance decisions to implement changes or improvements, this is not an integral part of the reflective thinking process.

REF: REFLECTIVE THINKING

5. A nurse uses intuitive thinking when making decisions because intuitive thinking:

- a. can be a part of expert thinking.
- b. involves emotions and feelings instead of concrete examples.
- c. is a natural part of the nursing process.
- d. may be a result of unconscious assessment and intervention processes.

ANS: A

Intuitive thinking has been defined as an innate feeling or sense that nurses develop to help them act in certain situations, or a gut feeling that something may be wrong. Alfaro-LeFevre (2003) states that the result of using intuition and drawing upon evidence at the same time to make well-reasoned decisions

(decision making) is a part of the *expert thinking* process.

REF: INTUITIVE THINKING

6. The nurse preceptor asked a new graduate nurse to explain the primary difference between the nursing process and the problem-solving and decision-making processes? The new graduate would be correct in stating that:

- a. the nursing process works only for nurses.
- b. the problem-solving and decision-making processes require group decision making.
- c. the nursing process applies to patient situations or problems.
- d. the problem-solving and decision-making processes apply to all other problems except patient-centered ones.

ANS: C

While the nursing process does include aspects of problem solving and decision making, the process consists of assessment, diagnosis, outcome identification, planning, implementation, and evaluation, and it is applied to *patient care situations or problems* (not all types of problems). Decision making and problem solving, on the other hand, are processes that can be applied to *all types* of problems.

PTS: 1 DIF: Analysis REF: PROBLEM-SOLVING7. What starts with a problem and ends with a solution?

- a. Decision making c. Problem planning
- b. Problem solving d. Critical thinking

ANS: B

The process of beginning with a problem and ending with a solution is called problem solving. Critical thinking may be involved but does not necessarily begin with a problem or end

with its solution. Decision making involves certain behaviors of making a selection and implementing a course of action from possible alternatives, and problem planning involves an organized plan for real or potential problems but not necessarily for their solution.

REF: PROBLEM-SOLVING

8. The new graduate considers and selects interventions from a collection of actions that assist the achievement of a desired result. The new graduate is most likely implementing which of the following strategies?

- a. Critical thinking c. Decision making

b. Problem solving d. Reflective thinking

ANS: C

DeLaune and Ladner (2006) defined decision making as considering and selecting interventions from a repertoire of actions that facilitate the achievement of a desired outcome. Critical and reflective thinking are processes that may be used during the decision-making process, and all of these processes may be used in the solving of problems.

REF: DECISION MAKING

9. During the evaluation and review of departmental practices, the nurse manager uses PERT because it is a:

- a. tool used for timing of c. decision tree. decisions.
- b. type of conditioner. d. type of PDA.

ANS: A

The program evaluation and review technique (PERT) is a tool used in decision making for assessing the timing of decisions. It includes a flowchart of the sequence of actions needed to accomplish a project as well as descriptions of those actions and the timing involved.

REF: DECISION MAKING TOOLS AND TECHNOLOGY

10. In order to visualize a complete picture of unit projects, including the time from the beginning to the end, the nurse manager would most likely use which of the following?

- a. Flowchart c. Pareto diagram
- b. Decision tree d. PERT

ANS: D

PERT (the program evaluation and review technique) diagrams are useful for showing the complete sequence of timing from the beginning of a project to the end. They include the tasks involved, the amount of time needed to complete those tasks, and the sequence of events required for the conclusion of the project.

REF: DECISION MAKING TOOLS AND TECHNOLOGY11. You have just completed an in-service on the advantages of

working in groups. You recognize that further clarification is needed if one of the participants indicated that which of the following is an advantage of groups? Groups:

- a. are an easy and inexpensive way to share information.
- b. provide an opportunity for face-to-face communication.

c. obscures the identities of individual group members.

d. can facilitate socialization.

ANS: C

Some known advantages of groups and working in groups are that they are an easy and inexpensive way to share information, provide an opportunity for face-to-face interaction, and can be a means for socialization. A *disadvantage* is that they tend to *obscure ones individual identity and may tend to promote groupthink behaviors*.

REF: TABLE 22-5 ADVANTAGES AND DISADVANTAGES OF GROUPS

12. When questioning the participants of your in-service program on the disadvantages of working in groups, which response by participants would indicate that further teaching is needed? Some of the disadvantages of working in groups include:

a. the fact that working in groups can be time consuming and it can foster dependency.

b. a potential for personality conflicts and for individual opinions to be influenced by others.

c. promotion of ownership of problems and solutions.

d. inequity of time to share individual information and dependency may be fostered.

ANS: C

Some known disadvantages of group and group decision making are that individual opinions and thoughts are influenced by others, dependency may be fostered, they are time consuming, there is an inequity of time available for individuals to share information or opinions, and there is the potential for personality conflicts. An *advantage* of groups is the *promotion of ownership of solutions and problems*, not a disadvantage.

PTS: 1 DIF: Analysis

REF: TABLE 22-5 ADVANTAGES AND DISADVANTAGES OF GROUPS

13. You are implementing the decision-making process, and you decide that at this time it is too early to do which of the following?

a. Identify the need for a decision

b. Identify alternatives/actions with benefits/consequences

c. Decide on the action

d. Intervene and evaluate the decision

ANS: D

The five steps of decision making can be applied to almost all situations. They consist of identifying the need for a decision, determining the goal or outcome, identifying the alternatives/actions with their associated benefits/consequences, deciding on the action to take, and implementing (*not intervening*) and evaluating the decision.

REF: CLINICAL APPLICATION

14. Vroom and Yetton (1973) identified eight questions that may help managers to decide when a group decision is called for. Which of the following is *not* one of those eight questions?

- a. Does the individual nurse have all the information needed?
- b. Is it absolutely critical that the individual group accept the decision before its implementation?
- c. Does the course of action chosen make a difference to the organization?
- d. How does this decision impact relationships with internal and external stakeholders?

ANS: D

Some of the eight questions that are useful for nurses when deciding whether to use an individual or group process for decision making are Does the individual nurse have all the information needed?, Is it absolutely critical that the individual

group accept the decision before its implementation?, and Does the course of action chosen make a difference to the organization? How the decision impacts relationships with both internal and external stakeholders is a good consideration in certain instances, but it is not part of Vroom and Yetton's recommended questioning.

REF: TABLE 22-4 INDIVIDUAL VS. GROUP DECISION- MAKING QUESTIONS

15. A nursing instructor tested a group of students on information related to the use of groups in the hospital. Which response by the students would indicate that they know the key component of the nominal group technique?

- a. It is useful when there are nominal resources available.
- b. It is useful when there are nominal people involved.
- c. It is timely.
- d. It is nonverbal.

ANS: D

The nominal group technique is another type of group decision making that can be useful in certain situations. Nominal refers to the nonverbal aspects of this technique in that in the first step, no discussion is involved and group members write out their ideas or responses to questions posed by the group leader.

REF: NOMINAL GROUP TECHNIQUE

16. A nurse asks the supervisor about the primary difference between the nominal technique and the Delphi technique. Which response by the supervisor would be most appropriate?

- a. Group members meet face to face.
- b. Group members do not meet face to face.
- c. Group members think alike.
- d. Group members do not think alike.

ANS: B

In the nominal technique for group decision making, the members are meeting in a face-to-face environment. A key advantage of the Delphi technique is that it is not held in a face-to-face environment, and therefore it can involve a large number of participants sharing a greater number of ideas.

REF: DELPHI GROUP TECHNIQUE

17. The idea that everyone agrees 100 percent is a common misconception related to which of the following?

- a. Groupthink c. Delphi technique
- b. Consensus building d. Nominal technique

ANS: B

Having a *consensus* on a decision or solution to a problem means that all group members can live with and fully support the decision made regardless of whether they totally agree with it

100 percent. The common misconception is that they must all agree 100 percent.

REF: CONSENSUS BUILDING

18. You are a member of your church's Womens Club. The club members decide to use a majority rule vote when making decisions. The club members do not want to use consensus building because one of the disadvantages of consensus building is that it:

- a. facilitates agreement with each other.

- b. is likely to create disagreement with each other.
- c. is time consuming trying to convince others.
- d. is an encouragement for thoughts of invincibility.

ANS: C

While using the consensus approach can be advantageous when all members of the group are affected by the decision, one disadvantage is that it is not a timely means of making a decision. Due to its time-consuming nature, it should be reserved for important decisions where strong support is needed from the participants who will implement them. Agreement with each other is an advantage, but consensus building does not necessarily mean total agreement; it means that the group members can live with and support the decision made. Any time people get together, there is a potential for disagreement; however, disagreement is not a characteristic of consensus building. A sense of invincibility is a characteristic of groupthink behaviors.

PTS: 1 DIF: Analysis REF: CONSENSUS BUILDING

19. A group leader wants to determine if group members understand the concept of groupthink behavior and strategies to avoid groupthink. Which of the following suggested behaviors made by the group members would indicate that further clarification is needed?

- a. Allowing the group time to gather additional data
- b. Encouraging independent thinking
- c. Preventing this from happening by removing anyone who begins to encourage these behaviors
- d. Encouraging members to verbalize their

ideas ANS: C

The group leader would need to clarify the group members responses related to removing another member. A better approach is that when a leader observes group members beginning to display or encourage certain known groupthink behaviors, the group leader should take them aside (outside the group) and talk with them about what is occurring and how these behaviors may negatively impact the group. This is a more sound management strategy than removing these members totally. Allowing time to gather additional information and to reflect upon what already exists; encouraging independent (not group) thinking; and encouraging members to verbalize their own opinions, thoughts, and ideas are ways of preventing groupthink behaviors from occurring.

PTS: 1 DIF: Analysis REF: GROUP THINK

20. Several obstacles to effective decision making exist. Which of the following is least likely to be one of the obstacles?

- a. Past experiences c. Values
- b. Morals d. Preconceived ideas

ANS: B

Past experiences, values, and preconceived ideas are some obstacles or potential barriers to effective decision making. Morals, while an important factor in certain decisions and circumstances, are not necessarily barriers to this process unless they contain unhealthy or biased beliefs.

PTS: 1 DIF: Analysis

REF: LIMITATIONS TO EFFECTIVE DECISION MAKING

21. You are the nurse manager of a mental health unit. During the morning community meeting, a group of patients complain that the lights from the hallway disturb their sleep when the nurses open the doors to make room checks. The patients ask if the lights in the hallway can be turned off at night. One of the nurses becomes defensive and responds that the lights are always dimmed at 9 P.M. Because the discussion becomes very intense, the group leader suggests that the problem be addressed by you as the nurse manager. After the meeting, you decide to implement a problem-solving approach to address the issue. What is the next step you should take?

- a. Identify the problem

ANS: B

Because the problem has already been identified as patients being disturbed by the lights in the hallway when the nurses open the doors, the next step would be to gather and analyze data.

PTS: 1 DIF: Analysis REF: PROBLEM-SOLVING

22. A nurse manager wants to implement a new method for delivery of patient care. While the nurses do not all agree that primary care will be the solution, they acknowledge that they will be able to live with and support the groups decision. This is an example of which of the following?

- a. Decision making c. Consensus building
- b. Problem solving d. Nursing process

ANS: C

The nurses have implemented what is known as consensus building. Consensus means that all group members can live with and fully support the decision regardless of whether they totally agree. Building consensus is useful with groups because all group members participate and can realize the contributions each member makes to the decision.

PTS: 1 DIF: Analysis REF: CONSENSUS BUILDING

23. You are caring for a 5-year-old patient who is scheduled for a tonsillectomy in the morning. Both the

child and mother are extremely anxious about the upcoming surgery and the mother requests permission to spend the night with the child. You begin to use your decision-making skills to help you to decide what to

do next. You have considered the hospital policy, the child and mothers anxiety, and the mothers request. What would be your next course of action?

- a. Determine the outcomes c. Identify the alternatives
- b. Make a decision d. Evaluate your

decision ANS: A

Using the decision-making process, since you have already determined that a decision needs to be made, your next step is to determine the outcomes. The issues to be considered are whether the child and mothers anxiety will be reduced and whether they will become satisfied consumers of the health care you provide as a result. Identifying the alternates, making a decision, and evaluating your decisions are involved in steps 3 through 5 of the decision-making process.

REF: CLINICAL APPLICATION

24. Your supervisor asks whether you would be willing to work a double shift. Before answering, you implement your decision- making skills. You realize that you could use the extra money to pay your childs tuition, but who will pick your child up from school? You begin to think about your support system and decide to call your mother. She informs you that she is available and would love to have her grandchild spend the night with her. You notify the supervisor that your are willing to work the double shift. What is your next step regarding this decision?

- a. Identify the need for a decision
- b. Determine the outcomes
- c. Identify all alternative actions and benefits
- d. Evaluate your decision

ANS: D

You have followed the steps of the decision-making process. The final step is to evaluate your decision. This might be done when you return home and question your child and mother about their visit.

PTS: 1 DIF: Analysis REF: CLINICAL APPLICATION

25. You are seven months pregnant and your primary care provider has told you that you need more rest. You now have to decide whether to continue working full-time, start working part- time, or stop working until the baby is born. To make your decision, you develop a graphic presentation of your options. The most effective way to visualize your options would be to develop which of the following?

- a. Gantt chart c. Histogram

b. Decision tree d. Frequency table

ANS: B

The decision tree would be the most effective means for visualizing your options. Each of your alternatives can be identified as well as the factors related to the alternatives.

REF: FIGURE 22-5 DECISION TREE FOR DECIDING WHETHER TO GO BACK TO SCHOOL

MULTIPLE RESPONSE

1. Which of the following may negatively affect a nurses decision- making or problem-solving ability? Select all that apply.

- a. Failing to obtain all the necessary information
- b. Jumping to conclusions without examining the situation thoroughly
- c. Failing to involve the nurse manager and other experts in identifying a solution
- d. Failing to choose and communicate a rational solution
- e. Choosing decisions that are too broad, too complicated, or lack definition
- f. Failing to intervene and evaluate the decision or solution

appropriately ANS: A, B, D, E, F

Delaune and Ladner (2011) have identified actions that may negatively affect the decision-making or problem-solving processes. They include jumping to conclusions without examining the situation thoroughly; failing to obtain all of the necessary information; choosing decisions that are too broad, too complicated, or lack definition; failing to choose and communicate a rational solution; and failing to intervene and

evaluate the decision or solution appropriately. It may not be necessary to involve the nurse manager and other experts in identifying the solution if the nurse has obtain the needed information to make the decision.

REF: LIMITATIONS OF EFFECTIVE DECISION MAKING

2. You recently graduated from nursing school and are now working on a pediatric unit. It is important for you to make sound decisions that can potentially affect your personal and professional life. In order to be effective in your decision-making ability, you decide to do which of the following each time a major issue occurs? Select all that apply.

- a. Trust yourself

- b. Make only those decisions that are yours to make
- c. Procrastinate as long as possible since you are a recent graduate
- d. Only consider your decision if it affects you
- e. Leave patient care decisions to the more expert nurses
- f. Write down pros and cons of an issue to help clarify your thinking

ANS: A, B, F

In order to make sound decisions, you should trust yourself, make only decisions that are yours to make, and consider not

only yourself but how your decisions will affect others. Additional strategies to use include writing down pros and cons of an issue to help clarify your thinking; writing notes and keeping ideas visible about decisions in order to utilize all relevant information; and making decisions as you go along rather than procrastinating and letting them accumulate. While expert nurses can provide valuable information, you as a new graduate can still make decisions related to patient care.

PTS: 1 DIF: Application REF: TABLE 22-6 DOS AND DONT OF DECISION MAKING

3. Which of the following are examples of reflective thinking? Select all that apply.

- a. You develop a plan to study for the NCLEX-RN.
- b. A nurse reviews all options for returning to school in order to obtain a Masters Degree.
- c. A nurse thinks about a decision she made to return to school.
- d. A group of nurses share ideas about the upcoming Christmas party.
- e. After completing a dressing change, you think about additional strategies to be used when changing a sterile dressing.
- f. You have just completed the NCLEX-RN and wonder if

your answers were the best.

ANS: C, E, F

Thinking about a decision which has been made, a better way of changing a dressing, or the way you answered questions on the NCLEX-RN are all examples of reflective thinking. Reflective thinking involves watching or observing ourselves as we perform a task or make a decision about a particular

situation.

PTS: 1 DIF: Analysis REF: REFLECTIVE THINKING

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Chapter 23: Legal Aspects of Health Care My Nursing Test Banks

25-31 minutes

Chapter 23: Legal Aspects of Health Care

MULTIPLE CHOICE

1. As a registered nurse, you have a legal and ethical obligation to do which of the following?

- a. Delegate responsibility to others
- b. Show up for work on time
- c. Advocate for patients
- d. Respect the wishes of patients no matter

what ANS: C

The American Nurses Association Code of Ethics (2001), as well as many state Nursing Practice Acts, require nurses to serve as patient advocates. A patient's diagnosis, extent of illness, treatments, pain, and the institutional nature of hospitals often result in patients becoming passive recipients of care instead of active participants. Nurses have the obligation to advocate for patients, especially those who are unable to do so for

themselves, helping them communicate their wishes to the health care team, being vigilant in protecting their safety, and sometimes even in protecting their legal rights.

REF: NEGLIGENCE AND NURSING ADVOCACY

2. A patient's son has medical power of attorney and has arrived at the patient's bedside to discuss care options with her. The patient has just been dialyzed, has not received any pain medication, and is rational in her decision making. The patient's son decides that she should not receive any more dialysis treatments due to the acute state of her illness, the discomfort that she has suffered, and her inability to care for herself. The patient disagrees. Which decision should be followed?

- a. The patient's son
- b. The patient

- c. Both, and the hospital ethics committee should convene and decide
- d. Neither, this is a legal decision and should be done by a court of law

ANS: B

Even though the patient has given her son legal power of attorney over her health care decisions, if she is competent and disagrees with her agents (her sons) wishes or decisions, her decisions are the ones that prevail.

PTS: 1 DIF: Analysis REF: FALSE IMPRISONMENT

3. A student nurse has learned that Good Samaritan laws were enacted to protect the health care professional from legal liability. The student nurse asks a nurse educator about when the Good Samaritan laws would not be applicable. Which of the following would a nurse educator give as an example of care rendered that does not fall under Good Samaritan laws?

- a. A doctor who delivers a baby during a football game
- b. A nurse who sets a broken leg while hiking in the mountains
- c. An EMT who, upon their arrival at the accident, intubates an accident victim who stopped breathing and who was forcibly thrown onto their vehicle
- d. A nurse who stops to help at the scene of a water-skiing

accident ANS: C

Some of the components of care given under the Good Samaritan laws are care that is rendered in an emergency situation (the nurse at the water-skiing accident or the nurse who set the broken leg while hiking) when the health care worker is not being paid. (The fact that the EMT intubated the patient who was thrown on their vehicle indicates that the EMT arrived in response to a call. If the EMT was passing by and just happened to see the accident and either had not been called or was off- duty, then the care would fall under the Good Samaritan laws.)

The doctor who delivers a baby during a football game also rendered care under the Good Samaritan law.

PTS: 1 DIF: Analysis REF: GOOD SAMARITAN LAWS

4. A patient has an advance directive that indicates no CPR should be performed under any circumstance. When the nurse enters the patients room and finds that he has coded, the nurse immediately begins CPR. The nurse is at risk for which of the following?

- a. Negligence c. Assault
- b. Battery d.

Licensure ANS: B

Failing to honor a patient's advance directive (living will, medical power of attorney, or durable medical power of attorney) puts caregivers at risk for charges of malpractice via battery. An example of negligence would be not honoring a patient's wish to be resuscitated, and licensure may be revoked or suspended due to certain acts (or failure to act) depending on the circumstances and outcomes involved.

PTS: 1 DIF: Analysis REF: TABLE 23-2 SELECTED TORTS

5. A student asks a nurse educator about what part of the law tort law deals with. The nurse educator responds that tort law is concerned with:

- a. torts and pies, and always being correct.
- b. always being correct and failure to show up for jury duty.
- c. failure to show up for jury duty and touching people when they do not want to be touched.
- d. touching people when they do not want to be touched and always being correct.

ANS: C

Law.com (2010) has defined tort as a civil wrong for which injury occurs to another. Examples of torts include failure to show up for jury duty (failure to comply with a public duty), touching people when they do not want to be touched (battery, which is a type of tort charge), and denial of a person's rights.

REF: TORT LAW

6. A new nursing graduate is working on a unit project regarding patient care and GI treatments. While interviewing a patient, who has been incessantly complaining about his lack of daily bowel movements (complete with graphic details about the type and consistency), the new nursing graduate tells the patient that if he is not quiet she will give him an enema he will never forget. This is an example of:

- a. invasion of privacy. c. assault.
- b. battery. d. defamation.

ANS: C

Threatening to touch (or treat) another person without his consent is a definition of assault. By threatening to give the patient an enema he will never forget if he is not quiet, the new

nursing graduate has threatened to give a treatment (enema) against his will. Battery is the *actual act of giving* the enema (treatment), and defamation is the act of giving intentionally false information, communication, or publication such as making a statement that could cause a patient to lose his job.

PTS: 1 DIF: Analysis REF: TABLE 23-2 SELECTED TORTS

7. A nursing instructor asks a student to name the four elements required to provide proof of liability. Which response by the student would indicate that further teaching is needed?

- a. Obligation created by law, contract, or standard practice that is owed to the professional by the

complainant

- b. Breach of this obligation either by omission or commission
- c. Physical, emotional, or financial harm to the complainant
- d. Proof that the breach of obligation caused the complainant

harm ANS: A

Providing proof of liability (or fault) in malpractice or negligence cases requires the following four factors: obligation created by law, contract, or standard practice that is owed to the complainant (patient) by the professional (not the other way around); a breach of this obligation either by omission or commission; physical, emotional, or financial harm to the complainant; and proof that the breach of obligation caused the complainant harm.

PTS: 1 DIF: Analysis REF: NEGLIGENCE AND MALPRACTICE

8. A nurse has heard that a fellow nurse at another hospital was charged with assault on a patient. The nurse asks the nurse manager whether assault is the same as battery. The nurse manager explains that assault differs from battery in that it:

- a. is the act instead of the threat being done without permission.
- b. is the threat instead of the act being done without permission.
- c. concerns being offensive without permission.
- d. concerns the thought without the act or the threat.

ANS: B

Assault concerns the threat to touch (or treat) another person without her permission, while battery is the actual act of touching or treating another person without her permission.

REF: ASSAULT AND BATTERY

9. A nurse trained in another country is seeking licensure in the United States. While becoming familiar with the American legal system, the nurse learns that there are three types of public laws that include which of the following?

- a. Constitutional, governmental, and criminal
- b. Criminal, constitutional, and administrative

- c. Criminal, tort, and administrative
- d. Administrative, governmental, and

civil
ANS: B

Public laws define a citizens relationship with the government. Three types of these laws are criminal, constitutional, and administrative.

REF: PUBLIC LAW

10. You are conducting an in-service and ask the participants to identify the law that is concerned with the protection of the rights of citizens. Which response by the participants would be correct?

- a. Tort c. Administrative
- b. Civil d. HIPA A

ANS: C

Administrative law deals with the protection of the rights of citizens. An example is the Civil Rights Act of 1964, which prohibits forms of discrimination in the workplace. Civil law deals with how people relate to each other in everyday matters; it encompasses both tort and contract law. HIPAA is a type of federal administrative law and is concerned with the protection of medical information.

REF: FEDERAL

11. Using a whiteboard to organize nursing assignments per shift or to provide patients information about their practitioner or diagnosis is a violation of which of the following?

- a. Civil law c. HIPAA
- b. Tort law d. OSHA

ANS: C

The Health Insurance Portability and Accountability Act (HIPAA) was enacted to safeguard medical information. Some previous methods for patient care organization fall under what is now considered to be HIPAA violations because they provide a means for others to access private information about patients care. Examples of HIPAA violation include the use of whiteboards to organize shift assignments and nursing organizational charts (used to organize patient treatments, diagnoses, etc.). If used, they must be destroyed when they are no longer needed.

REF: FEDERAL

12. A student nurse has heard about something called the Nurse Licensure Compact. When the student asks a nurse educator, the nurse educator explains that the Nurse Licensure Compact is a:

- a. plan for all nurses to need only one license with a large annual fee.
- b. project of the National Council of State Boards of Nursing.

c. type of specialized organizational tool used in licensure and NCLEX exams.

d. spinoff of EEOC legislation.

ANS: B

The Nurse Licensure Compact is a project of the National Council of State Boards of Nursing and is an agreement among states to allow nurses to be multistate licensed (without applying for a new license) in those states that have agreed to this practice (no extra large fee involved).

REF: STATE

13. A nurse entrepreneur is working with an attorney to develop a contract for a health care-related business that is being started. The attorney explains to the nurse entrepreneur that, according to contract law, an agreement must contain which of the following in order to be legal?

a. Agreement between two people that states what the first party must do

b. Agreement between two people in which a fee was paid up front

c. Mutual understanding of the obligations that the contract imposes on each party

d. Must be a written document

ANS: C

Contract law regulates certain transactions between individuals, legal entities, and/or businesses. For a contract to be considered legal, it must contain certain elements such as a mutual understanding of the terms and obligations that the contract

imposes on each party (not just the first party) to the contract, and an agreement between two or more *legally competent* individuals/parties stating what each must or must not do. It can be either oral or written.

REF: CONTRACT LAW

14. There is a going-away party for one of the nurses, who has been promoted to a managerial position in another hospital that is part of the same health care organization. Photographs have been taken of nurses around the unit as a way for the nurse to remember fellow colleagues. If patients are inadvertently photographed and no consent for this is obtained, this is an example of:

a. assault. c. invasion of privacy.

b. battery. d. defamation.

ANS: C

Consent must always be obtained for any photographs or use of statements made by patients or to disclose

confidential information about a patient. Assault deals with the threat to touch another person against their will, and battery is the actual act of touching or treating another person against their will. Defamation (including libel and slander) is concerned with intentionally giving false information that may cause the loss of a persons reputation.

PTS: 1 DIF: Analysis REF: TABLE 23-2 SELECTED TORTS

15. A nurse educator informs the class that the reasonable person standard is:

- a. it takes a reasonable man to maintain a good relationship.
- b. reasonable men tend to have reasonable children and make good partners.
- c. used to demonstrate a breach of duty.
- d. used by state Boards of Nursing to evaluate the male- female ratios according to clinical position.

ANS: C

The reasonable person standard is used by courts when dealing with cases of potential negligence and malpractice to show what a reasonable nurse would do in a given situation. Reviewing the organizations policies and procedures, evidence from the states Nurse Practice Act, and the use of expert witnesses to the standard of nursing practice in that community are all examples of aspects of the *reasonable person standard*.

REF: NEGLIGENCE AND MALPRACTICE

16. A nurse is doing some charting and needs a tool that will help with legal protection. The nurse remembers that one useful tool is the acronym FLAT, which stands for:

- a. factual, legible, accountable, and timely.
- b. factual, legal, accurate, and time frame.
- c. fully accountable, legitimate, accurate, and truthful.
- d. foresight, legitimate, accountable, and timely.

ANS: A

The acronym FLAT is a tool that can be used by nurses to remind themselves what points must be covered in charting to help protect them legally. FLAT stands for factual, legible, accurate, and timely. The old adage that if it isnt written, it didnt happen still holds true, and FLAT is one way to remind nurses what needs to be written and how.

REF: SKILLFUL COMMUNICATION

17. A nurse manager wishes to implement a risk management program because it:

- a. helps protect hospitals from bioethical problems.
- b. has an emphasis upon quality improvement and protection from financial liability.
- c. can be combined with quality management goals; hence, there is no need for specially trained people.
- d. may investigate nurses who do not practice according to evidence-based practice.

ANS: B

Risk management programs in hospitals are set up to investigate and correct system problems that may contribute to errors in patient care or to employee injury. They have an emphasis upon

quality improvement and the protection of the institution from financial liability. Ethics departments/programs deal with bioethical problems and dilemmas. While risk management personnel may reside within a quality management/improvement department, they are specially trained in risk prevention and are able to focus on identifying risk behaviors and correcting problems.

REF: RISK MANAGEMENT PROGRAMS

18. A group of newly hired nurses ask a nurse manager if they should carry malpractice insurance. The nurse manager tells them that there are a number of good reasons for nurses to carry their own malpractice insurance. Which of the following would *not* be included?

- a. Their institutions insurance may not cover them if they fail to comply with its policies and procedures.
- b. Nurses are being named individually in lawsuits.
- c. Their institution may fail to cover them if they acted outside the scope of their employment.
- d. Nurses are being considered easy targets for lawsuits.

ANS: D

Some reasons why nurses may consider carrying their own malpractice insurance include the fact that an employers liability coverage may not protect them if it is found they acted outside

their scope of employment (i.e., UAP who started an IV) or failed to comply with facility policies and procedures. In addition, nurses are being named individually as defendants more frequently, and it would behoove a nurse to be assured of a sound defense independent of their employer.

REF: MALPRACTICE/PROFESSIONAL LIABILITY INSURANCE

19. A nurse is asking a more senior nurse for suggestions regarding consulting and collaborating with an attorney. Which combination of suggestions by the senior nurse for consulting and collaborating with attorneys would be correct?

- a. Choose an attorney from the yellow pages and keep costs sensible.
- b. Be attentive and do not set your own course.
- c. Retain a specialist and do not notify your carrier of a possible liability until you are sure.
- d. Weed through the writing and set your own course.

ANS: D

In the event that a nurse is named as a defendant in a malpractice case, LaDuke (2002) has the following suggestions for consulting and collaborating with an attorney: *keep costs sensible* (expenses should be explained up front and sometimes a retaining fee is paid), *be attentive* (read the documents your attorney provides), *set your own course* (insist on a collaborative

relationship with your attorney for the duration of your case), *retain a specialist* (professional malpractice, professional disciplinary proceedings, and employment disputes require the expertise of a specialist in those areas), *DO notify your insurance carrier as soon as you are aware of a real or potential liability issue* and *weed through the writing* (your attorney needs to explain all facts and options).

REF: NURSE/ATTORNEY RELATIONSHIP

20. A nurse with 20 years of OB-GYN experience was asked to float to the ER. She refused. Was she correct in this decision and why?

- a. Correct. If she did this once, she might be expected to float on a regular basis.
- b. Incorrect. She felt she had enough seniority to not have to float.
- c. Incorrect. She just did not want to float.
- d. Correct. With her lack of experience, she felt she could not safely care for her patients.

ANS: D

Sometimes nurses find they are in conflict with their hospital/facility's expectations and standard of care. Being asked to float to another unit, particularly a specialized one such as an ER, when one has no experience in that area, can put patients at

risk and their safety in jeopardy. By refusing to float to the ER, the experienced OB-GYN nurse is advocating for the ER patients rights and safety. When refusing to comply with a request or assignment such as this, the nurse would be wise to work through the hospital/facility chain of command and notify the supervisor of their patient safety concerns.

PTS: 1 DIF: Analysis REF: NEGLIGENCE AND NURSING ADVOCACY

21. A nurse is sexually harassed by one of the Chief Residents on the unit. After experiencing several months of this harassment, the nurse files a complaint with the union representative. The attorney for the hospital informs the union representative that the hospital was unaware of the sexual harassment. Which of the following statements is accurate in terms of the hospital's liability?

- a. Lack of knowledge of the sexual harassment does not eliminate the hospital's liability.
- b. The hospital is not liable because the nurse should have reported the first incident of sexual harassment.
- c. Liability for the sexual harassment would only exist if the nurse was sexually harassed by another nurse.
- d. The hospital is not liable because the nurse should have filed the complaint in the office of EEOC before involving the union representative.

ANS: A

The hospital has the responsibility for providing each employee with a safe environment in which to work and reasonable treatment and behavior from other health care providers with whom the employee must interact. Lack of knowledge of the sexual harassment does not eliminate the hospital's liability.

PTS: 1 DIF: Analysis REF: CIVIL LAW

22. A nurse has received several summons to appear for jury duty. The nurse does not respond to the summons and throws them in the trash. The nurse is in violation of which of the following?

- a. Contract law c. Criminal law
- b. Tort law d. Federal law

ANS: B

A tort can be denial of a person's legal right, failure to comply with a public duty, or failure to perform a private duty that results in harm to another. By ignoring a summons to appear for jury duty, the nurse is in violation of a tort law.

PTS: 1 DIF: Analysis REF: TORT LAW

23. Angry at a classmate, a nursing student spreads a rumor that the classmate is HIV positive. The nursing student can be charged with which of the following?

- a. Assault c. Slander
 - b. Battery d. Libel
- ANS: C

By spreading a false rumor about the classmate, the nursing student can be charged with slander. The slanderous rumor has the potential of defaming the classmate's character.

REF: TABLE 23-2 SELECTED TORTS

24. A patient in the emergency department has a cardiac arrest, and a lawsuit is filed alleging that the triage nurse failed to appreciate acute cardiac symptomatology. The nurses action or inaction is an example of which of the following?

- a. Negligence c. Ignorance
- b. Invasion of privacy d.

Malpractice ANS: D

The triage nurses failing to appreciate the acute cardiac symptomatology can be considered malpractice. The term *malpractice* refers to a professionals wrongful conduct in the discharge of his professional duties or a failure to meet standards of care for the profession, which results in harm to another individual entrusted to the professionals care. As a triage nurse in the ER, the nurse should have been knowledgeable of the implications of the patients cardiac symptoms.

PTS: 1 DIF: Analysis REF: TABLE 23-4 NURSING MALPRACTICE CASES

25. A nurse is assigned to six acutely ill patients. The nurse is very careful with administering all medications and treatments accurately and safely to all clients. Legally, which of the following should the nurse be most concerned with?

- a. Hear no evil, see no evil, speak no evil.
- b. Haste makes waste.
- c. If it wasnt charted, it wasnt done.
- d. A bird in the hand is worth more than two in the bush.

ANS: C

The nurse would be most concerned with the phrase, If it wasnt charted, it wasnt done. Accurate and timely charting is one of the best ways to avoid a lawsuit. Without charting that is factual, legible, accurate, and timely, there is no proof that the nurse provided care that meets professional standards.

PTS: 1 DIF: Analysis REF: REAL WORLD INTERVIEW

MULTIPLE RESPONSE

1. A nurse asks an attorney specializing in health care about what constitutes negligence. Which of the following would the attorney say is needed to legally determine that a nurse has been negligent? Select all that apply.

- a. The nurse had a duty to perform.
- b. There was a breach of this duty, either by omission or commission.

- c. There is proof that the breach of duty caused the harm.
- d. The patient was not harmed.
- e. There was actual harm, which can be physical, emotional, or financial, to the patient.
- f. The nurse was overworked.

ANS: A, B, E

For a nurse to be found negligent, the following must occur: the nurse had a duty to perform; there was a breach of this duty, either by omission or commission; the patient was harmed (either physically, emotionally, or financially).

REF: NEGLIGENCE AND MALPRACTICE

2. A nurse asks an attorney specializing in health care for examples of malpractice. Which of the following would the attorney give as examples of malpractice? Select all that apply.

- a. A nurse administers digoxin to the wrong patient, and the patient dies.
- b. A nurse hangs an IV after checking the label, but the pharmacist placed the wrong contents in the IV, and the patient dies.
- c. A patient has been admitted to the hospital under an order of commitment, but she elopes and is killed by a drunk driver outside the hospital.
- d. A nurse does not restart an IV for a client in sickle cell crisis when the original IV infiltrates.
Lacking needed fluids, the patient dies.
- e. A nurse places a patient in restraints without a physicians order, and the patient suffocates while trying to get out of the restraints.
- f. A client is experiencing complications of labor, and the nurse contacts the physician while he is at a major fundraising event.

ANS: A, C, D, E

Administering the wrong medication, restraining a patient without a physicians order, allowing a client who is admitted to elope, and neglecting to restart the IV on a client in a sickle cell crisis can all become situations of malpractice. The term *malpractice* refers to wrongful conduct in the discharge of professional duties or failure to meet standards of care for the profession that results in harm to an individual entrusted to the professionals care. The nurse who hung the wrong IV would have followed

standard practice; the issue of malpractice would be with the pharmacist. The nurse who contacted the physician when the patient experienced complications of labor was also acting responsibly.

PTS: 1 DIF: Analysis REF: TABLE 23-4 NURSING MALPRACTICE CASES

3. You are attending a conference on the legal aspects of nursing management. The speaker informs the participants that nursing malpractice can involve which of the following? Select all that apply.

- a. Medication problems
- b. Personal problems
- c. Treatment problems
- d. Personnel problems
- e. Communication problems
- f. Monitoring/observing/supervising problems

ANS: A, C, E, F

Nursing malpractice cases can involve medication, treatment, communication, and monitoring/observing/supervising problems. Personal and personnel problems are not categories specific to malpractice.

REF: TABLE 23-4 NURSING MALPRACTICE CASES

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Chapter 24: Ethical Aspects of Health Care My Nursing Test Banks

24-30 minutes

Chapter 24: Ethical Aspects of Health Care**MULTIPLE CHOICE**1. A nurse educator explains to a new graduate that Ethics is:

- a. behaviors concerning moral choices and opinions.
- b. behavior according to certain customs or beliefs.
- c. a branch of philosophy dealing with right and wrong.
- d. a type of thinking where criticism is accepted.

ANS: C

Ethics is a branch of philosophy that is concerned with the distinction between right and wrong on the basis of a body of knowledge, not only on the basis of opinions. Behaviors based upon certain customs or traditions that generally reflect personal or religious beliefs relate to *morality* (behaviors concerning moral choices and opinions) or moral decisions/behaviors.

REF: DEFINITION OF ETHICS AND MORALITY

2. A student nurse did not realize that individuals may differ in their philosophies. The nurse educator explained that philosophies:

- a. are a way of looking at the world through rose-colored glasses.
- b. are a rational investigation of truths, reality, and human behavior.
- c. are an investigation into behaviors and truths but not necessarily into reality.
- d. stem from a persons beliefs, opinions, and principles of bioethics.

ANS: B

The rational investigation of the *truths* and *principles of knowledge, reality, and human conduct (behavior)* is called a philosophy. Personal philosophies can be a result of a persons beliefs and values but, bioethics is a type of a philosophy that concerns itself specifically with health care but is not applicable to all philosophies.

REF: PHILOSOPHY

3. When asked about teleology, a nurse educator may provide an example of teleology such as:

- a. Do unto others as you would have them do unto you.
- b. Murder is always wrong.
- c. The achievement of a good outcome justifies using less than desirable means to attain it.
- d. A persons character must be developed so that he will be predisposed to behave virtuously.

ANS: C

Teleology is an ethical theory that purports that a person must take those actions that lead to good outcomes and that the outcome of this act determines whether is it good or of value. According to teleology, one can use a less than desirable action (means) to attain a good outcome. An example of deontology is to do unto others as you would have them do unto you. The statement murder is always wrong is an example of relativism, where there are no universal ethics and ethical standards are *relative* to person, place, time, and culture. Living and behaving virtuously relate to virtue ethics.

REF: TABLE 24-1 SELECTED ETHICAL THEORIES

4. A nurse educator recommends that for some circumstances, making a decision under a veil of ignorance may be most appropriate. The nurse educator explains that a veil of ignorance pertains to which ethical theory?

- a. Justice and equity c. Relativism
- b. Deontology d. Virtue ethics

ANS: A

An ethical person, according to justice and ethics, chooses the action that is fair to all, including those people who are the most disadvantaged. Therefore, using a veil of ignorance regarding who will be impacted by a decision allows for unbiased decision making according to this ethical theory.

REF: TABLE 24-1 SELECTED ETHICAL THEORIES

5. A nurse educator is discussing the topic of virtue ethics. The nurse educator explains that virtue ethics espouses that:

- a. people are born virtuous.
- b. peoples actions are based on moral rules and unchanging principles.
- c. virtues such as truthfulness develop over time.
- d. whatever a person thinks is right is.

ANS: C

Virtue ethics contends that virtues such as truthfulness and trustworthiness develop over time and that an individuals character must be developed (not inborn) by nature and habit; therefore, the person will be predisposed to behaving and living virtuously. Action based upon morals and unchanging principles is a characteristic of deontological thinking, and whatever a person thinks is right is an example of relativism.

REF: TABLE 24-1 SELECTED ETHICAL THEORIES

6. A health care organization espouses beneficence, nonmaleficence, fidelity, justice, autonomy, respect for others, and veracity. A nurse employed by the organization understands that these are all examples of which of the following?

- a. Philosophies pertaining to nursing
- b. Ethical dilemmas

c. Philosophies related to organizational law

d. Ethical principles and

rules
ANS: D

The ethical principles of beneficence, nonmaleficence, justice, autonomy, respect for others, veracity, and fidelity all concern behaviors and beliefs that influence how nurses make decisions when faced with ethical dilemmas in their practice settings.

REF: TABLE 24-2 ETHICAL PRINCIPLES

7. A staff member asks a nurse manager why the hospital has an ethics committee. The nurse manager explains that a benefit of ethics committees is that they:

- a. provide guidance that assists with difficult decisions.
- b. are interdisciplinary and provide a way to decide what is wrong and right.
- c. provide guidance that assists with decisions concerning ethical dilemmas.
- d. provide guidance that assists with decisions related to ethics and nursing practice.

ANS: C

Ethics committees can be found in many health care organizations today, and they consist of an interdisciplinary group of people who assist in making decisions concerning ethical dilemmas. While these dilemmas may require difficult decisions and judgments about what may be right and wrong in certain circumstances, they pertain only to ethical dilemmas and not to other types of decisions or concerns.

REF: ETHICS COMMITTEES

8. A nurse is in a situation where there is a conflict between two ethical principles. The nurse must make a decision, but there seems to be no correct decision. The nurse is experiencing which of the following?

- a. Ethics c. Ethical dilemma
- b. Bioethics d. Ethical

situation
ANS: C

Ethical dilemmas consist of conflict (disagreement or argument) between at least two ethical principles. There are no correct answers for ethical dilemmas, but there are a variety of possible solutions. Ethical situations are those in which the question of

ethics (right and wrong) comes into play, but they are not necessarily dilemmas. Bioethics are ethics that are specifically related to health care, and ethics, itself, is a branch of philosophy concerned with the

distinction between right and wrong based upon a body of knowledge, not just opinions.

REF: DEFINITION OF ETHICS AND MORALITY

9. As a student, you have learned that your duty as a nurse is to do good to others and maintain a balance between those items that may cause harm and those that may cause good. Which ethical principle is this behavior based on?

- a. Fidelity c. Beneficence
- b. Nonmaleficence d. Veracity

ANS: C

The ethical principle of beneficence concerns the duty to do good to others and to maintain a balance between benefits and harms. Examples of this would be to provide all patients with caring attention and to treat everyone with respect and courtesy. Nonmaleficence concerns the principle of doing no harm, and veracity deals with the obligation to tell the truth.

REF: TABLE 24-2 ETHICAL PRINCIPLES

10. In a staff meeting, questions have been raised about a colleagues veracity. You recognize that veracity deals with which of the following?

- a. Being first in line
- c. Having a great deal to do
- b. Volunteering to work overtime

ANS: D

- d. Admitting mistakes promptly

Veracity is an ethical principle regarding telling the truth. Admitting to mistakes promptly and offering to do whatever is necessary to correct them is an example of veracity. Being first in line, volunteering to work overtime, and having a great deal to do every day are related to time management and organization, but they are not concerned with telling the truth.

REF: TABLE 24-2 ETHICAL PRINCIPLES

11. A nurse manager at a home health care agency who ensures that all contracts have been completed and payments are timely is displaying the principle of:

- a. veracity. c. autonomy.
- b. respect for others. d. fidelity.

ANS: D

The principle of fidelity concerns the obligation of keeping ones promise or word. The nurse manager in this example is keeping her word by making sure that all contracts have been completed and payments are

made on a timely basis, hence keeping her promise to do so. The ethical principle of autonomy relates to a person's right to self-determination and respect for individual

liberty. An example of veracity would be to refuse to participate in any type of fraudulent activities, and to avoid making paternalistic decisions for others is an example of respect for others.

REF: TABLE 24-2 ETHICAL PRINCIPLES

12. A nurse is attempting to become a more virtuous person as defined by Burkhardt and Nathaniel (2008). The nurse most likely will demonstrate which of the following when providing nursing care?

- a. Compassion, discernment, integrity, and trustworthiness
- b. Discernment, compassion, understanding, and empathy
- c. Trustworthiness, integrity, sympathy, and following the rules
- d. Integrity, compassion, understanding, and making the best decision that is fair for all

ANS: A

Burkhardt and Nathaniel's (2008) definition of a virtuous person lists four virtues that are more significant than others: compassion, discernment, integrity, and trustworthiness. Understanding, empathy, and sympathy are all fine attributes, but they do not necessarily contribute to this definition of a virtuous person. Following the rules is an example of deontological thought, and making the best decision that is fair for all is an example of relativism.

PTS: 1 DIF: Knowledge REF: VIRTUES

13. A nurse manager is discussing with a colleague the fact that in 2003 the American Hospital Association replaced the Patient Bill of Rights with a document entitled the Patient Care Partnership. Which of the following statements regarding what has been included in the new document is correct?

- a. The patient has the right to considerate and immediate care.
- b. The patient has the right to have an advance directive concerning power of attorney for business decisions.
- c. The patient has the right to review the records of themselves and their family members.
- d. The patient has the right to high quality hospital care; a clean, safe environment; and involvement in their own care.

ANS: D

The Bill of Rights was developed to assure that the health care system would be fair and meet patient

needs. It provided patients with a guide to addressing problems with their care and encouraged them to participate in staying healthy or getting well. In 2003, The American Hospital Association replaced the Bill of Rights with the Patient Care Partnership. This booklet informs patients of what to expect during their hospital stay. It discusses their right to high quality hospital care; a clean, safe environment; involvement in their own care; protection of their privacy; help

when leaving the hospital; and help with billing claims. REF: PATIENT RIGHTS

14. A student nurse asks a nurse educator about the origins of nursing practice. The nurse educator would most likely respond that nursing practice:

- a. evolved from Florence Nightingales work in the Korean War.
- b. has been strongly influenced by religion and tradition.
- c. evolved from meeting the needs of society.
- d. has been influenced by a concern for the welfare of society and the needs of individual providers.

ANS: C

Nursing practice has evolved from a variety of influences and experiences such as the needs of society (to help provide health- related care for the sick) and has been greatly influenced by religions and women (not tradition). While the seminal work of Florence Nightingale had a major impact upon the profession, it was her initial work in the Crimean War (not Korean) that stimulated substantial changes in the way the sick and injured were cared for. A concern for the welfare of others as a group or as individuals (not providers) has also contributed to the foundations of nursing practice.

REF: HISTORICAL AND PHILOSOPHICAL INFLUENCES ON

NURSING PRACTICE

15. Nurses who clarify their values based on the three-step process espoused by Rath, Harmin, and Simon (1978) will be involved in which of the following?

- a. Choosing, acting, and evaluating
- b. Choosing, prizing, and acting
- c. Assessing, choosing, and acting
- d. Assessing, acting, and prizing

ANS: B

The three-step process espoused by Rath, Harmin, and Simon (1978) in their classic work *Values and Teaching* is *choosing* (beliefs that are chosen freely without coercion), *prizing* (beliefs that are chosen are cherished), and *acting* (chosen beliefs are demonstrated consistently through behavior).

REF: VALUES CLARIFICATION

16. A group of nursing students in a class on nursing ethics begin to share their personal beliefs about

truth and ideals. These personal beliefs are examples of the students:

- a. relativism. c. morals.
- b. teleology. d. values.

ANS: D Values are personal beliefs concerning the truth of ideals,

standards, principles, objects, and behaviors that give meaning and direction to ones life. Teleology maintains that people must take the course of action that leads to good outcomes, and relativism concerns the belief system that there is no set of universal ethical standards. Morals, or morality, relates to behaviors according to certain customs or traditions and usually reflects ones personal or religious beliefs.

REF: VALUES AND VALUES CLARIFICATION

17. During an ethics class, students discuss the fact that questions such as Is it right?, Is it fair?, and Who gets hurt? would be components of which of the following?

- a. Ethical principles c. Ethics test
- b. Values clarification d. Patient rights

ANS: C

These questions are all part of *an ethics test* administered at the Center for Business Ethics at Bentley College (Bowditch and Buono, 1997). Decision makers are taught to ask themselves these questions when making decisions.

REF: AN ETHICS TEST

18. A family member asks a nurse why the cost of health care is so high. The nurse would be correct in responding that some significant contributing factors may be related to which of the following?

- a. Cost containment and the nursing shortage
- b. HMOs and Medicare
- c. Ethical dilemmas and expensive procedures
- d. Cost containment and technology

ANS: D

Two factors that have contributed to increased costs in health care are cost containment (such as set fees for services as seen in Medicare, Medicaid, and HMOs) and the use of sophisticated technology and treatment procedures (e.g., ICU equipment, robotics, and prosthetics). While the nursing shortage is a serious concern, it does not necessarily significantly impact the increased costs of health care.

REF: COST CONTAINMENT AND ISSUES RELATED TO TECHNOLOGY

19. A nurse manager is employing strategies to enhance the development of an ethical and socially responsible workplace environment, such as:

- a. written organizational codes of conduct and communication reinforcing ethical behaviors according to the tort law.
- b. training programs in ethics and encouraging confrontation and arguments related to ethical deviation.
- c. written organizational codes of conduct and leadership by default.
- d. ethics hotline and training programs in social constructs.

ANS: B

Some strategies and programs that enhance the development of an ethical and socially responsible workplace are *training programs in ethics and social responsibility* (not social constructs), *encouraging confrontation related to ethical deviations*, *widespread communication reinforcing ethical behaviors* (has nothing to do with tort law), *leadership by example* (not default), and *formal mechanisms for monitoring ethics* (i.e., ethics hotlines, ethics programs).

REF: CREATING AN ETHICAL WORKPLACE

20. The 2006 annual Gallup Poll on professional honesty and ethical standards stated that:

- a. nurses, pharmacists, and elementary school teachers were ranked highest.
- b. clergy and nurses were ranked in the middle.
- c. nurses were ranked number one.
- d. policemen and clergy were ranked highest.

ANS: C

According to the 2006 annual Gallup Poll results on the perceptions of professional honesty and ethical standards, nurses were rated to have high ethical ratings (84%). Of the 21 categories polled, other professions listed in the high percentile were pharmacists (73%), veterinarians (71%), doctors (69%), dentist (62%), and engineers (61%).

PTS: 1 DIF: Knowledge REF: NURSE-PHYSICIAN RELATIONSHIP

21. You are working in the Labor and Delivery Department. One of your patients is ready to deliver and is being rushed to the delivery room. The patient's regular physician is not available so another doctor will be doing the delivery. You ask the doctor if the patient's husband can come into the delivery room. The doctor immediately asks whether the patient is a private patient or on public assistance. Stunned by the question, you respond that the patient is on public assistance. The doctor then tells you that the husband cannot go into the delivery room. Which ethical principle has been violated

- a. Justice c. Beneficence
- b. Fidelity d. Nonmaleficence

ANS: A

Justice is the principle of fairness that is served when an individual is given that which he is due, owed, deserves, or can legitimately claim. All patients must be treated fairly, regardless of economic or social background. The patient and her husband are being treated unfairly because they are recipients of public

assistance. PTS: 1 DIF: Analysis REF: TABLE 24-2 ETHICAL PRINCIPLES

22. Today is the first day of your leadership clinical. You are assigned to work with one of the nurse managers. After receiving report, you decide to do a room check, greeting each patient with the name he prefers to be called. You introduce yourself to each patient and ask if there is anything she needs. You are practicing which ethical principle?

- a. Justice c. Nonmaleficence
- b. Beneficence d. Autonomy

ANS: B

Beneficence is the duty to do good to others and to maintain a balance between benefits and harms. This principle is practiced when you provide all patients, including the terminally ill, with caring attention; treat every patient with respect and courtesy; and become familiar with your local, state, and governmental laws regarding organ donations. By greeting each patient with the name he prefers to be called, you are demonstrating respect. By asking whether she needs anything, you are providing caring attention.

REF: TABLE 24-2 ETHICAL PRINCIPLES

23. A patient approaches you as you are about to leave to attend a mandatory. The patient asks if you would be able to answer some questions about his medication. You politely tell the patient

that you have to attend a mandatory meeting and promise to talk with him when you return in an hour. Once you return from the meeting, you complete your assigned nursing care, chart on the patients, and leave for home. While watching your favorite TV program that evening, you remember that you never returned to discuss the medications with the patient who had approached you that morning. Which ethical principle have you violated?

- a. Autonomy c. Veracity
- b. Fidelity d. Justice

ANS: B

Fidelity is the principle of promise keeping, or the duty to keep ones promise or word. While you were not lying to the patient and had all intentions of talking with him, you failed to keep your promise.

PTS: 1 DIF: Analysis REF: TABLE 24-2 ETHICAL PRINCIPLES

24. You are passing medications on a mental health unit. One of the patients refuses to take her morning medications stating, That medicine makes me feel weird. You see the patients breakfast tray and question the charge nurse on whether it would be wrong for you to crush the medication and mix it into the patients applesauce without the patients knowledge. Which ethical principle would you be violating?

- a. Autonomy c. Fidelity b. Beneficence d. Veracity

ANS: A

Patients have the right to refuse to take their medications. By mixing the medication with the patients applesauce, you would be violating the patients right to autonomy. Autonomy involves respect for an individuals right to self-determination and respect for individual liberty.

PTS: 1 DIF: Analysis REF: TABLE 24-2 ETHICAL PRINCIPLES

25. After graduation from nursing school, you married your high school sweetheart whose religious beliefs were different from your own. Throughout the past year, you have learned to cherish some of those beliefs and have decided to consider converting to your spouses religion. Which phase of values clarification are you in?

- a. Acting c. Choosing
- b. Accepting d. Prizing

ANS: D, In the process of values clarification, prizing is when beliefs that are selected are cherished (that is, prized). Values clarification has three steps: choosing without coercion, prizing or cherishing the selected beliefs, and then acting. Acting involves demonstrating consistently through behavior the selected beliefs. REF: VALUES CLARIFICATION

MULTIPLE RESPONSE

1. As a new graduate, you strongly believe in the ethical principles. You plan to practice nonmaleficence by including which of the following in your practice as a nurse? Select all that apply.

- a. Always work within your Standards of Nursing Practice
- b. Observe all safety rules and precautions
- c. Take shortcuts in order to reduce time-on-task so that you can accomplish more
- d. Perform procedures according to facility protocols
- e. Never ask for assistance because you are a BSN graduate and competent in all areas
- f. Keep your education and skills up to date with competency building and life-long learning

ANS: A, B, D, F, The principle of nonmaleficence is based on doing no harm. As a new graduate, you must always work within your Standards of Nursing Practice, observe all safety rules and precautions, perform procedures according to facility protocols, and keep your education and skills up to date with competency building and life-long learning. In addition, you must never give out information or perform duties you are not qualified to do, always keep areas safe from hazards, never take shortcuts, and always ask an appropriate person about anything you are unsure of. REF: TABLE 24-2 ETHICAL PRINCIPLES

2. A nurse manager wishes to assure that the hospital is in compliance with the Patient Care Partnership. The nurse manager goes on the AHA Web site, which has a checklist that can help assure compliance. On the checklist, the nurse manager would most likely find which of the following items? Select all that apply.

- a. Ethics committee
- b. Communication in-services for employees
- c. Process for patient follow-up on concerns
- d. Statement of patient rights
- e. Assistance with paying hospital bills
- f. Patient education on the use of advanced directives

ANS: A, B, C, D, F, The checklist would most likely include items such as an ethics committee, a statement of patient rights, in-services for employees, patient education on advance directives, and a process for follow-up on patient concerns. Assistance with paying hospital bills would not be an aspect of

the hospitals responsibility related to Patient Care Partnership. REF: PATIENT RIGHTS

3. As an RN, you recognize that to practice the ethical principle of autonomy (i.e., respect for an individuals right to self- determination and individual liberty) you would practice which of the following? Select all that apply.

- a. Protect the physical privacy of patients
- b. Be sure that patients have consented to all treatments and procedures
- c. Provide attorneys with all relevant information if it will help a patients legal case
- d. Release patient information of any kind to all family members who request it
- e. Discuss patients with other professional nurses who are not involved in the patients care
- f. Become familiar with state laws and facility policies dealing with advance directives

ANS: A, B, F, To practice the principle of autonomy, an RN would protect the physical privacy of patients, be sure that patients have consented to all treatments and procedures, and become familiar with state and facility policies dealing with advance directives. Nurses should not release patient information of any kind unless there is a signed release. Patient information should not be discussed with anyone who is not professionally involved in the patients care. REF: TABLE 24-2 ETHICAL PRINCIPLES

Chapter 25: Culture, Generational Differences, and Spirituality

MULTIPLE CHOICE

1. A nurse working in an immigrant community is aware that different racial, religious, and social groups have their own integrated patterns of human behavior that include language, thoughts, communication, action, values, and institutions. This is known as the groups:

- a. values. c. culture.
- b. morals. d. tradition.

ANS: C, Culture is comprised of a series of integrated patterns of human behaviors that include language, thought, communication, actions, customs, beliefs, and values as well as institutions of racial, ethnic, religious, or social groups. While humans share many of the same characteristics, they are also uniquely different according to these specific patterns of identity. Traditions, values, and morals can be a part of ones culture. REF: CULTURE

2. During a class on cultural beliefs, the instructor would most likely explain that these beliefs are:

- a. conscious and c. reality. unconscious.
- b. hereditary. d. genetic.

ANS: A

Cultural beliefs can be conscious or unconscious and serve as points of reference to guide the outlook and decisions of individuals. They are neither hereditary nor genetic, but they *can be learned* through association with family and relatives.

REF: CULTURE

3. A nursing instructor tests students on their understanding of the concept of values. Which response by a student indicates that further teaching is needed?

- a. Values provide a set of rules by which to live.
- b. Values guide actions and decisions.
- c. Values hinder problem solving and give direction to life.
- d. Values influence how people react to others.

ANS: C

Values perform important functions in our lives and the way in which we view and interact with the world around us. Some important functions of values are that they provide a set of rules to live by; guide actions and decisions; give direction to peoples lives and help them to solve problems (not hinder problem solving); influence how individuals perceive and react to others; help determine basic attitudes concerning personal, social, and philosophical issues; reflect an individuals identity; and provide a basis for self-evaluation.

REF: CULTURE

4. A group of nurses have recently been hired at your hospital. Because the nurses are from a different country, they would most likely experience which of the following?

- a. Ambivalence c. Hoarding of tradition in ethnic groups
- b. Improved lifestyle d. Culture shock

ANS: D

Culture shock can occur when an individual immigrates to a different country with a different culture. This can occur when the values and beliefs upheld by the new culture are radically different from the individuals native culture.

REF: CULTURE

5. Registered nurses can be identified as which of the following within health care professionals?

- a. Culture c. Group

ANS: B

Smaller groups within a culture are called subcultures. Subcultures may consist of professional and occupational affiliations (nurses), nationality or race, age groups, gender, socioeconomic factors, political viewpoints, and/or sexual orientation.

REF: CULTURE

6. You are completing a survey which poses questions regarding your genetic traits and physical characteristics. The information that is being asked is related to which of the following?

- a. Culture c. Race
- b. Acculturation d. Cultural ethnicity

ANS: C

Race describes a geographical or global population that is distinguished by its physical characteristics such as skin color or facial features or other genetic traits. Cultural ethnicity identifies a person based upon racial, tribal, linguistic, religious, national, or cultural groups. Acculturation concerns the loss of cultural identity into the new or more dominant cultural group.

REF: RACE AND ETHNICITY

7. A nurse is working in an environment where a large portion of the clients appear to be of the same race; however, the nurse is aware that within each broad category of race are numerous cultural groups. Why is this important for the nurse to recognize?

- a. For demographic data collection
- b. Different cultural groups have different views of health-related illness practices for care
- c. To prevent racism from occurring on the unit among the patients
- d. To provide the best care possible according to their heritage and traditions

ANS: B

While the clients may appear to be of the same race, their culture and views of health-related illness practices may be quite different. For example, there are subcultures such as the different Native America tribes broadly categorized as Native American, or the subcultures that comprise the term Hispanic (i.e., Caribbean, Cuban, Guatemalan, Puerto Rican, Mexican, and Central and South American peoples).

REF: POPULATION GROUPS

8. You attend a conference on health disparities. You learn different techniques for assisting victims of health disparities using problem-solving activities. Which problem-solving activity identified by one of the conference participants would indicate that further clarification is necessary?

- a. Increasing health care knowledge of the community
- b. Seeking health care access
- c. Breaking down barriers and traditions to western medicine
- d. Serving as a role model for new nurses

ANS: C

Victims of health disparities include those subcultures or people who have been separated from the mainstream, resulting in decreased access to health care and higher rates of mortality and morbidity. Some ways in which nurses can help these groups are by increasing the health care knowledge of the community, seeking health care access, breaking down barriers and ensuring access to education and care (not breaking down barriers and traditions to western medicine), and serving as role models for new nurses.

PTS: 1 DIF: Analysis REF: HEALTH CARE DISPARITY

9. You are working in a clinic with a culturally diverse client base and wish to provide culturally competent care. Which is *not* necessarily a component in the process of culturally competent care?

- a. Cultural awareness c. Cultural organizations
- b. Cultural knowledge d. Cultural desire

ANS: C, Culturally competent care is an integration of knowledge, attitudes, and skills that enhances cross-cultural communication and effective interactions. This type of care is a process that combines the elements of cultural awareness, cultural knowledge, cultural skills, cultural encounters (not cultural organizations), and cultural desire. REF: CULTURAL COMPETENCE

10. A nursing instructor asks a group of students if they can identify some nursing theories and models that have been developed to assist nurses in the delivery of culturally competent care. Which response by a student would indicate that further teaching is needed?

- a. Leiningers Transcultural Nursing
- b. Purnells Model for Cultural Competence
- c. Campinha-Bacotes Process of Cultural Competence
- d. Giger and Morrisons Model for Transcultural Awareness

ANS: D, Several nursing theories and models have been developed to help nurse leaders prevent workplace difficulties when working with people who are different due to age, ethnicity, race, culture, or religion. Some of these theories and models are Leiningers Transcultural Nursing, Purnells Model for Cultural Competence, Campinha-Bacotes Process of Cultural Competence in the Delivery of Health Care Service, and Giger and Davidhizar's Transcultural Assessment Model (not Giger and Morrisons Model for Transcultural Awareness). REF: CULTURAL COMPETENCE

11. A nursing instructor teaches students that according to DeRosa and Kochuras (2006) article entitled Implement Culturally Competent Health Care in your Workplace, cultures have different patterns of verbal and nonverbal communication. Which response by a student, when tested on this material, will indicate to the instructor that further teaching is necessary?

- a. Conversational style c. Eye contact
- b. Personal behavior d. Subject matter

ANS: B, DeRosa and Kochura (2006, October) noted four potential differences in communication among different cultures. They identified *personal space* (not personal behavior), *conversational style* (i.e., silence may be taken as a sign of respect or acknowledgment), *eye contact* (in some cultures, direct eye contact can be viewed as a sign of disrespect), and *subject matter* (some subjects are taboo in certain cultures). REF: EVIDENCE FROM THE LITERATURE

12. You are conducting an in-service on organizational culture. Which response regarding the important components of organizational culture would indicate that further clarification is needed?

- a. Vision statement c. Resource allocation and reward

b. Relative diversity d. Degree of change

ANS: A, Organizational culture is a system of shared beliefs and values that actively influences the behavior of an organization. Five primary components are *values* (the foundation for the organization, they guide behavior and express the organizations philosophy), *relative diversity* (by having an organizational culture, some degree of similarity is assumed, but the amount of deviation tolerated from this similarity differs), *resource allocation and reward* (distribution of monies and resources tells people what and who is valued in the organization), *degree of change* (fast-paced organizations differ from slower-paced ones and how they react to change), and *strength of the culture* (how much influence the culture exerts). Vision statement is *not* a component of organizational culture. REF: ORGANIZATIONAL SOCIALIZATION

13. Perceptions of the nurses role in health care can vary according to culture. For example, In some Asian cultures, when a nurse assists with bathing or feeding, the family may perceive the nurses actions as which of the following?

- a. Rude behavior
- b. Dedication to the patient
- c. Respect and an attempt to help the patient
- d. Demonstration of attentiveness to the patients physical comfort needs

ANS: A, According to Mattson (2009), in Asian countries, where families are very involved in patient care, it would be considered rude for the nurse to assist in bathing or feeding a patient. However, in American health care facilities, if the nurse does not ensure that these services are done, staff members could view this nurse as a slacker who is not completing his job duties. REF: DIFFERENT PERCEPTIONS OF THE NURSES ROLE

14. You are working with staff from different cultures and are aware of the importance of realizing that there may be different perceptions of a variety of aspects inherent in the health care regime. Which of the following is not one of these potential areas of differing perception?

- a. Staff responsibilities c. Locus of control
- b. Role of the health care d. Time orientation practitioner

ANS: B, Working with staff from a variety of cultures brings with it differing perceptions of the health care regime and its inherent elements. Some potential areas of difference are differing perceptions of staff responsibilities, the role of the nurse, (not the health care practitioner), locus of control, time orientation, educational differences, and language differences. REF: WORKING WITH STAFF FROM DIFFERENT CULTURES

15. A nurse manager conducts an in-service on techniques to facilitate multicultural communication. Which technique suggested by one of the nurses would indicate to the nurse manager that further clarification is needed?

- a. Avoiding the use of slang terms
- b. Recognizing that educational backgrounds in nursing may be vastly different
- c. Providing your coworker with resources that may help to reinforce verbal communication
- d. Avoiding using I statements when offering constructive criticism

ANS: D, Some techniques that may help to facilitate communication among multicultural workers include avoiding the use of slang terms; recognizing that your coworker probably has an educational background in nursing that is different from yours; providing your coworker with resources such as written protocols and procedures to reinforce your verbal communication. When providing constructive criticism you should try to use I statements instead of you statements. It is also important to remember to praise your coworkers competency in technical skills to inspire self-confidence. REF: IMPROVING COMMUNICATION ON THE TEAM

16. A nursing instructor has just completed a lecture on how Jamieson and OMara (1991) established a program to help nurse managers manage a diverse staff. The instructor then asked the group to identify the steps put forth by Jamieson and OMara. Which comment by an individual would indicate that further teaching is needed?

- a. Determine which cultural groups are represented on staff.
- b. Understand the organizations values and goals.
- c. Decide how to manage conflict.
- d. Analyze present conditions within the organization

ANS: C, Jamieson and OMaras (1991) six-step plan for nurse managers who work with a culturally diverse staff are to determine which cultural groups are represented on staff, understand the organizations values and goals, decide on what is best for the future of the organization (not only decide how to manage conflict), analyze present conditions within the organization, plan ways to reach the desired future state and decide how to manage transitions, and evaluate the results. REF: MANAGERIAL RESPONSIBILITIES

17. A nurse preceptor is working with a new graduate nurse and asks if the nurse knows the different generations that comprise the current workforce that the new graduate nurse managers may have to supervise. The preceptor would recognize that clarification is needed if the new graduate identified which of the following as one of the generations?

- a. Baby Boomers c. GenXers
- b. Pre-millennials d. Echo Boomers

ANS: B, The preceptor would need to clarify that none of the generations are known as pre-millennials. The four distinct generations that make up the current workforce include the traditionals (born before 1940); the baby boomers (born between 1940 and 1960); generation X, or genXers (born between 1960 and 1980); and generation Y, or echo boomers/millennials (born after 1980). REF: GENERATIONAL PERCEPTIONS

18. You notice that one of your nursing colleagues has an impaired ability to integrate meaning and purpose in life through her own connectedness with others, self, music, nature, or a higher power. Your colleague is most likely experiencing which of the following?

- a. Spiritual distress c. Depression
- b. Philosophical distress d. Schizoid personality disorder

ANS: A Spiritual distress is a recognized nursing diagnosis that consists of an impaired ability to integrate meaning and purpose in life through an individual's connectedness with self, others, art, music, literature, nature, or a higher power. In order to relieve this distress, it is expected that individuals will reconnect with those items/elements that they consider to be important (i.e., meditation, prayer, religious services or rituals, communing with nature or animals, sharing of self, or caring for others) in order to return to meaning and purpose in life. Depression consists of a variety of symptoms that interfere with the ability to work, eat, sleep, and function in activities that once brought pleasure. Schizoid personality disorder consists of a pattern of indifference to social relationships and a limited range of emotional expression and experience. REF: SPIRITUAL DISTRESS

19. The nurse manager wants to motivate a 55-year-old staff nurse. Taking the nurse's age into consideration, which type of motivation would be most effective for this nurse?

- a. Sending the nurse a letter on a job well done
- b. Giving public acknowledgement and reward for good performance
- c. Telling the nurse of opportunities for growth and development
- d. Emphasizing the importance and significance of the nurse's work

ANS: B, Staff nurses who are 55 years old would be considered being from the Baby Boomer generation. The most effective means of motivating nurses in this age group would be to give public acknowledgement and reward for good performance. REF: GENERATIONAL PERCEPTIONS

20. During a Community Health clinical, a student asks the instructor, What is meant by health disparities? The instructor would be correct in responding that health disparities refer to:

- a. differences in each individual's response to illness and disease states, which is reflective of cultural beliefs.
- b. differences in types of care an individual receives based on whether the individual pays for health care with personal funds, private insurance, or federal assistance.
- c. the different beliefs and values that individuals express based on age and ethnicity.
- d. differences in health risks and health status measures that reflect the poorer health status that is found disproportionately in certain population groups.

ANS: D, The term *health disparities* refers to differences in health risks and health status measures that reflect the poorer health status that is found disproportionately in certain population groups. These health disparities include differences in the occurrence of illness, disease, and death among minorities and other vulnerable populations in the United States. REF: HEALTH DISPARITIES

21. One of the nurses on your unit tells you that his grandmother, who speaks no English, was recently admitted to the hospital with a heart condition. The nurses caring for the grandmother have labeled her a difficult patient. The nurse further explains that the grandmother immigrated from China just 6 months ago and generally only interacts with family members and close family friends. You hypothesize that the grandmother is most likely experiencing which of the following?

- a. Cultural intensity c. Cultural stereotyping
- b. Culture shock d. Cultural incompetence

ANS: B, The nurse's grandmother is most likely experiencing culture shock. Many patients experience culture shock because of the unfamiliar sounds and sights and strangers they come in contact with while in the hospital. This shock intensifies for patients who are recent immigrants or who do not speak English. REF: CULTURE

22. Several nurses from outside the United States were recently hired at your hospital because they had passed the NCLEX-RN. According to Mattson (2009), many of these nurses would be astonished by which of the following?

- a. Number of medications each patient receives
- b. Amount of supplies nurses waste on each patient.
- c. Amount of documentation and the focus on cost-effective care
- d. Number of languages spoken fluently by the staff.

ANS: C, According to Mattson (2009), the nurses from other countries would be most astonished by the amount of documentation and the focus on cost-effective care in the United States. REF: DIFFERENT PERCEPTIONS OF THE NURSES ROLE

23. You recently accepted a position on the Labor and Delivery unit at the local hospital. You recognize that infant mortality rates in 2005 were highest among babies born to:

- a. non-Hispanic Black mothers.
- b. Asian adolescent girls between the ages of 14-18.
- c. unmarried Caucasian women.
- d. Hispanic women between the ages of 19-24.

ANS: A, In 2005, infant mortality rates were highest among babies born to non-Hispanic Black mothers. REF: HEALTH DISPARITIES

MULTIPLE RESPONSE

1. You are a nurse manager who is attempting to develop generational diversity amongst your nursing workforce. Which of the following would be your key approaches? Select all that apply.

- a. Utilizing effective approaches that are specific to the applicable staff generation
- b. Continually exploring the workplace culture and conditions and maintaining the ability to be flexible in interventions and response mechanisms
- c. Addressing the needs of the older generations first since they have been with the agency the longest
- d. Working successfully with problems that arise due to generational differences
- e. Creating an organizational environment that connects with all staff, thereby increasing retention rates
- f. Addressing the needs of the younger generations because they have more years to contribute to the workforce

ANS: A, B, D, E, The International Council of Nurses and the International Center for Human Resources in Nursing identified four approaches to developing generational diversity in the nursing workforce. They included utilizing effective approaches that are specific to the applicable staff generation; continually exploring the workplace culture and conditions and maintaining the ability to be flexible in interventions and response mechanisms; working successfully with problems that arise due to generational differences; and creating an organizational environment that connects with all staff, thereby increasing retention rates. REF: GENERATIONAL PERCEPTIONS

2. You have a client who is experiencing a spiritual need. You refer to Carson and Koenigs (2008) spiritual assessment because it involves five broad questions that you can use. Which of the following would be included among the questions? Select all that apply.

- a. Does the medical care conflict with any of the patients spiritual beliefs?
- b. Is the patient experiencing comfort or stress related to spiritual beliefs?
- c. Will the health care providers spiritual beliefs negatively impact the patient?
- d. Is there involvement or support from any religious community?
- e. Do the patients spiritual beliefs impact health care decision-making practices?
- f. Is there a need for additional referrals?

ANS: A, B, D, E, F

Carson and Koenigs (2008) spiritual assessment involves five broad questions focusing around whether the medical care conflicts with any of the patients spiritual beliefs, whether the patient is experiencing comfort or stress related to spiritual beliefs, whether there is involvement or support from any religious community, how the patients spiritual beliefs impact health care decision-making practices, and if there is a need for additional referrals. The nurses spiritual beliefs are not an aspect of the patient assessment.

REF: SPIRITUAL ASSESSMENT

3. As the nurse manager, you recognize that the elimination of disparities is a multifaceted challenge that includes interventions aimed at access to care as well as factors associated with prejudice and bias. Strategies to reduce health disparities would include which of the following? Select all that apply.

- a. Improving access and infrastructures at the public health and health care systems levels
- b. Encouraging all nursing staff members to return to school in order to be eligible for promotions
- c. Increasing the diversity of the nursing staff to enhance patient and provider relations and reduce problems in cross-cultural communication
- d. Examining the organizations culture, condition, and training needs and then advocating for changes that reduce disparities
- e. Only assigning nurses to patients who are members of the nurses own ethnic group and age group
- f. Utilizing culturally and linguistically appropriate approaches to nursing care that can be flexible to patient needs while still identifying and addressing potential barriers that are specific to the individual patient

ANS: A, C, D, F, As the nurse manager, you recognize that strategies to reduce health disparities include improving access and infrastructures at the public health and health care systems levels; increasing the diversity of the nursing staff to enhance patient and provider relations and reduce problems in cross-cultural communication; examining the organizations culture, condition, and training needs and then advocating for changes that reduce disparities; and utilizing culturally and linguistically appropriate approaches to nursing care that can be flexible to patient needs while still identifying and addressing potential barriers that are specific to the individual patient. REF: ELIMINATING HEALTH DISPARITIES

Chapter 26: Collective Bargaining

MULTIPLE CHOICE

1. You and other nurses in your organization have chosen to act as a group with a single voice when dealing with some workplace problems. This is known as:

- a. unionization. c. collective bargaining.
- b. collective action. d. workplace advocacy.

ANS: B, Collective action is when individuals act together as a group with a single voice, and it is one method for dealing with workplace problems. Collective bargaining is the practice of employees acting as a collective group and bargaining with management regarding wages, work practices, and other benefits. Workplace advocacy pertains to actions that nurses undertake to address problems in their everyday work setting, and it is another form of collective action. REF: INTRODUCTION

2. A nurse manager who held a commission in the Army was notified of mandatory military duty and had to go to Iraq to serve for 2 years. After discharge, the nurse returned to the hospital to resume the previous position but was informed that the position was no longer available. The hospital then offered the nurse employment as a staff nurse, which involved a major reduction in salary. The hospital was in violation of which of the following?

- a. 1964 Civil Rights Act
- b. 1974 Taft-Hartley Amendments to the Wagner Act
- c. 1935 National Labor Relations Act (Wagner Act)
- d. 1973 Vietnam Veterans Act

ANS: D

The hospital's action was in violation of the 1973 Vietnam Veterans Act. This act was passed to provide reemployment rights for individuals who leave their place of employment to perform military duties. According to the act, these individuals are entitled to be restored to their former position or to a position of like seniority, status, and pay. The 1964 Civil Rights Act provided equal employment standards, and the 1974 Taft-Hartley Amendments to the Wagner Act allowed for employees of nonprofit organizations to join unions. The original Wagner Act (1935 National Labor Relations Act) gave employees of private companies the right to organize unions.

PTS: 1 DIF: Analysis REF: TABLE 26-1 SUMMARY OF SELECTED LEGISLATION

AFFECTING THE WORKPLACE

3. You are caring for a 97-year-old patient whose cancer has returned. The patient tells you that he has had a good life and would like to avoid any additional surgeries. The family insists that the patient should have the surgery. You share with the physician the patient's preference not to have surgery. Your actions are an example of which of the following?

- a. Patient preservation c. Patient advocacy
- b. Family negotiation d. Patient bargaining

ANS: C

When nurses preserve and protect the wishes of patients, they are practicing a type of workplace advocacy called *patient advocacy*. Workplace advocacy is the process or the activity that nurses undertake to address problems in their everyday work setting.

REF: WORKPLACE ADVOCACY

4. During a presentation on workplace advocacy, the speaker asks the group to identify some of the

methods nurses can become involved with in order to promote workplace advocacy. Which response by the participants would indicate to the presenter that further clarification is needed?

- a. Collective bargaining c. Professional practice councils
- b. Shared governance d. Refirmative action

ANS: D

Workplace advocacy can take a variety of forms. Some forms in which nurses may be involved are collective bargaining, shared governance, and professional practice councils.

PTS: 1 DIF: Analysis REF: WORKPLACE ADVOCACY

5. As a nurse manager, you have heard your staff talking about poor wages, unsafe staffing, and mandatory overtime issues. An initial effective way of dealing with this type of conversation would be to:

- a. report this to upper management.
- b. discuss these concerns with your staff using a nonpejorative tone.
- c. ask your supervisor what to do.
- d. do nothing because it will go away on its own.

ANS: B

Whenever staff members gather to discuss workplace issues such as poor wages, unsafe staffing, mandatory overtime, and job security concerns, there is the potential of collective bargaining actions such as unionization or strikes. An effective nurse manager would initially discuss these matters with staff (especially with those who were overheard discussing these concerns) first to find out exactly what the concerns are and then try to determine how widespread they are among the unit.

PTS: 1 DIF: Analysis

REF: FACTORS INFLUENCING NURSES TO UNIONIZE

6. When you were hired, you joined a group that utilized a collective bargaining agent to formally present desires to management. The group you joined is known as which of the following?

- a. Whistle-blowing c. ANA
- b. Nurse advocacy d. Union

ANS: D

A union is a formal and legal group that works through a collective bargaining agent to present desires and needs to management formally through the legal context of the National Labor Relations Board (NLRB).

REF: COLLECTIVE BARGAINING

7. You have always dreamed of becoming a nurse and participating in collective bargaining. Some of

your ideas and views are a direct result of growing up in a family of union workers. Both your mother and father were union stewards, and they promoted workplace advocacy. Your background has taught you that workplace advocacy is:

- a. a collective action model. c. a workplace agency shop.
- b. a *qui tam* situation. d. the initial step in whistle-blowing.

ANS: A

Workplace advocacy is a collective action model that is more informal and encompasses everyday creativity and problem solving tools that occur everyday in nursing. A *qui tam* lawsuit is filed in whistle-blowing cases, and an agency shop is a term that refers to employees who are not required to join a union.

REF: WORKPLACE ADVOCACY

8. At the conclusion of a class on factors that can lead to unionization among nurses, the instructor would recognize that further clarification is needed if a student included which of the following as one of the factors?

- a. Job stress c. Unsafe work environment
- b. Whistle-blowing d. Physical demands

ANS: B

The instructor would recognize that further clarification is needed if a student responded that whistle-blowing was a factor that leads to unionization among nurses. Some reasons that contribute to nurses wanting to unionize are job stress, unsafe work environment, feeling powerless, the physical demands of the job, and the need to communicate concerns and/or complaints to management without fear of losing their jobs. Whistle-blowing is the act in which an individual discloses information regarding a violation of a law, rule, regulation, or a substantial and specific danger to public health or safety.

REF: FACTORS INFLUENCING NURSES TO UNIONIZE

9. When a group of nurses employed at a particular hospital act together as a group to bargain with management concerning workplace issues, they are practicing:

- a. workplace bargaining. c. workplace advocacy.
- b. collective striking. d. collective bargaining.

ANS: D

The practice of employees acting together as a collective group to bargain with management regarding workplace issues such as wages, work conditions, and benefits is called *collective bargaining*.

REF: COLLECTIVE BARGAINING

10. You and other nurses in your organization have decided to use a collective bargaining method that is used in the workplace, commonly known as:

- a. workplace advocacy. c. collective brainstorming.
- b. unionization. d. collective striking.

ANS: B, Collective bargaining through unionization is also a collective action model that is legally based and formal. It utilizes a written contract to guide nursing and workplace issues. REF: COLLECTIVE BARGAINING

11. A nurse working in a private physicians office noted that several of the clinic patients had been given prescriptions for cholesterol medications even though the laboratory results did not indicate the need for these medications. Concerned with the patients health and safety, the nurse reported her suspicions to the proper authority. The nurses actions are based on which piece of legislation which encourages individuals to come forward to report a danger to public health or safety?

- a. Edmunds-Tucker Act
- b. Taft-Hartley Amendments to the Wagner Act
- c. False Claims Act Modification
- d. Anti-fraud Act

ANS: C, In 1986, the False Claims Act was modified to encourage whistle- blowers to come forward and report information regarding a violation of a law, rule, regulation, or a substantial and specific danger to public health or safety. The Edmunds-Tucker Act (1887) prohibited polygamy in the United States, and the Taft- Hartley Amendments to the Wagner Act allowed employees of nonprofit organizations to unionize. Various states such as Connecticut (2003) have state anti-fraud acts that prohibit fraudulent activities. REF: WHISTLE-BLOWING

12. A colleague is asking you for information regarding qui tam lawsuits. Which of the following would *not* be a correct statement about such lawsuits?

- a. Anyone can file them.
- b. Only an attorney can file them.
- c. They are used in whistle-blowing cases.
- d. They can be filed on behalf of the government.

ANS: B, Whistle-blowing claims are brought forth in qui tam lawsuits. An interesting characteristic of these types of lawsuits is that anyone can file them on their own behalf or on behalf of the government. REF: WHISTLE-BLOWING

13. There is a rumor that your union and the management in the organization that you work for will be going into arbitration. Which of the following statements concerning arbitration is false?

- a. It is the last step in a dispute.
- b. It utilizes a non-partial third party.
- c. It must be voluntary.
- d. An impartial person selected will make the final decision.

ANS: C

Arbitration is a method used in settling disputes. It is generally the last step in the dispute; it utilizes a non-partial third party who will make the final decision; and it can either be voluntary or

imposed by the government. REF: TABLE 26-2 COLLECTIVE BARGAINING TERMINOLOGY

14. As a new graduate, you have interviewed at several hospitals for your first nursing position. One of the hospital recruiters informs you that the nursing union has created turmoil for the hospital. The recruiter also tells you that if you choose this hospital, you will have to sign a contract stating that you will not join the nursing union. You recognize that requiring you to sign such a contract would be in direct violation of which of the following?

- a. 1898 Erdman Act
- b. 1935 National Labor Relations Act (Wagner Act)
- c. 1938 Fair Labor Standards Act
- d. 1947 Taft-Hartley Act

ANS: A

The 1898 Erdman Act was the first piece of legislation to outlaw discriminatory acts by employers against unions. By refusing to allow all new employees to join the nursing union, the hospital is interfering with the unions membership and the unions ability to represent all nurses employed by the facility. The 1935 National Labor Relations Act (Wagner Act) allowed employees of private companies to organize unions to demand better wages and safer working conditions, and the 1938 Fair Labor Standards Act set

minimum wage and maximum hours that can be paid before overtime is paid. The 1947 Taft-Hartley Act returned some rights to management but still equalized the balance between unions and management.

PTS: 1 DIF: Analysis

REF: TABLE 26-1 SUMMARY OF SELECTED LEGISLATION AFFECTING THE WORKPLACE

15. While doing retrospective chart review, a nurse manager discovers that patients in the unit are having their Medicare double-billed for certain hospital services over a 5-year period. The nurse manager is very concerned and feels this may be a case of fraud, but she is afraid to tell anybody because the general opinion of most employees is we have always done it this way. What step would be least effective in addressing the nurse managers concerns?

- a. Filing a qui tam lawsuit in secret with the court
- b. Confiding in a close manager friend at work about what the nurse manager is planning
- c. Providing a copy of the complaint to the Department of Justice with a written disclosure of all the information concerning the fraud
- d. Telling no one at work about the nurse managers discovery or planned actions

ANS: B, In this situation, the nurse manager has just discovered fraudulent activities occurring in the hospital. Steps that the nurse manager should take to report this occurrence are file a qui tam lawsuit in secret with the court, provide a copy of the complaint to the Department of Justice with a written disclosure of all the information concerning the fraud, and DO NOT let anybody at the hospital know that a lawsuit is being filed (this includes another manager who is a close friend). REF: WHISTLE- BLOWING

16. In your class on collective bargaining, you learn about unions. Which of the following is incorrect in terms of individuals who are able to unionize?

- a. All nurses c. Employees of nonprofit organizations
- b. Medical practitioners d. University professors

ANS: A, While there are unions for many nurses, the statement that all nurses are now able to unionize is incorrect. For example, managers and supervisors employed in hospitals are not in unions. Other groups able to join unions include *medical practitioners* (the Service Employees International Union is the largest collective bargaining agent for this group), *employees of nonprofit organizations* (the 1974 Taft-Hartley Amendments to the Wagner Act allowed this), and *university professors*. However, many chairpersons and deans of nursing programs cannot join unions because they are considered to be part of the administration. REF: KEY CONCEPTS

17. The union representative for the nurses at your hospital calls a meeting to discuss the possibility of a strike. Several issues are discussed. Which statement made by one of the nurses would indicate that further clarification regarding a strike is needed?

- a. The decision to strike is made only if all union members agree.
- b. The decision to strike occurs if the majority of union members agree.
- c. If a no strike clause is in the union contract, we will not be able to strike.
- d. An advance strike notice must be provided.

ANS: A, A union strike is an act in which union members withhold the supply of labor for the purpose of forcing management to accept their terms. Some characteristics of these strikes are the decision to strike is made if a *majority* of union members agree (not all members), the union must provide a contract expiration notice and advance strike notice, mediation is mandatory for dispute settlement, and the hospital or agency has the option of establishing a board of inquiry before the work stoppage. REF: STRIKING

18. You are considering forming a union for nurses at the organization for which you work, and you would like to have as many nurses in your organization join as possible. According to the current laws governing unions, which nurses have the legal right to unionize?

- a. Staff nurses c. All nurses
- b. Managers d. Nurse leaders

ANS: A, Nurses who are not managers or nurse leaders and are considered employees, such as staff nurses, have the legal right to unionize. Nurses who are considered managers, supervisors, or leaders are not allowed to unionize under the current labor laws. REF: DEFINITION OF SUPERVISOR

19. A new graduate questions a colleague about organizations that have collective bargaining agents that work for nurses. Which organization would not be included on the colleagues list?

- a. National Nurses United
- b. Service Employees International Union
- c. Unites States Nurses
- d. Service Employees International Union

ANS: C, Some of the largest collective bargaining agencies/unions working for nurses include the National Union of Hospital and Health Care Employees and the Service Employees International Union. Other agents that support nurses are the United American Nurses AFL-CIO, the Teamsters Union, and the American Nurses Association. REF: COLLECTIVE BARGAINING AGENTS

20. A nursing instructor asks the student nurses about the requirements for a vocation to be recognized as a profession? Which comment by one of the students would indicate to the instructor that further teaching is needed?

- a. Long period of specialized education
- b. Service orientation
- c. Ability to be autonomous
- d. Use of evidence-based guidelines and practice standards

ANS: D, Three requirements for a trade or vocation, such as nursing, to be considered a profession are a long period of specialized education, a service orientation, and the ability to be autonomous (able to be self-regulating and have control over their functions in a work situation). The use of evidence-based guidelines and standards promote effective and quality nursing care, and their incorporation into a nurses everyday practice is called evidenced- based nursing practice. REF: PROFESSIONALISM AND UNIONIZATION

21. A non-nurse questions why nurses make such an effort to serve and protect the wishes of their patients. You, as a nurse, respond that by serving and protecting the wishes of their patients, nurses are participating in:

- a. unionization. c. collective bargaining.
- b. workplace advocacy. d. legal decision making.

ANS: B, Nurses who serve and protect the wishes of their patients are participating in workplace advocacy. Patient advocacy is a form of workplace advocacy. REF: WORKPLACE ADVOCACY

22. With the help of the union representative, a nurse files a grievance against the hospital because of unfair practices when promoting the staff. Mediations between the union representative and management have been unsuccessful, and the situation now requires the input from a non-partial third party. This final step of the grievance procedure is known as which of the following?

- a. Dispute c. Fact-finding
- b. Arbitration d. Lockout

ANS: B, Arbitration is the last step in a dispute. At this step, a non-partial third party will be involved and may make the final decision. Arbitration may be voluntary or imposed by the government. REF: TABLE 26-2 COLLECTIVE BARGAINING TERMINOLOGY

23. A recent graduate is deciding on which union and professional organizations for nurses would be appropriate to join. You inform the graduate that the largest union and professional organization for registered nurses is:

- a. American Nurses Association.
- b. National Nurses United.
- c. National League for Nursing.
- d. American Association of Colleges of Nursing.

ANS: B

The largest union and professional association of registered nurses is National Nurses United. In 2010, there were over 150,000 members.

REF: STRIKING

24. You are employed in a large physician-owned private clinic. Negotiations of the new contract are at a stalemate. The administration refuses to address the issues of unfair wages for the nurses and the unsafe practices of the clinic physicians. During a union meeting, the union representative informs the nurses that the clinic's management team has threatened to close the clinic if the nurses do not accept the new contract as written. You understand that management's threatened actions are considered which of the following?

- a. Dispute c. Lockout
- b. Negotiation d.

Mediation ANS: C

By threatening to close the clinic, management is threatening a lockout. A lockout relates to closing a place of business by management in the course of a labor dispute to attempt to force employees to accept management terms.

PTS: 1 DIF: Analysis REF: TABLE 26-2 COLLECTIVE BARGAINING TERMINOLOGY

25. In 2007, your favorite nursing instructor, a 65-year-old African American, retired from the school of nursing. The instructor had decided to travel around the world and enjoy life; however, after the instructor's spouse became unemployed and the family lost their life savings in the stock market, the nurse educator decided to return to teaching. During the job search, the instructor was told by the deans of the different nursing programs that they were interested in hiring individuals whose formal education was much more current. However, each dean acknowledged that the instructor's record demonstrated a wealth of experience that included a number of awards, publications, and grants. The deans of the schools are most likely in violation of which of the following?

- a. The Age Discrimination c. The Taft-Hartley Act
- b. The Civil Rights Act d. The Erdman Act

ANS: A, The deans are most likely in violation of the Age Discrimination Act. The Age Discrimination Act promotes employment of older persons based on their ability rather than on their age. The instructor's accomplishments as noted by numerous awards, grants, and publications are proof of the abilities to meet the requirements of the position. REF: TABLE 26-1

SUMMARY OF SELECTED LEGISLATION AFFECTING THE WORKPLACE

MULTIPLE RESPONSE

1. You attend a meeting with other nurses employed at the hospital who are considering unionization. When you return home, you create a list of the pros and cons for unionizing. Your list of cons would most likely include which of the following? Select all that apply.

- a. Other union members may outvote your decisions.
- b. All union members and management must conform to the terms of the contract without exception
- c. A process can be instituted to question a managers authority if a member feels something was done unjustly.
- d. Unions may be perceived by some as not being professional.
- e. Union dues must be paid even if individuals do not support unionization.
- f. Union dues are required to make the union work for you.

ANS: A, D, E, Some of the cons that might be on you list include other union members may outvote your decisions, union dues must be paid even if individuals do not support unionization, and unions may be perceived by some as not being professional. In addition, the list could include the facts that there is reduced allowance for individuality, disputes are not handled with an individual and management only (there is less room for personal judgment), and some employees may not agree with the collective voice. REF: TABLE 26-6 PROS AND CONS OF UNIONIZATION

2. The nurses at the hospital where you are employed are in the process of unionization. Your role during this process would include which of the following? Select all that apply.

- a. Act clearly within the law at all times.
- b. Know the rights of your manager.
- c. If a manager acts unlawfully, report it to the NLRB.
- d. Know your legal rights.
- e. Demand an increase in salary.
- f. If another nurse practices in an unsafe manner, report it to the NLRB.

ANS: A, B, C, D, Your role would include acting clearly within the law at all times, knowing your legal rights, knowing the rights of your manager, and reporting unlawful acts by the manager to the NLRB. The process does not include demanding a salary increase or reporting unsafe nursing practice to the NLRB. Unsafe practices of another nurse should be reported to your immediate supervisor. REF: TABLE 26-5 NURSES ROLE DURING INITIATION OF UNIONIZATION

3. You are employed in a hospital where nurses are unionized. Which of the following situations would you report to the NLRB? Select all that apply.

- a. A staff nurse gave a medication to the wrong patient.
- b. A nurse is given a verbal warning because of consistent tardiness.
- c. You were not paid overtime for the extra hours you worked last week.
- d. A nurse was denied a promotion due to failure to provide quality care.
- e. Nurses are being sexually harassed by many of the physicians.
- f. Units are often understaffed and experiencing increased patient falls.

ANS: C, E, F, The issues that you should report to the NLRB include not being paid for overtime; sexual harassment; and the units being understaffed, resulting in increased patient falls. Salary issues and environmental safety issues are under the purview of the union. REF: FACTORS INFLUENCING NURSES TO UNIONIZE

Chapter 27: Career Planning

MULTIPLE CHOICE

1. You are meeting with your mentor who asks you about the elements needed for effective strategic career planning. If you give the following responses, which would your mentor want to further clarify?

- a. assessing your values, interests, and the job market
- b. determining your career path
- c. planning and implementing a job search
- d. performing ongoing evaluation to assure alignment with your vision and goals

ANS: B, Further clarification is needed if you responded determining your career path. The four criteria for effective strategic planning in relation to career planning include; determining your vision and goals (not just your career path); assessing your values, interests and the job market; planning and implementing a job search; and performing ongoing evaluation to assure alignment with your vision and goals. REF: INTRODUCTION

2. Two new graduate nurses are doing some strategic career planning and have decided to pursue careers as pediatric nurses, even though they did not do very well in their pediatric rotation and do not feel very comfortable with children. Because they are best friends and want to work together, they have targeted children's hospitals but they don't know what to do first. Which aspect(s) of strategic career planning should they pursue first?

- a. assessing and clarifying values and interests
- b. planning and implementing a job search
- c. ongoing evaluation of process to assure alignment with her goals
- d. determine what the job market is like

ANS: A, The two friends have selected pediatric nursing as their initial career path target, but they are not comfortable with their past performance or comfortable when working with children. Since this appears to be in conflict with their inner comfort or abilities, they should reevaluate the selection of pediatric nursing before pursuing employment in this field in order to avoid job dissatisfaction and/or anxiety.

REF: STRATEGIC PLANNING PROCESS

3. Research on nurse retention has indicated that many nurses leave nursing after a what period of time?

- a. 10 years c. 5 years or less
- b. 7 years or less d. before the end of the first year

ANS: C, Hodges, Keeley, and Troyan (2008) noted that many nurses were leaving the field of nursing after a period of 5 years or less, which may be due to the changes in the workforce and changing values in today's society. REF: STRATEGIC PLANNING PROCESS

4. A nursing instructor wants to determine if the students understand the acronym SMART which can be used to help determination goals in career planning. Which comment by a student would indicate that further teaching is needed?

- a. S- specific c. A acceptable
- b. M measurable d. R- realistic

ANS: C, The nursing instructor would recognize that further teaching is needed if a student responded that A = acceptable. The acronym SMART when applied to career planning stands for S = specific, M = measurable, A = achievable, R = realistic, and T = timely. REF: DETERMINING YOUR GOALS

5. A new graduate nurse is setting career goals. The nurse has decided to work in the operating room of a county hospital for three years while pursuing a degree as an advanced practice nurse. Which type of goal is this?

- a. long-term c. initial
- b. intermediate d. short-term

ANS: B, The nurses plan to work in a county hospital operating room for three years while pursuing an advanced nursing degree is an example of an intermediate career goal. A short-term goal for this nurse might be to work in an acute care setting for one year to gain the expertise to move to a more specialized area. An example of a long-term goal for this nurse might be to work open a group practice of CRNAs to provide coverage for the small rural hospital in the town where nurse grew up. REF: CRITICAL THINKING 27-2

6. You are adding a cover letter to the resume that you are sending to a potential employer. You recognize that a cover letter is important because of which of the following?

- a. It can be one of your first marketing strategies.
- b. It is a good way to get your foot in the door.
- c. It can be used to detail your accomplishments to a potential employer.
- d. It can be used in lieu of a resume.

ANS: A, Cover letters are one of the first opportunities you have in presenting yourself to a potential employer. They are good marketing and advertising techniques and should be worded carefully and precisely. REF: PREPARATION OF A COVER LETTER AND RESUME

7. A nurse writes a cover letter to a potential employer. The nurse recognizes that one of the major components of a cover letter is that it should be:

- a. one page in length
- b. a detailed commercial about yourself
- c. one to two pages in length
- d. started with a general salutation

ANS: A, A cover letter is a type of marketing and advertising strategy for presenting oneself to a potential employer. They should be no longer than one page in length and provide a brief (not detailed) commercial about you, and should be specifically addressed to a person, not a company or a general salutation. REF: PREPARATION OF A COVER LETTER AND RESUME

8. Just as there are certain components that should be included in cover letters, there are also those that should not be used. Which in the list of these is not necessarily correct?

- a. name signed in non-black or blue ink
- b. repeating information
- c. non-indented paragraphs
- d. more than one page in length

ANS: C, Some elements that should not be included in cover letters are signature in any color other than black or blue ink, repeating information, indented paragraphs, and more than one page in length. REF: PREPARATION OF A COVER LETTER AND RESUME

9. A new graduate nurse recognizes that there are a variety of methods that can be used in planning and implementing an effective job search.. The nurse would hypothesize that the least productive method would involve which of the following?

- a. networking through family, friends, and acquaintances
- b. reviewing positions advertised in the newspaper
- c. attending a job fair
- d. showing up at as many hospitals as you can and asking for a job

ANS: D, Some effective methods to incorporate into your plan for implementing a job search are networking through family, friends, and acquaintances; reviewing positions advertised in the newspaper (also Internet searches and recruitment agencies/Web sites); and attending a job fair. Showing up at as many hospitals as you can and asking for a job is not a productive means of job searching, even though one may stumble upon a position inadvertently. It is best to do a preliminary search and research the targeted facilities before contacting them. REF: PLANNING AND IMPLEMENTING A JOB SEARCH

10. A career counselor meets with a group of senior nursing students to discuss the preparation of their rsums. The career counselor would recognize that further clarification is needed if one of the students suggested including which of the following on the resume?

- a. highlights of your experiences
- b. highlights of your skills
- c. your credentials

ANS: D, Good rsums include a variety of specific traits that make them good. Some of these traits: skills and experiences are highlighted, credentials are provided, and they are brief and specific (not detailed or long). REF: PREPARATION OF A COVER LETTER AND RESUME

11. A career counselor is meeting with a group of nursing graduates to discuss the preparation of their rsums. During the discussion the counselor asks the students which elements are important to include in a quality resume. Which element suggested by a student would indicate to the counselor that further clarification is needed?

- a. accurate dates
- b. off-white or ivory high quality paper with matching envelopes
- c. humorous references are always appreciated
- d. accurate spelling and grammar

ANS: C, Other qualities of good rsums include certain criteria regarding formatting and material presented. Some of these are; accurate dates, off-white or ivory high quality 8.5 x 11 paper with matching envelopes, accurate spelling and grammar, and proofreading of the final document. The use of humor or sarcasm in your rsum is never appropriate. REF: PREPARATION OF A COVER LETTER AND RESUME

12. You are preparing your rsum or cover letter for a new job. Which of the following should you include?

- a. sarcasm and jokes to show your sense of humor
- b. bad-mouthing of former employers to negate any negative feedback they may give
- c. double checking spelling and grammar after the computer spell check is completed
- d. repete certain information several time to emphasize your point

ANS: C

When writing rsums and cover letters it is important to double check spelling and grammar after the computer spell check is completed. Also, effective job seekers do not use sarcasm, bad- mouth former employers, or utilize repetitive information.

REF: PREPARATION OF A COVER LETTER AND RESUME

13. A nursing instructor has just completed a lecture on career planning for professional nurses. The instructor questions the students about the criteria that is most effective in career planning. Which response by a student would indicate that further

clarification is needed?

- a. vision c. goal setting
- b. mission d. strategic

planning ANS: B

Further clarification is needed if a student responds mission. Career planning does not require the individual to have a mission. Three primary elements for effective control of ones career planning are developing a vision (long-term goals), creating goals, and making plans to achieve them (strategic planning).

PTS: 1 DIF: Analysis REF: INTRODUCTION14. You are preparing a chronological style of rsum which:

- a. highlights skills and experiences rather than job sequences
- b. is good to illustrate experience in multiple careers
- c. can highlight work experiences from a position of lesser to greater power
- d. can be used to highlight a dramatic career change or focus

ANS: C, *Chronological-style* rsum lists jobs in reverse chronological order, is good for those with little or no gaps in their work history, and can highlight work experiences from a position of lesser to that of greater power. Functional-style rsums are good for those who wish to highlight their skills and experiences rather than job sequences. Functional-style rsums can also be used to illustrate experience in multiple careers and highlight a dramatic career change or focus. REF: PREPARATION OF A COVER LETTER AND RESUME

15. Including personal attributes that illustrate your abilities as an effective team player, continuous learner, and consistent performer in your rsum show potential employers that you may be a good fit for their organization. Which is not necessarily a correct attribute?

- a. attention to detail
- b. seeking out learning opportunities
- c. reliability in attendance and punctuality

d. resistance in conflict

ANS: D, Personal attributes that highlight your capabilities in certain positive employment skills such as being consistent in your performance, a team player, and a continuous learner enhance a job seekers potential. Some of these attributes include attention to detail, seeking out learning opportunities, reliability in attendance and punctuality, demonstrating resilience in resolving conflict (not resistance in conflict), performing therapeutic nursing interventions, and providing a safe and comfortable environment for patients experiencing dementia. REF: RESUME

16. Employers are looking for individuals with employability skills that can be transferred between settings. Which does not necessarily belong?

a. communication c. positive attitudes

b. delegation d. teamwork

ANS: B

Some employability skills that employers recognize as sound and good indicators of a potential employees performance include communication, problem solving (not necessarily delegation at this stage), positive attitudes and behaviors, adaptability, and teamwork.

REF: RESUME

17. The employer-applicant interview contains several phases. Which of the following is not necessarily one of these phases?

a. preparation c. working phase

b. introductory phase d. evaluation

phase ANS: D

Once you have secured a job interview, it is important to understand the four phases involved in interviews. They are

preparation, an introductory phase, a working phase, and a termination (not evaluation) phase.

REF: PREPARATION FOR THE INTERVIEW

18. You are interviewing for your first nursing position. Under which circumstance would you most likely use the STAR?

a. when recalling behaviors in specified situations

b. as an initial format for starting interview dialogue

c. to enhance strengths and weaknesses

d. when discussing goals and values

ANS: A

The STAR format/acronym, when used in interviews, can be beneficial to help nurses remember details and behaviors associated with specific situations. STAR stands for S = specifics (what happened), T = task (the problem or issue), A = action (what you did), and R = result (result of the action).

REF: PREPARATION FOR THE INTERVIEW

19. A new graduate is interviewing for a nursing position. The nurse recruiter begins to ask the graduate a number of questions. The graduate recognizes that the nurse recruiter can legally ask about which of the following?

- a. citizenship c. cultural heritage

ANS: B

Not all questions asked in interview situations are legal. Legally acceptable questions include your reason for applying for the job, career goals, any problems you foresee, and your strengths and weaknesses. Some illegal questions that may come up in interviews concern your citizenship, cultural heritage, medical history, age, membership in social or political organizations, family characteristics, gender preference, and sexual orientation.

REF: PREPARATION FOR THE INTERVIEW

20. Some questions may be asked during your interview. Which question, if asked, do you not need to answer?

- a. Why do you want to work here?
- b. What would your references say?
- c. What are your strengths?
- d. What do you plan to do with your children if you work overtime?

ANS: D

Questions concerning family relationships such as your marital status or children cannot legally be asked during job interviews. Other topics that are not legal are questions related to your social organizations, political or sexual orientation, age, cultural heritage, or health/medical history.

REF: PREPARATION FOR THE INTERVIEW

21. Your grandmother who was a nurse for 50 years at the same hospital finds you working at the dining room table and asks what you are doing. You explain that you are career planning. You grandmother then states, You already graduated from a good nursing program and secured a nice position at the hospital. What more is there to plan? Your best response to your grandmother would be which of the following?

- a. Im trying to decide if I made the right choice for my career.

- b. Career planning requires that I develop my vision, create goals, and making plans to achieve those goals.
- c. I dont want to spend my life in a dead-end job
- d. Grandma, did you really enjoy working in the hospital as a staff nurse?

ANS: B

Your best response would be to tell your grandmother that career planning requires developing a vision, creating goals and making plans to achieve those goals. The other responses do not explain the essence of career planning and would not fully address your grandmothers question.

PTS: 1 DIF: Analysis REF: INTRODUCTION

22. You have submitted an application to the local hospital for a possible staff position and received a letter stating someone would call in order to conduct a phone interview. You are driving

to the shopping mall to purchase a graduation outfit because graduation is tomorrow. Suddenly your cellular phone rings. It is the Nurse Recruiter stating that she is calling to interview you. The noise from the traffic is so loud that you can barely hear what the Nurse Recruiter is saying. Which action should your take?

- a. Ask the Nurse Recruiter to speaker louder.
- b. Pull over and continue to talk, answering all of the Nurse Recruiters questions
- c. Ask the Nurse Recruiter if the call can be rescheduled for another time when you can focus on the conversation
- d. Tell the Nurse Recruiter that the call is interfering with you shopping and you must buy your graduation outfit today

ANS: C

It is acceptable to set up another time to talk to the interviewer if you have been caught driving, etc. Minimize any distractions, like the sound of traffic, TV, kids, and know it is ok to ask to set an appointment for the call so you can focus on the conversation.

PTS: 1 DIF: Analysis REF: PREPARATION FOR THE INTERVIEW

23. You have been scheduled for a job interview and arrive at the interviewers office shortly before the interview is to begin. This is an example of your demonstrating which of the following?

- a. effective communication c. nursing practice skills skills

ANS: B

Arriving shortly before the interview is an example of demonstrating your time-management skills.

PTS: 1 DIF: Analysis REF: PREPARATION FOR THE INTERVIEW

24. During your job interview you are asked several questions. Which topic would be considered illegal for the interview to request that you answer?

- a. your religious affiliation c. your strengths and weaknesses
- b. your career goals d. problems you foresee

ANS: A, Asking a question regarding your religious affiliation would be illegal. However, the interviewer can ask about your career goals, your strengths and weaknesses, and problems you foresee. REF: PREPARATION FOR THE INTERVIEW

25. You are interviewing for your first nursing position. When you enter the interviewers office, you notice several pictures of President Obama. During your interview, you are asked about your political preference. What would be the most appropriate way for you to respond?

- a. refuse to answer the question
- b. tell the interviewer you are a Democrat, whether that is true or not
- c. tell the interviewer that you evaluate issues, and make all decisions based on where a candidate stands on the issues
- d. tell the interviewer you are a Republican, whether that is true or not

ANS: C, Asking about political preference is one of the topics that is illegal for the interviewer to question. The most appropriate response would be to tell the interviewer that you evaluate issues, and make all decisions based on where a candidate stands on the issues. Refusing to answer may be seen as uncooperative or confrontational. REF: PREPARATION FOR THE INTERVIEW

MULTIPLE RESPONSE

1. When writing your resume you include person and professional characteristics that you believe will please potential employers. Some of those characteristics would include which of the following? Select all that apply.

- a. accept constructive
- b. work well with others
- c. take responsibility for own
- d. reliable in attendance feedback
- e. sensitive to comments of
- f. prefers to work alone learning

ANS: A, B, C, D, Most employers are looking for employees who are able to accept constructive feedback, work well with others, take responsibility for own learning, and who are reliable in attendance. Individuals who are sensitive to comments of others or who prefer to work alone may not perform well in situations where teamwork is needed such as nursing. REF: RESUME

2. During a job interview the Nurse Recruiter asks you questions about your age, marital status, the number of children you have, your political affiliation, your past work experiences, and an example of when you demonstrated leadership. Questions regarding which of the following is considered a violation of the law? Select all that apply.

- a. age
- b. marital status
- c. number of children

- d. political affiliation
- e. past work experience
- f. example of when you demonstrated leadership

ANS: A, B, C, D others, Questions concerning family relationships such as your marital status or children cannot legally be asked during job interviews. Other topics that are not legal are questions related to your social organizations, political or sexual orientation, age, cultural heritage, or health/medical history. REF: PREPARATION FOR THE INTERVIEW

3. You have just arrived for you interview and the interviewer invites you into the office. Which of the following are appropriate actions for you to take? Select all that apply.

- a. maintain good eye contact
- b. dont shake hands because of the possibility of spreading germs
- c. continue to chew your gum to avoid smokers breath
- d. smile and maintain good posture once seated
- e. address the interviewer by his or her first name in order to develop rapport
- f. sit down immediately because you had to walk a long distance from the parking lot and you are very tired

ANS: A, D

You should maintain good eye contact, smile, and maintain good posture once seated. Other actions you would take include shaking hands and address the interviewer formally. You should never sit down until invited to do so. Also never chew gum.

PTS: 1 DIF: Analysis REF: PREPARATION FOR THE INTERVIEW

Chapter 28: Nursing Job Opportunities

MULTIPLE CHOICE

1. A nursing instructor quizzes the students on factors that have contributed to the nursing shortage. Which answer by a student would indicate that further teaching is needed?

- a. increase of elderly and frail patients
- b. aging nursing population
- c. variable numbers of nursing students
- d. restructuring efforts in the health care system

ANS: C

Further teaching is needed if a student responded variable numbers of nursing students. Some contributing factors to the nursing shortage are declining number of nursing students in the pipeline, an increase in chronically ill and frail elderly patients who need nursing care, an aging nursing population, and various restructuring efforts in our health care system. REF: INTRODUCTION

2. A vital factor, from a nursing education perspective, that contributes to the nursing shortage is which of the following?

- a. lack of qualified nursing student applicants
- b. lack of qualified nursing instructors
- c. lack of nursing programs
- d. lack of nursing students who pass the NCLEX-RN

ANS: B

NLN statistical data revealed that even though there has been an increase in student enrollment in nursing programs, the number of qualified instructors has continued to decline, hence causing potential students to be rejected or placed on waiting lists.

REF: INTRODUCTION

3. An ongoing issue in nursing has been the minimum appropriate entry-level requirements to practice as a registered nurse and what programs are qualified to educate professional nurses for the RN degree. As a result numerous motions and suggestions have been made regarding RN degree. Which of the following is not a part of these contributing factors?

- a. 1965 American Nurses Association (ANA) House of Delegates (HOD) motion to work toward a baccalaureate as the foundation for professional nursing practice
- b. 1985 ANA HOD agreed to urge state nursing associations to establish the BS degree as the minimum for RNs
- c. Two-year associate degree and three-year diploma schools can grant a RN degree
- d. Only four-year baccalaureate degree school can grant viable RN degrees

ANS: D A number of factors have contributed to the ongoing discussion of what constitutes the minimum appropriate requirements for the degree of registered nurse. In 1965 American Nurses Association (ANA) House of Delegates (HOD) moved to work toward a baccalaureate as the foundation for professional nursing practice, and in 1985 ANA HOD agreed to urge state nursing associations to establish the BS degree as the minimum for RNs. However, today the BS degree is still not a mandatory requirement (only recommended) for the degree of registered nurse, and two-year associated degree schools and three-year diploma schools provide viable RN degrees. REF: INTRODUCTION

4. The field of advanced practice nursing (APN) has grown since its inception in the 1800s. In this list of types of APN degrees, which is not necessarily correct?

a. CRNA c. NP

b. CSN d. CNM ANS: B

Some types of advance practice nursing specialization that are available to nurses today are the CRNA (Certified Registered Nurse Anesthetist), CNS (Clinical Nurse Specialist not a CSN), NP (Nurse Practitioner), and CNM (Certified Nurse Midwife).

PTS: 1 DIF: Knowledge REF: INTRODUCTION

5. In nursing, a formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote health outcomes is a definition of:

a. CRNA c. certification

b. NP d. advance practice

ANS: C

Certification in nursing is a marker of knowledge and experience of a professional RN. The American Board of Nursing Specialties (ABNS) defines certification as a formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote health outcomes.

REF: CERTIFICATION

6. There are a variety of specialization areas available to nurses. Which of the following is a certification recognized by the American Nurses Association for those with a BS degree?

a. family nursing c. advanced diabetes management

b. case management d. technology

nursing ANS: B

An individual with a BS can obtain specialization in case management. Advanced diabetes management nurses generally hold an advanced practice certification as either a Nurse Practitioner or Clinical Nurse Specialist. Family nurses general are Nurse Practitioners. There is no such certification as technology nurse. However, nurses can be certified in Informatics Nursing.

PTS: 1 DIF: Knowledge

REF: TABLE 28-1 CERTIFICATIONS AVAILABLE FROM AMERICAN NURSES CREDENTIALING CENTER

7. A number of organizations certify advance practice nurses. Some of these certifying organizations are listed below. Which is not necessarily one of these organizations?

a. AANCP c. NAPNAP

b. AANA d. ACCN

ANS: A

Some certifying organizations that grant advance practice nursing certifications are the AANA (American Association of Nurse Anesthetists), NAPNAP (National Association of Pediatric Nurse Associates and Practitioners), AACN (Association of Critical Care Nurses), ANA (American Nurses Association), and AWHONN (Association of Womens Health, Obstetric and Neonatal Nurses. AANCP is not an acronym for a nursing

organization. REF: CERTIFICATION

8. A nursing instructor explores with a group of students the range of different opportunities available for todays nurses. The instructor would recognize that clarification is needed if a student suggested which of the following?

a. traveling nurse c. pharmaceutical sales

b. flight nurse d. reservations nurse

ANS: D

The instructor would recognize that further clarification is needed if a student suggested reservation nurse. As opportunities arise for nurses outside the traditional roles of staff nurse of nursing supervisor/administration, a variety of alternate career paths have opened up. Some of these are certifications (i.e., APN, etc.), traveling nurse, flight nurse, pharmaceutical and health care sales, case manager, and nurse entrepreneur.

PTS: 1 DIF: Analysis REF: EMERGING OPPORTUNITIES

9. A nursing student shares with the class that traveling nurses seem to have a wonderful job. The student further explains some of the important issues concerning this type of position. Which comment made by the student would the nursing instructor need to clarify regarding traveling nurses?

- a. generally work a three-month assignment on the same unit
- b. do not need a license for each state they work in
- c. often need only the basic hospital and unit orientation
- d. should know exactly what their contract stipulates of

them ANS: B

The nursing instructor would need to clarify the students comment that traveling nurses do not need a license for each state they work in. This statement is not totally correct. A traveling nurse *may need* a license for each state they work in if the state is not a multi-state licensure compact state (not dont need a license for each state).

PTS: 1 DIF: Analysis REF: TRAVELING NURSE

10. Some characteristics of traveling nurses are listed below. Which is not necessarily correct?

- a. flexibility c. ambiguous
- b. adaptability d. independence

ANS: C

Traveling nurses need to have certain qualities about their personalities and skill sets in order to be able to rapidly adapt to different work situations and work relationships. Some of these characteristics are flexibility, adaptability, assertiveness (not ambiguity), independence, confidence, strong organizational and interpersonal skills, and the ability to learn new skills and techniques.

REF: TRAVELING NURSE

11. Flight nursing has been around for a number of years, but the original idea for the air ambulance was initiated in:

- a. Denver in 1972
- b. 1933 with the Emergency Flight Corps of the Armed Services
- c. the Korean War

- d. Philadelphia in 1965

ANS: A

Flight nursing began in 1933 with the Emergency Flight Corps of the Armed Services. The concept of the air ambulance was developed in 1972 in Denver.

PTS: 1 DIF: Knowledge REF: FLIGHT NURSING

12. A number of skills are critical for flight nurses. Which skill is not necessarily correct?

- a. patient intubation c. chest tube placement
b. EKG interpretation d. advanced anesthesia

techniques ANS: D

Flight nursing requires many specialized nursing skills. Some of these vital skills are patient intubation, EKG interpretation, chest tube placement, intravenous (IV) insertion, medication

administration, sedation (not advanced anesthesia techniques), and central line placement.

REF: FLIGHT NURSING

13. The majority of flight nurse opportunities nationally require the following. Which is not necessarily correct?

- a. ACLS
b. PALS
c. NPR
d. a nationally recognized trauma

certification ANS: C

Just as flight nurses need to have a variety of specialized skills, they must also display their abilities to care for patients in critical situations with a number of certifications and experiences. Some of these are ACLS (Advanced Cardiac Life Support), PALS (Pediatric Advanced life Support), NRP (Neonatal resuscitation Program not NPR), graduation from a nationally recognized trauma program such as PHTLS, BTLS, TNCC, or TNATC, and two to three years critical care experience.

REF: FLIGHT NURSING

14. Other opportunities for nurses include working for or representing national health care institutions or organizations. Some of these consist of companies involved in the following. Which is not necessary correct?

- a. pharmaceutical sales c. home care
b. durable medical d. advertising equipment

ANS: D

Opportunities for nurses outside of traditional roles have included national health care organizations and institutions. Some of these roles are in pharmaceutical sales, durable medical equipment, home care, insurance coverage, and health maintenance organizations.

REF: HEALTH CARE SALES/PHARMACEUTICAL REPRESENTATIVES

15. Within the case management model, case managers utilize a number of tools in order to achieve quality and cost effective outcomes. Which is not necessarily correct?

a. medical management c. variance analysis

b. critical pathways d. protocols

ANS: A

The case management model establishes certain criteria and methods for patient management utilizing specific tools. Some of these tools are practice guidelines (not medical management, because only a health practitioner such as a physician or advanced practice nurse may do this), critical pathways, variance analysis, protocols, and outcome measurement tools.

REF: CASE MANAGER

16. Some major characteristics of nurse entrepreneurs are listed below. Which is not necessarily correct?

- a. visionary and self motivated
- b. risk takers and have common sense
- c. self-confident and aggressive
- d. market driven with good financial foresight

ANS: C

Nurse entrepreneurs plan organize, finance, and manage their own businesses (Leong, 2005). Characteristics and attributes of effective nurse entrepreneurs include being a visionary, being self motivated, taking risks, having common sense, being self confident, assertive (not aggressive), autonomous, and creative, being responsive to a perceived need, and being market driven with good financial foresight.

REF: NURSE ENTREPRENEUR

17. Four integral contributions to the concept of advanced practice nursing are listed below. Which is not necessarily correct?

- a. 1925 Frontier Nursing Service in rural Kentucky
- b. Mid to late 19th century nurse anesthetist role
- c. 1955 Rutgers University clinical nurse specialists
- d. 1975 University of Colorado nurse practitioners

ANS: D

Four primary contributions to the concept and development to advance practice nursing are the mid to late 19th century creation of the role of the nurse anesthetist, 1925 Frontier Nursing Service in rural Kentucky nurse midwifery, 1955 Rutgers University clinical nurse specialists, and in 1965 (not 1975) University of Colorado nurse practitioners with Loretta Ford.

PTS: 1 DIF: Knowledge REF: ADVANCED PRACTICE NURSING

18. A person involved with the development of midwifery in Kentucky was:

- a. Loretta Ford c. Sister Mary Bernard
- b. Mary Breckenridge d. Alice Magaw

ANS: B

Mary Breckenridge was a British midwife who worked with the Frontier Nursing Services in rural Kentucky in the 1920s. Loretta Ford helped establish the role of the nurse practitioner in 1975 at the University of Colorado, and Sister Mary Bernard was the first recorded nurse administering anesthesia in 1877. Alice Magaw is considered the mother of anesthesia for her contributions to the field, some of which include publishing articles and researching the practice of anesthesia.

PTS: 1 DIF: Knowledge REF: CERTIFIED NURSE-MIDWIFE (CNM)

19. A nurse asks a colleague what are considered the essential competencies for a clinical nurse specialist. According to Wyers, Grove, and Pastorino (1985), the colleague would be least likely to list which of the following?

- c. serving as a practitioner and teacher
- d. serving as a role model
- e. demonstrating clinical expertise in all areas of clinical practice
- f. developing an in-depth knowledge base

ANS: C, Wyers, Grove, and Pastorinos (1985) essential criteria for clinical nurse specialists are serving as a practitioner, teacher, consultant, and researcher, developing an in-depth knowledge base, serving as a role model, and demonstrating clinical expertise in a selected area of clinical practice (not all areas).

REF: CLINICAL NURSE SPECIALIST (CNS)

20. Who was the first recorded nurse administering anesthesia?

- a. Loretta Ford c. Alice Magaw
- b. Sister Mary Bernard d. Mary Breckenridge

ANS: B The first recorded nurse administering anesthesia was Sister Mary Bernard, a Catholic nun, in 1877. Alice Magaw, is considered the mother of anesthesia for her outstanding contributions to the field. Mary Breckenridge was a British midwife who worked with the Frontier Nursing Services in rural Kentucky in the 1920s. Loretta Ford helped establish the role of the nurse practitioner in 1975 at the

University of Colorado REF: CERTIFIED NURSE ANESTHETIST (CRNA)

21. You have been considering advancing your nursing career. You decide to utilize your knowledge and clinical expertise to provide services, such as expert opinions or advice on health, illness, and injury-related issues. Based on this, you would most likely choose to become a:

- a. Legal Nurse Consultant c. Clinical Nurse Specialist
- b. Clinical Research Nurse d. Wound Care Nurse

ANS: A, The legal nurse consultant is an individual who utilizes knowledge and clinical expertise to provide services, such as expert opinions or advice on health, illness, and injury-related issues.
REF: LEGAL NURSE CONSULTANT

22. A group of nurses decide to leave their positions at their respective hospitals. They decide that it would be a new experience to open their own home health agency. The role that this group has taken is that of which of the following?

- a. unionizers c. patient advocates
- b. entrepreneurs d.

trailblazers ANS: B

Nurse entrepreneurs manage and assume the risks of a business or enterprise. By starting their own home health agency the nurses are assuming all of the responsibilities for the functioning of their business.

REF: NURSE ENTREPRENEUR

23. A relatively new emerging role that allows the nurse a unique opportunity to offer novel treatment approaches to patients who may have otherwise reached a dead end in their treatment course is known as which of the following?

- a. Legal Nurse Consultant c. Clinical Nurse Specialist
- b. Clinical Research Nurse d. Nurse

Entrepreneur ANS: B

The Clinical Research Nurse is a relatively new emerging role that allows the nurse a unique opportunity to offer novel treatment approaches to patients who may have otherwise reached a dead end in their treatment course. The CRN coordinates the day to day management of a research trial, though the primary research investigator still has ultimate responsibility for all study activities. The CRN is employed by the health care site, which may be a hospital, university setting, private health care practice, etc.

REF: CLINICAL RESEARCH NURSE (CRN)

24. 2008 statistics indicated that the highest credential for the largest percentage of registered nurses was that of which of the following?

a. Associate Degree c. Bachelor Degree

b. Diploma d. Advance Degree

ANS: C

2008 statistics showed that the Diploma was the highest educational credential for 13.9% of RNs, while a Bachelor Degree was the highest educational credential for 36.8% of RNs. The Associate Degree was the highest educational credential for 36.1% of RNs. Advanced degrees, e.g., masters degree or doctorate degree) were held by 13.2% of Registered Nurses.

PTS: 1 DIF: Knowledge REF: INTRODUCTION

MULTIPLE RESPONSE

1. Statistical data from The American Association of Colleges of Nursing(AACN) and the National League for Nursing(NLN), 2010 reveals which for the following data on nursing as a profession? Select all that apply.

- c. Nursing in the United States is the largest health care profession
- d. There are more than 8 million Registered Nurses (RNs) nationwide.
- e. Nurses deliver most of the nations long-term care
- f. Registered Nurses comprise one of the largest segments of the U.S. workforce as a whole
- g. Registered nurses are among the lowest paid large occupations
- h. From 1980 to 2004, the percentage of employed RNs working in hospitals increased from 56.2% to 66%

ANS: A, C, D, Data from the AACN and NLN revealed that nursing is the largest health care profession, with nurses delivering most of the nations long-term care. The reports also revealed that nurses compromise on the largest segments of the U.S. workforce. REF: INTRODUCTION

2. You have decided to become a nurse entrepreneur which will provide you with the flexibility of scheduling your day around your around your childrens schedule. Some of the important attributes that you will need to be a successful entrepreneur include which of the following? Select all that apply.

- a. Demonstrate confidence and creativity
- b. Act aggressively in order to achieve you goals
- c. Be a visionary, self motivated, and a risk taker
- d. Depend only on yourself
- e. Possess good financial foresight
- f. Recognize the possibility of success as well as the possibility of

failure ANS: A, C, E, F

The attributes that you will need to be a successful entrepreneur include: being visionary, self motivated, and a risk taker; have common sense; make good decision and solve problems effectively; be self confident, assertive, autonomous, and creative; become responsive to a perceived need; become market driven, with good financial foresight; and recognize the possibility of success as well as the possibility of failure. As an entrepreneur you should be assertive and not aggressive or passive. It is also important that

while you need to be independent, you must recognize when there are times that you may need to depend on others for assistance.

PTS: 1 DIF: Analysis REF: NURSE ENTREPRENEUR

3. A nurse has just been certified as a Case Manager. Which of the following activities will the nurse most likely be involved when implementing this role? Select all that apply.

- a. interact with insurance companies
- b. utilization review and quality management
- c. follow only one or two acutely ill patients
- d. work with community based vendors
- e. work closely with multiple disciplines
- f. provide direct patient care at the

bedside ANS: A, B, D, E

A case manager is responsible for utilization and quality management, working with multiple disciplines, and interacting with community vendors and insurance companies. Most case managers carry a case load of patients. They do not provide the direct patient care at the bedside.

REF: CASE MANAGER

Chapter 29: Your First Job

MULTIPLE CHOICE

1. You are a new nurse that is looking for your first nursing job. You are aware of some key elements to consider when choosing a first nursing job. Which is not necessarily one of those key elements?

- a. patient fit c. scheduling
- b. work environment d. orientation options

ANS: A

Patient fit would not be an element that you would consider. Some important considerations when choosing your first nursing position include patient type, work environment, scheduling, and orientation options.

REF: CHOOSING A POSITION

2. During your transition from student nurse to your first position as a staff nurse, your general unit orientation is a key component of the transition. Which of the following questions would be most appropriate for you to ask about orientation?

- a. How long should I expect to be in orientation?
- b. How will I be paid for my time in orientation?
- c. Do I have to attend every orientation session?
- d. Will I be graded during the orientation?

ANS: A

It is appropriate for the new graduate to ask about the length of the orientation program. It would not be appropriate to ask about pay for orientation, grading of performance or whether the graduate should attend all sessions. Hospitals invest a great deal of funds in orientating new employees and it is expected that they will participate in the orientation fully.

REF: ORIENTATION CONSIDERATIONS

3. You are a new graduate and have been hired at the local hospital. Which of the following would be least likely to be included in this orientation?

- a. validation of CPR
- b. human resource policies
- c. specific requirements for certain units
- d. policies related to medication administration

ANS: C

General orientation usually includes information and skills measurement that all nurses new to the facility need to know regardless of their unit. Some examples are validation of CPR, human resource policies, policies related to medication administration, opportunities to hear from representatives from various departments, and patient safety concerns (per the Joint Commission). Specific requirements for certain units will come during the unit-specific orientation.

REF: GENERAL ORIENTATION

4. Your preceptor is providing you with a unit-specific orientation. Which of the following would be included in the unit-specific orientation?

a. benefits c. patient safety standards

b. IV pumps d. CPR

ANS: B

Unit-specific orientation focuses upon information and competencies that a new nurses needs to care for the diagnoses and ages of the patients on the assigned unit. Some elements in the unit-specific orientation include unit-specific policies and procedures such as IV pump usage and acquisition and paperwork needed for new admissions and discharges. Benefits, patient safety standards, and CPR validation are covered during general orientation.

REF: UNIT-SPECIFIC ORIENTATION

5. Utilizing the example of the unit-specific competency tool for the emergency department, there are a number of skills that are significant to any new nurse. Which of these is not necessarily correct?

- a. monitor data so that I am up to date on evidence-based care for my patients
- b. network primarily with other nurses

- c. participate in professional committees at work
- d. communicate pride in being a nurse

ANS: B

The unit-specific competency tool example of the Emergency Room provided in the text offers a number of useful skills and critical-thinking concepts that are valuable for new nurses. Some of these are to monitor data so that I am up to date on evidence based care for my patients, to network primarily with other professionals (not only nurses), to participate in professional committees at work, to communicate pride in being a nurse, to monitor data so that my patients are complication free and have no nurse-sensitive outcomes, and to give and receive professional respect to the health care team.

REF: CRITICAL THINKING 29-1

6. You tell a friend that one of the patients tried to intimidate you when the patient discovered that this was you first nursing

position. Your friend gives you several methods to prepare for such situations. Which method would your friend be least likely to suggest to you?

- a. Keep your knowledge base up to date.
- b. Look and act like a professional.
- c. Demonstrate to your patients that you possess a body of nursing care knowledge.
- d. When you are with your patient, dont ask another nurse to help you, this can show the patient that you dont know what youre doing.

ANS: D

New nurses can often be surprised that their patients expect them to have the answers, hence may become intimidated. Your education and experiences give you a firm background in nursing process and patient care, but some other ways to help enhance ones confidence are keeping your knowledge base up to date, looking and acting like a professional, demonstrating to your patients that you possess a body of nursing care knowledge, and demonstrating a sense of caring to your patients. If you are unsure about something or need advice *do not be afraid to ask* other nurses or professionals for advice or assistance. Completing a task correctly is better than proceeding with a task that not sure of.

PTS: 1 DIF: Analysis REF: WORKING WITH PATIENTS7. After completing a class on working collaboratively with other

members of the health team, the nursing instructor asks the students to identify methods to implement collaboration as a new member of the team. Which comment by a student would indicate that additional teaching is needed?

- a. establish rapport and introduce yourself
- b. seek clarification if an order is unclear
- c. do not be intimidated

d. be as assertive as possible, even aggressive if need be

ANS: D

Cardillo (2001) provides some tips for new nurses on working with health care practitioners. Some of these include establishing rapport and introducing yourself, seeking clarification if an order is unclear and repeating the order and clarifying it, not being intimidated, and being assertive but sincere (not possibly aggressive if need be).

PTS: 1 DIF: Analysis REF: WORKING WITH DOCTORS

8. A nursing instructor asks a group of students if they know the traits that a successful preceptor would possess. Which trait identified by a student, would indicate to the instructor that further teaching is needed?

- a. assertive/aggressive in clinical expertise
- b. clinically prepared
- c. enjoys teaching
- d. committed to the role

ANS: A

Nurses are generally assigned the role as preceptor due to their expertise, experience, and knowledge of the unit and facility. Some important characteristics of effective preceptors: clinically prepared/experienced, enjoy teaching, committed to the role as preceptor, familiar with the organizations policies and procedures, and willing to share knowledge and model behaviors for their orientees. Being assertive and/or aggressive related to clinical expertise may make a preceptor difficult to work with for new nurses, and this behavior is not conducive to effective precepting or to successful orientation.

PTS: 1 DIF: Analysis REF: PRECEPTORS

9. As a nurse you are exposed to many performance feedback mechanisms. Which one of the following is not one of these mechanisms?

- a. 365-degree feedback
- b. preceptor feedback

ANS: A

- c. formal performance feedback
- d. informal performance feedback

Performance feedback can take many forms. Some formats that new nurses may encounter are 360-

degree feedback (not 365-

degree feedback), *preceptor feedback* (feedback from ones preceptor during the orientation period), *formal performance feedback* (regular formalized performance evaluation to maintain accreditation (for new nurses, generally after the orientation process or first 3 months, and then at 6- and 12-month intervals for the first year), and *informal performance feedback* (feedback from nurses and professional you work with such as good job, or your IV placement technique is really nice).

PTS: 1 DIF: Knowledge REF: PERFORMANCE FEEDBACK

10. You are the nurse manager and must conduct a performance evaluation on a nurse that you hired this year. Which aspect of your evaluation would indicate that improvement is needed?

- a. demonstrates competency in knowledge base, skill level, and psychomotor skills
- b. organizes and coordinates delivery of patient care in an efficient and cost-effective manner
- c. participates in unit and service quality management activities
- d. performs an ongoing and systematic assessment, focusing only on physiological

status ANS: D

Performance evaluations are based upon the nurses performance measured against the job description. Some examples of what may be covered during a performance evaluation include demonstrates competency in knowledge base,

skill level, and psychomotor skills, organizes and coordinates delivery of patient care in an efficient and cost-effective manner, participates in unit and service quality management activities, performs an ongoing and systematic assessment focusing on physiological, psychological, and cognitive status (not only physiological), and demonstrates ability to identify, plan, implement, and evaluate patients educational needs.

PTS: 1 DIF: Analysis

REF: FIGURE 29-3 ALBANY MEDICAL CENTER HOSPITAL PATIENT CARE SERVICES JOB DESCRIPTION FOR REGISTERED PROFESSIONAL NURSES

11. A nursing instructor quizzes students on the 360-degree feedback evaluation tool. Which comment by a student would indicate that further clarification is needed?

- a. potentially provides a broader more balanced assessment
- b. is time consuming
- c. does not include patient interviews or assessments

d. includes peer reviews

ANS: C

The 360-degree evaluation tool is used by some health care organizations where an individual is assessed by a variety of people in order to provide a broader perspective. Some other aspects of this evaluation tool include peer reviews, evaluation by the nurses immediate supervisor, and patient interviews, and it is time consuming yet yields valuable information from a number of different sources.

PTS: 1 DIF: Analysis REF: 360-DEGREE FEEDBACK

12. A new nurse is beginning to establish short term goal to be addressed in the nurses performance appraisal. The nurse recognizes that part of the goal setting process would include which of the following?

- a. goals should be developed by the nurse in collaboration with the nurses manager
- b. one goal would be to successfully complete an advanced practice certificate
- c. goals should be vague and general
- d. goals do not have to be measurable but they must be

achievable ANS: A

The establishment of performance goals (short term) are an essential part of any performance appraisal. They are especially important for new nurses as they provide opportunities for mentorship and guidance from ones immediate supervisor for attainable goal setting. Some aspects of effective goals setting: they are developed by the nurse and the nurses manager, are clearly articulated, are measurable, and are attainable. The goal of successfully completing an advance practice degree is not a sound short-term or initial goal for a new nurse graduate. However, it can be a long-term goal. The initial goals set by the

new nurse and the nurses manager should be short term and attainable within a short period of time, such as become an active participant in a unit-based or hospital wide committee.

REF: GOAL SETTING

13. A variety of different organizational responses to performance exist. Some of these may be in response to positive feedback and others to negative feedback. Which of the following actions should the nurse manager implement when giving negative feedback?

- a. 360-degree feedback c. punishment
- b. ignoring the problem d. progressive

discipline ANS: D

When an individual's appraisal feedback indicates a need for further improvement, the organization will use a corrective action program to help rectify the situation and guide the individual towards significant performance improvement. Progressive discipline is a form of corrective action where the employees and managers' mutual goal is to correct the performance to an acceptable level. The 360-degree feedback evaluation tool may be used to initially identify the problem. Ignoring the problem and punishment are not effective means of dealing with problems.

REF: CORRECTIVE ACTION PROGRAMS

14. The nurse manager has implemented the process of progressive discipline with a nurse who has violated hospital

policy. The nurse manager recognizes that two criteria for corrective actions to be effective are that the actions are:

- a. consistent and impartial
- b. very assertive and pertinent
- c. pejorative and sound
- d. measurable and administered by

HR ANS: A

Corrective action programs have certain criteria that make them effective. Two of these criteria are that they are consistent and impartial. Assertiveness can be construed as aggression, especially when an individual's performance has been questioned, and pejorative measures are derogatory and should never be considered for any type of corrective action. Corrective action programs do not need to be administered by HR, but they are generally notified because a copy of any corrective action is placed in the individual's HR file as well as the unit manager's file.

REF: CORRECTIVE ACTION PROGRAMS

15. A nurse manager may encounter behaviors from staff that may necessitate corrective action. Which of the following is not one of those behaviors?

- a. excessive absenteeism
- b. failing to comply with policies or procedures
- c. inability to complete assignments in a timely manner
- d. a union complaint

ANS: D

Behaviors that result in corrective action measures can be categorized into developmental or a failure to

follow policies and procedures. The nurses inability to complete assignments in a timely manner most likely does not have to do with the nurses inability to understand the rules, but shows that the nurse may need some guidance and coaching on time management from their manager. Excessive absenteeism is a form of failing to comply with policies and procedures, which necessitates disciplinary corrective action. A union complaint does not necessarily require corrective action unless it occurs as a result of a corrective or disciplinary action, such as a verbal warning.

REF: CORRECTIVE ACTION PROGRAMS

16. You are delegating a task to another RN on your team. Which of the following would be the most appropriate instruction for the RN?

- a. Please teach the patient how to do ostomy care at home.
- b. Please teach the patient and the family the correct method for ostomy care when the patient is discharged.
- c. Please assess the patients understanding of how to care for the ostomy while at home and report back to me when

you finish.s

- d. Please construct a teaching plan for this patients ostomy care today. Be sure that the patient and his wife will be able to perform effective ostomy care at home.

ANS: D

When delegating to another RN, the instructions should be clear and thorough. In this situation stating, Please construct a teaching plan for this patients ostomy care today. Be sure that the patient and his wife will be able to perform effective ostomy care at home.

REF: DELEGATION TO A TEAM MEMBER

17. You are a nurse manager supervising an excellent team of nurses, whose members you want to keep with you as long as possible. You know that data has shown that nurses tend to stay in their positions longer if they are challenged and have opportunities to enhance their professional growth. Which of the following strategies will not necessarily challenge these nurses and enhance their professional growth?

- a. educational opportunities c. increased benefits
- b. cross training d. mentorship

ANS: C

A number of strategies exist to enhance professional growth for nurses. Educational opportunities such as taking an EKG course

or obtaining PALS or ACLS certification are some ways of contributing to professional growth. Cross

training is another effective way to enhance one's skills and abilities to work in different situations and units. Forming a mentorship relationship with a more experienced nurse can be a benefit for both the mentee and mentor. Increasing benefits offered to employees may be a positive action, but does not necessarily contribute to one's growth professionally.

REF: STRATEGIES FOR PROFESSIONAL GROWTH

18. You have been a nurse for three years and want to significantly enhance your long-term professional growth. Your best strategy would be through which of the following?

- a. fishbone diagrams c. 360-degree feedback
- b. clinical ladder d. patient

feedback ANS: B

Professional growth opportunities pertain to occasions where an individual can enhance their current professional knowledge base and skill set. The use of a clinical ladder can assist a nurse in enhancing their professional and career goals by providing a framework for promotion in a specific track within a clinical, educational, or managerial focus. 360-degree feedback (not 365 degree) and patient feedback provide information regarding a nurse's immediate performance but do not necessarily help to enhance the long-term professional growth in a significant manner. Fishbone diagrams are often used in quality improvement initiatives.

REF: DEVELOPING PROFESSIONAL GOALS

19. A nursing instructor is coaching students on methods to approach salary issues during a job interview. When asked what type of question they might ask the nurse recruiter, the students identified several questions. Which question posed by one of the students, would indicate to the instructor that further clarification is needed?

- a. Is there a raise after passing the NCLEX-RN exam?
- b. Are nurses paid extra for having a nursing degree?
- c. What are the shift differentials?
- d. Are nurses paid for orientation shifts and required courses?

ANS: B

There are different types of degrees in nursing such as the ADN. The instructor would need to clarify that the question should focus on whether nurses are paid more if they have a BSN. The other questions posed by the students would be appropriate.

PTS: 1 DIF: Analysis REF: WORK ENVIRONMENT

20. You are very excited about your new job but you have been late for work several times because of the traffic. At this time you believe the nurse manager will implement a disciplinary action. Which action will the nurse manager most likely take first?

- a. written warning c. verbal warning
- b. suspension d. termination

ANS: C

In general, the first action that a nurse manager would take related to tardiness would be a verbal warning. If the pattern continues then a written warning would most likely be given. Continued violations may result in suspension and finally termination.

REF: CORRECTIVE ACTION PROGRAMS

21. A new graduate nurse has been absent from work on numerous occasions. Each time the unit has been left short staffed, requiring the nurse manager to request a float nurse for the unit. The nurse manager has met with the new graduate nurse regarding the persistent absences and provided the new graduate nurse with both verbal and written warnings. If the behavior continues which action should the nurse manager take next?

- a. terminate the new graduate nurse
- b. suspend the new graduate nurse
- c. dock the new graduate nurses pay check
- d. ask the union representative to talk with the new graduate

nurse ANS: B

Because the behavior has continued without correction, the nurse manager must take further action. Since both verbal and written warnings have been given the most likely next step for the nurse manager to take would be to suspend the new graduate nurse.

PTS: 1 DIF: Analysis REF: CORRECTIVE ACTION PROGRAMS

22. As a novice nurse, you recognize that which of the following individuals would be most likely to serve as a support when you are met with ethical issues, provide you with networking opportunities, and assist you in identifying the direction that your career should take?

- a. preceptor c. supervisor
- b. mentor d. best friend

ANS: B

The mentor helps the novice develop skills and career direction. A mentor may introduce the younger

nurse to professional networking opportunities. The mentor is also a good person to assist the new nurse in a workplace ethical dilemma. An experienced preceptor may serve as an informal mentor in some situations.

PTS: 1 DIF: Analysis REF: IDENTIFYING A MENTOR

23. While the national turn-over rate for first-year nurses was 27.1%, the year-long UHC/AACN Nurse Residency Program (NRP) developed by the University Health System Consortium

(UHC), was able to reduce the turn-over rate to which of the following?

a. 4.4% c. 14.0%

b. 7.7% d. 16.4%

ANS: A

The year-long UHC/AACN Nurse Residency Program (NRP) developed by the University Health System Consortium (UHC), an alliance of 107 academic medical centers and 232 of their affiliated hospitals helped members achieve an astounding 4.4% turnover rate among first-year nurses. This figure compares with a national turnover rate of 27.1%, according to the Pricewaterhouse Coopers Health Research Institute.

PTS: 1 DIF: Knowledge REF: CHOOSING A POSITION

24. You have been identified as a Millennial Generation nurse. You are working with a team of three LPNs two of whom are Baby Boomers and one is a Generation X nurse. You also are working with two NAP both are from the Baby Boom Generation. What should you focus on when working with your team?

a. All of the staff members will resent you because you are much younger and more educated than any of them.

b. Communication and teamwork among staff of all generations is critical in assuring a positive work milieu that can affect safe patient care and good working relationships.

c. Providing the LPNs with additional responsibilities and have them supervise the NAPs in what ever manner they choose.

d. Your reputation is dependent on whether the team members acknowledge your authority and provide you with respect even if you are the youngest person on the team.

ANS: B

Your major focus should be on the fact that communication and teamwork among staff of all generations is critical in assuring a positive work milieu that can affect safe patient care and good working relationships.

PTS: 1 DIF: Analysis REF: DELEGATION TO TEAM MEMBERS

MULTIPLE RESPONSE

1. A new nurse would most likely receive information on which of the following during the general orientation? Select all that apply.

- a. Hospital procedures
- b. CPR competency
- c. Pulse oximetry set up
- d. Safety issues
- e. IV monitoring equipment
- f. Hospital policies

ANS: A, B, D, F, The general orientation for the new nurse should include: hospital policies and procedures, CPR competency, and safety issues. Orientation on the pulse oximetry set up and IV monitoring equipment will most likely be done during the unit-specific orientation.

REF: GENERAL ORIENTATION

2. A nursing instructor wants to determine if the students know the types of questions that should be asked when they are interviewing for their first position. Which of the following questions are appropriate? Select all that apply.

- a. How long should I expect to be in orientation?
- b. In case of short staffing, will I be pulled from orientation?
- c. Will I be paid for time in education programs?
- d. Is it tailored to my needs, or is it the same for everybody?
- e. What ongoing education will be available to me?
- f. Does it occur at the beginning of my new position or will it be offered in stages?

ANS: A, B, C, D, E, F, Orientation is a key element for new nurses to become familiar with general policies, procedures, and requirements as well as unit-specific goals and criteria. All of the questions listed above are important for the nurse to ask regarding the orientation.

REF: ORIENTATION CONSIDERATIONS

3. The nurse manager has asked you to provide information regarding your preceptor that you have been assigned to for the past two months. You feel the preceptor has been very supportive toward you and has demonstrated all the characteristics that you hoped to get in your first preceptor. When providing feedback, you would most likely include which of the following comments? My preceptor: Select all that apply.

- a. shows a commitment to the role of preceptor.
- b. often makes me feel like I am intruding on her time.
- c. helps me to practice and learn new clinical skills.
- d. seems to enjoy teaching me.
- e. makes me feel like I am incompetent.
- f. matches my learning style with her teaching style.

ANS: A, C, D, F, If you have had a good experience with the preceptor, you would most likely identify characteristics of a good preceptor such as showing a commitment to the role, enjoying teaching you new

skills, and matching her teaching style with your learning style. You would not have a positive perception of the preceptor if she made you feel incompetent or like you were an intruding on her time.

REF: PRECEPTORS

Chapter 30: Healthy Living: Balancing Personal and Professional Needs

MULTIPLE CHOICE

1. A nurse using the writings of Florence Nightingale, would most likely base nursing care on which of the following definitions of health?

- a. the state of being free from illness or injury
- b. being well and using every power the individual possesses to the fullest extent
- c. a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity
- d. a state or a process of being and becoming an integrated and whole person

ANS: B, Florence Nightingales (Nightingale, 1969 [1860]) definition of health is being well and using every power the individual possesses to the fullest extent. *The New Oxford English Dictionary* (2205) definition of health is the state of being free from illness or injury. The World Health Organizations (2006) definition of health is a state of complete physical, social, and mental well-being and not merely the absence of disease or infirmity, and Roy and Andrews (1999) define health as A state or a process of being and becoming an integrated and whole person.

REF: DEFINITION OF HEALTH

2. A nursing instructor tests the nursing student on the overarching goals for *Healthy People 2020*. Which response by a student would indicate that further teaching is necessary?

- a. Eliminate preventable disease, disability, injury, and premature death
- b. Reduce excess spending on secondary and tertiary prevention
- c. Achieve health equity, eliminate disparities, and improve the health of all groups
- d. Promote healthy development and healthy behaviors across every stage of life

ANS: B, The overarching goals for Healthy People 2020 include: Eliminate preventable disease, disability, injury, and premature death; Achieve health equity, eliminate disparities, and improve the health of all groups; Promote healthy development and healthy behaviors across every stage of life; and Create social and physical environments that promote good health for all.

REF: OVERARCHING GOALS OF HEALTHY PEOPLE 2020

3. A nursing instructor has just completed teaching the nursing students about the six areas of health needed for a holistic approach to good healthy living. On the quiz the instructor asked the students to identify the six areas. Which answer by students would indicate to the instructor that additional teaching is needed?

- a. physical c. professional
- b. interrelationships d. emotional

ANS: B, The six overlapping areas of health that have been noted to be interrelated and necessary for a holistic approach to good healthy living are *physical*, *social* (not interrelationships, but they do fall under this category), *professional*, *emotional*, *intellectual*, and *spiritual*.

REF: AREAS OF HEALTH

4. A nursing student is asked to list some strategies to maintain physical health. Which item on the students list would be incorrect?

- a. good nutrition c. stress prevention
- b. physical exercise d. sleep

ANS: C, The student would be incorrect if stress prevention measures was on the list. Stress prevention measures and stress management fall under the category of emotional health. Physical health encompasses a variety of measures that can be done to enhance ones physical health. Some of these are good nutrition, physical exercise, preventative measures (i.e., annual screening procedures, not smoking), and adequate sleep.

REF: PHYSICAL HEALTH

5. A nursing instructor asks the students to identify the benefits of healthy physical activity/exercise. Which response by a student would indicate that further teaching is necessary?

- a. improve lung function
- b. boost the immune system
- c. improves flexibility and endurance
- d. may improve mental outlook

ANS: A, Physical activity and exercise have a number of benefits that contribute to ones health. Some of these include improving *cardiovascular* function (not necessarily lung function), boosting the immune system, improving flexibility and endurance, and may measures improve ones mental outlook (i.e., fewer depressive thoughts, decreased anxiety, and increased mental acuity).

PTS: 1 DIF: Analysis REF: BENEFITS OF EXERCISE

6. A nurse manager believes that a few of the staff nurses may be suffering from sleep deprivation. The nurse manager knows that nurse can be especially susceptible to sleep deprivation for several reasons. Which of the following is not necessarily one of those reasons?

- a. working night shift
- b. rotating shifts
- c. working 10-hour to 12-hour shifts repeatedly
- d. Ongoing thoughts about family and social pressures

ANS: D, Some reasons specific to nurses that contribute to sleep deprivation are *working the night shift* (may be difficult to sleep for long periods of time during the day), *rotating shifts* (with the potential for three to four weeks to adequately change sleeping patterns, rotating shifts does not usually provide enough time to adjust to the new schedule), *working 10-hour to 12-hour shifts repeatedly* (this does not allow for much time between shifts for sleeping), and ongoing thoughts about patients and activities at

work (not thoughts about family and social pressures because these are not specific to nurses).

REF: DELETERIOUS EFFECTS OF SLEEP DEPRIVATION

7. A new graduate nurse has been working on the medical- surgical unit for three months. When asked to take extra shifts or to rotate shifts, the nurse is more than willing. Lately the nurse has begun to wonder if he is sleep deprived at work. Some negative effects of sleep deprivation are listed below. Which of the following would the new graduate be least likely to experience if he is sleep deprived?

- a. difficulty remembering and concentrating
- b. increased risk of motor vehicle accidents
- c. increased risk of medical errors
- d. a period of 24 hours of wakefulness is equivalent to a 0.001% blood alcohol level

ANS: D, Nurses are especially susceptible to sleep deprivation due the nature of their jobs and the caring aspect of their profession. Some negative effects of sleep deprivation that nurses need to be aware of are difficulty remembering and concentrating, increased risk of motor vehicle accidents, increased risk of medical errors, and the fact that a period of 24 hours of wakefulness is equivalent to a 0.10% blood alcohol level (not a 0.001% blood alcohol level).

REF: DELETERIOUS EFFECTS OF SLEEP DEPRIVATION

8. A nurse has been working on the same oncology unit for the past ten years. Lately the nurses coworkers have noticed that the nurse seems to be having trouble processing information and making decisions when caring for her patients. When asked if she needs any help, the nurse flatly denies that anything is wrong and states that she has been doing things this way for ten years and sees no reason to change. The nurse is having problem in which area of health?

- a. professional c. intellectual
- b. social d. spiritual

ANS: C, Intellectual health consists of the information and knowledge that you accumulate and the ability to think. Intellectually healthy people are able to clearly process information, make decisions, and learn from experience and are open to new ideas. In the situation above, Nurse X is having difficulty processing information, making decisions, and being open to new ideas or thoughts, which are all signs of poor intellectual health. Sometimes other stressors such as sleep deprivation (physical health) or excessive worrying (emotional health) can also result in these symptoms, but physical and emotional health are not part of the choices above.

REF: INTELLECTUAL HEALTH

9. A leader in a local nursing organization is giving a series of presentations on different aspects of intellectual health. This months presentation concerns personal financial planning. The presenter will be covering some viable aspects of financial planning that can assist nurses with increasing their financial net worth for the future. Which of the following is not necessarily one of those aspects that will be covered during the presentation?

- a. social security c. real estate

b. retirement funds d. moderate gambling

ANS: D, Viable financial planning is one aspect that contributes to sound intellectual health. Some means of wealth enhancement noted in the text are social security, retirement funds, real estate, and personal savings vehicles. Depending on gambling, no matter how innocent, to significantly enhance ones wealth is not a sound way to invest hard-earned monies.

PTS: 1 DIF: Analysis REF: PERSONAL FINANCIAL PLANNING

10. A nurse is giving a presentation on emotional intelligence for a local nursing organization. The nurse will be discussing a number of the competencies that exist within emotional intelligence. Which of the following is not one of those competencies?

- a. self-regulation c. self-esteem
- b. self-awareness d. empathy

ANS: C, Emotional intelligence is the ability to recognize your feelings and the feelings of those around you and to manage your feelings in a positive and effective manner. The five competencies of emotional intelligence are self-regulation, self-awareness, empathy, motivation, and social skills. Self-esteem may be a part of self-regulation, depending upon how much of a role it plays in everyday activities and reactions, but it is not considered one of the five primary competencies.

REF: EMOTIONAL HEALTH

11. A nursing instructor quizzes a group of students on the primary reasons for nurse workplace anger. Which reason given by one of the students would require further clarification by the instructor?

- a. long hours
- b. unreasonable workload
- c. demeaning treatment by other health care workers
- d. inadequate staffing

ANS: A, Anger is an emotion that nurses may experience in the workplace due to a number of different factors. Some of the primary reasons for nurses anger in the workplace are unreasonable workload, demeaning treatment by other health care workers, inadequate staffing, mismanagement of patients, lack of administrative support, feeling powerless to influence difficult situations, and feeling like scapegoats for mistakes within the system. Long hours, while a considerable problem especially when overtime becomes mandatory, can contribute to nurses anger but is not one of the primary reasons and can fall under the categories of inadequate staffing (hence the overtime) or feeling powerless within the system.

REF: ANGER

12. A nurse is experiencing anger in the workplace and chooses to approach the situation by trying to adapt, as suggested by McAllister & McKinnon (2009). The nurses selected approach to anger being felt involves which of the following?

- a. Resilience c. Aggression
- b. Pessimism d. Passivity

ANS: A, McAllister & McKinnon, (2009) identified resilience as an approach to anger. Resilience is the ability to cope and adapt to adversity which is a desirous quality to have in the stress filled environment of health care. Evidence is growing that the skill of resilience can be learned.

REF: WAYS TO COPE WITH ANGER

13. You are attending an in-service presentation on stress management. The presenter asks the group for techniques used to relieve stress. Which technique suggested by one of the participants would alert the presenter to the need for further?

- a. Do not procrastinate. c. Be polite to all.
- b. Set realistic goals. d. Keep things to yourself.

ANS: D, A variety of stress relief techniques are available today to guide nurses in stress management. Some of these are do not procrastinate, set realistic goals, be polite to all, forgive your mistakes, talk about your worries (not keep things to yourself), do a good deed, focus on the positive, and let go of the need to be perfect.

REF: TABLE 30-6 STRESS RELIEF SUGGESTIONS

14. A nurse manager is advising a recent graduate on strategies for the nurse to maintain professional health. Which of the following would not be a strategy suggested by the nurse manager?

- a. goal setting
- b. read fiction and nonfiction materials
- c. join a professional organization
- d. networking with others in the health care field

ANS: B, Professionally healthy individuals are satisfied with their career choices, are goal directed, and seek every opportunity to obtain knowledge and learn new experiences. Some strategies to enhance ones professional health are *goal setting* (short- and long-term goals), *read professional materials as often as possible to enhance your knowledge base* (not necessarily fiction and nonfiction, but materials that pertain to your specialty area and to answer questions that arise), *join a professional organization*, and *network with others within the health care field*. PTS: 1 DIF: Application REF: WAYS TO MAINTAIN PROFESSIONAL HEALTH

15. A nurse manager is giving a presentation to the staff regarding the occupational health hazards that nurses are susceptible to. The nurse managers talks about the four primary categories of occupational health hazards. Which of the following is not one of them?

- a. infectious agents c. workplace violence agents
- b. physical agents d. chemical agents

ANS: C, The four categories of occupational health hazards are *infectious agents* (i.e., HIV and hepatitis), *physical agents* (i.e., radiation, noise), *environmental agents* (i.e., poor air quality), and *chemical agents* (i.e., ethyl oxide and glutaraldehyde).

REF: OCCUPATIONAL HAZARDS COMMON AMONG NURSES

16. Strategies to help enhance the quality of ones sleep are listed below. Which is not necessarily correct?

- a. Reserve your bed for sleeping only.
- b. It is okay to use alcohol to fall asleep occasionally.
- c. Make sleep a priority.
- d. Establish a routine before bed that is repeated nightly.

ANS: B, Some tactics that may help to enhance the quality of ones sleep: reserve your bed for sleeping only, do not use caffeine to stay awake or alcohol to fall asleep, make sleep a priority, establish a routine before bed that is repeated nightly, try drinking warm milk or decaffeinated tea at bedtime, and if thoughts of work prevent you from falling asleep, write your thoughts down on a piece of paper and leave them there to deal with in the morning.

REF: DELETERIOUS EFFECTS OF SLEEP DEPRIVATION

17. Some workplace strategies that nurses can utilize to help prevent fatigue are listed below. Which is not necessarily correct?

- a. Stay up 24 hours when you are switching from a day to night shift.
- b. Take an uninterrupted 15-minute break every four hours.
- c. Rotate shift work clockwise when possible: days, evening, nights.
- d. Share a ride home or use public transportation.

ANS: A, There are a number of tips to help nurses prevent fatigue in the workplace. Some of these include adequate sleep, nutrition, and proper exercise. Others include taking an uninterrupted 15- minute break every four hours, rotating shift work clockwise when possible: days, evening, nights (not staying up 24 hours when switching from day to night shift as this can be the equivalent of a blood alcohol level of 0.10%), sharing a ride home or using public transportation, joining the safety committee at work, and trying to build in a sanctioned short nap when working the night shift.

REF: DELETERIOUS EFFECTS OF SLEEP DEPRIVATION

18. According to Dossey and Keegan (2009) nurses can gain insight into their own spirituality by which of the following?

- a. reducing unnecessary time spent on play
- b. preventing occupational injuries
- c. expressions of creativity
- d. enhancing professional goals

ANS: C, Dossey and Keegan (2009) suggested that nurses can gain insight into their own spirituality by expressions of creativity. They also suggested that insight into spirituality can be gained by exploring ways to selves through ritual, rest, and play.

REF: SPIRITUAL HEALTH

19. A nurse manager is exploring different examples of preventive measures that nurses can use to reduce injury and occupational hazards related to environmental agents? Which of the following could be one of

those examples?

- a. use personal protection equipment
- b. assess the work area for amount of noise
- c. develop standards of care for handling hazardous agents
- d. be aware of bio-terrorist alert plans

ANS: D, A variety of safeguards and standards exist to aid in the prevention of workplace injury and occupational hazards. Some of these measures that relate to environmental agents: be aware of bio-terrorist alert plans, develop a violence reduction plan, rotate shifts clockwise (day to night), assess for dangerous chemicals in your workplace, and determine whether OSHA standards are in place. Using personal protection equipment is an example of a safeguard for infectious agents. Assessing the workplace for amount of noise is an example of a physical agents safeguard, and developing standards of care for handling hazardous agents is a chemical agent safeguard.

REF: TABLE 30-9 STANDARDS FOR OCCUPATIONAL HAZARDS

20. You are caring for a patient whose body mass has been recorded as 32. According to the National Institute of health, your patient is considered which of the following?

- a. underweight c. overweight
- b. in optimal health d. obese

ANS: C, Your client would be considered obese. A BMI of 30 and above is considered obese. Individuals with a BMI of 18.5 to 24.9 are considered in optimal health. Individuals whose BMI is 25 to 29.9 are considered overweight.

REF: NUTRITION

21. For the past year, you have been attending a health club and meeting with your personal trainer. The trainer compliments you on all of your achievements and tells you that your BMI is 23. Your trainer suggests that in order to maintain your weight, you need to do which of the following?

- a. reduce you exercising
- b. 15 minutes of exercise everyday
- c. 30 minutes of exercise on the weekend
- d. 60 minutes of exercise is needed

ANS: A, Your trainer would most likely tell you that to maintain your weight, about 60 minutes of exercise is needed.

REF: BENEFITS OF EXERCISE

22. When speaking with a tax consultant, you ask if there is a difference between the 401k and the 403b retirement plans. The tax consultant would be correct in replying which of the following?

- a. There is no difference between the two plans

ANS: D, The primary difference between the two is that the 403b is a plan offered by a nonprofit organization, and the 401K is offered by a for-profit organization.

REF: RETIREMENT FUNDS

23. According to the Bureau of Labor Statistics (2009), which statement is true regarding the salaries for registered nurses?

- a. the lowest 10% earned less than \$39,000
- b. the average salary for all categories of registered nurses was \$66,530
- c. the top 10% earned over \$150,000
- d. the average salary for all categories of registered nurses was \$55,830

ANS: B, In 2009, the average salary for all categories of registered nurses was \$66,530. The top 10% earned over \$93,000 while the lowest 10% earned less than \$44,000 (Bureau of Labor Statistics, 2009).

PTS: 1 DIF: Knowledge REF: PERSONAL FINANCIAL PLANNING

24. Which of the following foods should always be included in a health diet?

- a. green leafy vegetables
- b. ice cream and cheeses
- c. hamburgers and hot dogs
- d. cold cut sandwich made with white bread

ANS: A, A healthy diet should always include green leafy vegetables. Ice cream, cheese and fried foods contain excess fat. Wheat bread should be eaten instead of white bread.

REF: NUTRITION

MULTIPLE RESPONSE

1. You decide that you want to improve your health by exercising more. Which of the following activities would be the best to achieve your goal? Select all that apply.

- a. taking shorter naps
- b. jogging through the park
- c. playing golf every Saturday
- d. listening to energizing music
- e. practicing yoga and tai chi
- f. going dancing with friends

ANS: B, C, E, F, The most appropriate activity to improve your health through exercising would include jogging through the park, playing golf every Saturday, practicing yoga and tai chi, and going dancing with friends. Other methods would include walking, cycling, swimming, skiing and team sports.

REF: PRACTICAL EXERCISE SUGGESTIONS

2. One of your classmates is obese and tells you that exercise is too much work. To encourage your classmate to exercise more, you talk about some of the benefits of exercise which include which of the following? Select all that apply.

- a. boosts the immune response to disease
- b. improves flexibility and endurance

- c. makes you feel better mentally
- d. decreases fat deposition
- e. increases fat deposition
- f. improves cardiovascular function

ANS: A, B, C, D, F, Some of the benefits of exercise is that it can boost the immune response to disease, improve flexibility and endurance, makes you feel better mentally, decrease fat deposition (it does not increase fat deposition), and improve cardiovascular function by lowering cholesterol and blood pressure and strengthening heart muscle
REF: BENEFITS OF EXERCISE

3. According to Healthy People 2020, social determinants of health would include which of the following? Select all that apply.

a. sex

d. physical stature

ANS: A, B, C, E, F

According to Healthy People 2020 social health determinants include family, community, income, education, sex, race/ethnicity, geographic location, and access to health care, among others. Physical stature is not a social determinant of health.

REF: GOALS FOR HEALTHY PEOPLE 2020 AND BEYOND

Chapter 31: NCLEX Preparation and Professionalism

MULTIPLE CHOICE

1. The NCLEX-RN exam covers knowledge and patient care needs in a number of areas. Which of the following is not one of these areas?

- a. safe, effective care environment
- b. physiologic integrity
- c. psychological integrity
- d. health promotion and maintenance

ANS: C, The NCLEX-RN exam test plan covers knowledge in four primary areas: safe, effective care environment, physiologic integrity, psychosocial integrity (not only psychological), and health promotion and maintenance.

PTS: 1 DIF: Knowledge REF: TABLE 31-1 NCLEX TEST PLAN

2. What percent of NCLEX-RN test questions are related to safe, effective care of

patients. a. 13to19 c. 30to41

b. 21to33 d. 43to51

ANS: B

The NCLEX-RN test plan includes questions from the four primary categories of patient care. 21 to 33 percent of these questions are related to safe, effective care of patients. 43 to 51 percent is related to physiological integrity, 6 to 12 percent is related to psychosocial integrity and 6 to 12 percent is related to health promotion and maintenance.

REF: TABLE 31-1 NCLEX TEST PLAN

3. How long are candidates given to complete the NCLEX-RN exam?

a. 3 hours c. 5 hours

b. 4 hours d. 6 hours

ANS: D

Nursing candidates who sit for the NCLEX-RN exam are allowed a maximum of six (6) hours to complete the exam. This means that if one were to try to answer all 265 questions they should allow approximately one (1) minute per question.

PTS: 1 DIF: Knowledge REF: NCLEX EXAMINATION

4. Test items on the NCLEX exam are validated by:

- a. at least two approved nursing textbooks or references
- b. at least two approved clinical references
- c. a minimum of three approved nursing references
- d. a minimum of three approved clinical references

ANS: A

All test items on the NCLEX exam are validated in at least two approved nursing textbooks or references. Clinical references can be either nursing clinical references or non-nursing (i.e., medical) clinical references.

REF: HOW THE EXAMINATION IS CONSTRUCTED5. Where do the questions for the NCLEX-RN exam come from?

- a. a group of test question writers approved by individual state boards of nursing
- b. educators and clinicians whose names have been suggested by individual state boards of nursing
- c. a contracted test writing service
- d. a curriculum committee comprised of experts only from accredited schools of nursing selected by the National Council of State Boards of Nursing

ANS: B

The questions on the NCLEX-RN exam are written by a group of test writers (educators and clinicians) recommended by individuals state boards of nursing. A professional test writing service is contracted to

supervise the writing and validation of the items written by these selected writers.

REF: HOW THE EXAMINATION IS CONSTRUCTED

6. The NCLEX-RN exam questions may take a variety of different formats. Which is not a correct format for NCLEX-RN exam questions?

- a. fill in the blank
- b. identification of a specified area on a picture or graph
- c. multiple choice: single answer
- d. true or false

ANS: D

A number of formats exist for the exam questions used in the NCLEX-RN examination. These are fill in the blank, identification of a specified area on a picture or graph, multiple choice: single answer, and multiple choice: multiple option answer that requires more than one response. True or false questions are not used in this exam.

REF: TEST QUESTION FORMATS AND SAMPLES

7. Some predictors of performance on the NCLEX-RN exam are listed below. Which is not necessarily correct?

- a. HESI exit exam
- b. confidence in ones abilities

ANS: B

- c. ACT score
- d. absence of emotional distress

A number of predictors of performance on the NCLEX-RN examination have been identified. These factors are HESI exit exam, ACT score, absence of emotional distress, Verbal SAT score, high school rank and grade point average, undergraduate nursing program GPA, GPA in science and nursing theory courses, competency in American English language, reasonable family responsibilities or demands, and critical thinking competency.

REF: TABLE 31-2 POSSIBLE PREDICTORS OF NCLEX SUCCESS

8. A graduating nursing student asks the instructor, What is the least and the most questions that students can answer on the NCLEX-RN before the computer will shut off. The instructor would be correct in responding which of the following?

- a. 50 to 300
- b. 75 to 265
- c. 100 to 450
- d. 125 to 500

ANS: B, Nursing candidates who take the NCLEX-RN exam will receive between 75 and 265 questions. Fifteen of these questions are being piloted to decide whether they should be used for future exams. REF: NCLEX EXAMINATION

9. Students preparing for the NCLEX-RN exam should know that which of the following areas contain the bulk of the questions on the exam?

- a. safe, effective care environment
- b. physiological integrity
- c. psychological integrity
- d. health promotion and maintenance

ANS: B, Between 43 and 51 percent of the questions on the NCLEX-RN exam concern physiological integrity. This section includes subcategories such as basic care and comfort, pharmacological and parenteral therapies, and reduction of risk potential. REF: TABLE 31-1 NCLEX TEST PLAN

10. You are organizing your review in order to be prepared for the NCLEX-RN. Which of the following is not necessarily an area to concentrate on for this review?

- a. NCLEX knowledge review
- b. NCLEX test question practice
- c. test anxiety control
- d. NCLEX review/reread of all of your nursing textbooks and talking with teachers

ANS: D, Three areas that those who are preparing to take the NCLEX-RN exam should focus on for their review are NCLEX knowledge review, NCLEX test question practice, and test anxiety control. Reviewing or rereading all of your nursing texts is time consuming and will not help to focus upon critical areas found in the exam. REF: ORGANIZING YOUR REVIEW

11. In order to structure a good review for your NCLEX-RN exam, you should identify your strengths and weaknesses. Some ways to do this are listed below. Which is not necessarily one of these suggestions?

- a. Use your intuitive knowledge of what you know (strengths) and don't know (weaknesses) as you know yourself the best.
- b. Complete a self-needs analysis.
- c. Establish a schedule that allows you to completely cover all material to be learned.
- d. Purchase one of the NCLEX review books and use it.

ANS: A, Some ways to structure a good review for the NCLEX-RN exam include complete a self-needs analysis, establish a schedule that allows you to completely cover all material to be learned, purchase one of the NCLEX review books and use it, and if you took an exit exam from your school, note your strengths and weaknesses identified on that exam, and look carefully at the elements of the NCLEX-RN test plan. Relying upon your intuitive knowledge of what you know and don't know may leave gaps in material that need to be covered and is not a sound method of formulating a good review. REF: ORGANIZING YOUR REVIEW

12. Some reliable methods of memory improvement to help one remember material for the NCLEX-RN exam are listed below. Which is not necessarily correct?

- a. mnemonic devices
- c. cramming the night before

b. self-recitation d. mental imagery

ANS: C, Some reliable methods to aid in memory improvement when studying for the NCLEX-RN exam are mnemonic devices, self-recitation, and mental imagery. Relying upon cramming the night before the exam, while it may provide some means of remembering material, should not be relied upon to provide a good means of memory improvement nor is it the only method utilized for an exam of this importance.

REF: ORGANIZING YOUR REVIEW

13. A nursing instructor has just completed a lecture on how anxiety can disrupt even the most prepared test takers. Later that day a student approaches the instructor and says that she now understands how to reduce her anxiety. Which strategy by the student would indicate that further study is required?

a. guided imagery c. relaxation exercises

b. breathing exercises d. fasting

ANS: D, While fasting may provide a temporary relief of anxiety due to its association with meditation, the body needs good nutrition when exerting the amount of energy and concentration required for test taking. Visualization and relaxation techniques can be used to help reduce test anxiety related to the NCLEX-RN examination. Some of these are guided imagery, breathing exercises, and relaxation exercises. REF: EXIT EXAMINATIONS

14. A nursing instructor is providing graduating senior nursing students with tips for taking the NCLEX-RN exam. Which tip, if suggested by a student, would indicate that further clarification is needed?

- a. good nourishment
- b. avoid gaseous foods the day of the exam
- c. take a nap right before the exam
- d. comfortable wardrobe

ANS: C, Further clarification is needed if a student suggested taking a nap right before the exam. There are a number of cautions concerning taking a nap right before the exam. If you have trouble waking up or wake up drowsy or groggy, you will not be as mentally alert as you need to be in order to effectively perform on the exam. Some tips for taking the NCLEX-RN exam as well as other test of the caliber and length include good nourishment, avoid gaseous foods and minimize the potential for a full bladder, comfortable wardrobe, and allow sufficient time to get the minimum amount of sleep you need each night the week before the exam. REF: NUTRITION SLEEP AND WARDROBE

15. A number of studies have provided insight into what characteristics comprise a profession. Of the characteristics listed below, which is not necessarily correct?

- a. work based upon systematic body of theory and abstract knowledge
- b. results can only be standardized over time
- c. existence of a code of ethics
- d. autonomy of decision making

ANS: B, A number of studies have been done regarding the characteristics of professions. Pavalko (1971) noted that work based upon systematic body of theory and abstract knowledge and the existence of a code of ethics were two characteristics of a profession. Manthey (2002) affirmed that autonomy of decision

making was another component of professions, and Public Law 93-360 on Collective Bargaining stated that results *cannot* be standardized over time (not *can* be). REF: FIGURE 31-1 CHARACTERISTICS OF A PROFESSION

16. A nursing instructor asks a group of students which professional values will be important in their roles as professional nurses. Which response by a student would indicate that further teaching is needed?

- a. appearance c. ethical
- b. nonjudgmental d. esthetics

ANS: A Professionals are noted for upholding certain values. Some of these are nonjudgmental, ethical, esthetics, caring, altruism, equality, freedom, human dignity, truth and justice. Appearance, while a characteristic of professionals, falls under the category of professional behaviors and attributes. REF: FIGURE 31-2 CHARACTERISTICS OF A PROFESSIONAL

17. What makes an occupation a profession? Listed below are some of the characteristics of professions. Which is not necessarily correct?

- a. Body of specialized knowledge is continually developed and evaluated by research.
- b. The members are self organizing and establish standards for education through a small group of experts.
- c. Members continually evaluate the quality of services provided to protect individuals and the public.
- d. It is an occupation that involves a unique practice that carries individual responsibility and is based on theoretical knowledge.

ANS: B, A number of definitions and defining characteristics are related to professions. Some of these that are held in general agreement: the body of specialized knowledge is continually developed and evaluated by research, the members are self organizing and *collectively* establish standards for education (not through a small group of experts), its members continually evaluate the quality of services provided to protect individuals and the public, and it is an occupation that involves a unique practice that carries individual responsibility and is based on theoretical knowledge.

REF: PROFESSIONALISM

18. Some patient-related nurse-sensitive outcomes include lower death rates from the causes listed below. Which is not necessarily correct?

- a. pneumonia c. gastrointestinal bleeding
- b. deep vein thrombosis d. orthopedic fractures

ANS: D, The advent of professional nursing has benefited patients by lower rates of nurse-sensitive outcomes. Some of these include lower death rates for pneumonia, deep vein thrombosis, gastrointestinal bleeding, sepsis, life-threatening complications, shock, cardiac arrest, urinary tract infections, and failure to rescue. REF: NURSE SENSITIVE OUTCOMES

19. There are two categories of patient care that comprise the smallest number of questions on the

NCLEX-RN exam. They are:

- a. safe, effective care environment and health promotion and maintenance
- b. physiological integrity and psychosocial integrity
- c. psychosocial integrity and health promotion and maintenance
- d. physiological integrity and safe, effective care environment

ANS: C, Two of the four primary patient areas covered in the NCLEX-RN exam contain the smallest percentage of questions in relation to the entire exam. These areas are psychosocial integrity (6 to 12%) and health promotion and maintenance (6 to 12%). Physiological integrity contains the most with 43 to 51%, and safe, effective care environment contains 21 to 33%. REF: TABLE 31-1 NCLEX TEST PLAN

20. The CAT is:

- a. a feline
- b. a synonym for the NCLEX
- c. a professional society for nurses
- d. an acronym for computerized adaptive testing

ANS: D, The NCLEX exam is a computerized exam that utilizes a technology called CAT or computerized adaptive testing. This exam uses state-of-the-art technology, and the National Council of State Boards of Nursing is responsible for the security and administration of this exam. REF: HOW THE EXAMINATION IS CONSTRUCTED

21. You are reviewing test questions in preparation for your NCLEX-RN examination. You have found using the ARKO strategies to be very helpful. The K in ARKO relates to which of the following?

- a. Reword the question
- b. Identify any key words in the question stem
- c. Option elimination
- d. Is the question asking for me to take action or take no action

ANS: B, ARKO Strategies are as follows: A = Is the question asking for you to take Action or take no Action in the question stem? R = Reword the question. K = Identify any Key words in the question stem. O = Option elimination. REF: EXIT EXAMINATIONS

22. You are caring for a patient on a low-sodium diet. Which meal would be appropriate for your patient?

- a. A grilled chicken sandwich, a small toss salad, and an apple
- b. A hot dog on a bun with potato chips and a peach
- c. A corned beef sandwich with french fries and a slice of pickle
- d. A cup of canned vegetable soup and 6 saltine crackers

ANS: A, The best meal for the patient would be the grilled chicken sandwich, small tossed salad and an apple. Items that should not be on a low-sodium diet include bacon, corned beef, ham, hot dogs, sausage, canned soups and vegetables, pickles, saltine crackers, and snack foods such as potato chips. REF: TABLE 31-8 COMMON FOOD SOURCES FOR VARIOUS NUTRIENTS AND DIETS

23. The HESI exit examination is frequently administered for which of the following reasons?

- a. to determine if a patient is ready for discharge
- b. a neurologic check of patients leaving the recovery room after surgery
- c. placement of new freshmen in college courses
- d. a possible predictor of passing the NCLEX

ANS: D The HESI exit examination is given to nursing students as a possible predictor of whether the student will be successful on the NCLEX-RN examination. REF: TABLE 31-2 POSSIBLE PREDICTORS OF NCLEX SUCCESS

24. Which of the following would be an alternate format question on the NCLEX-RN?

- a. multiple choice question c. true/false question
- b. fill-in-the blank question d. essay question

ANS: B, A fill-in-the blank question is considered an alternate format question on the NCLEX-RN. Other alternate format questions include multiple response questions and questions with exhibits that you will need to examine and place an X over the appropriate spot to answer the question. REF: HOW THE EXAMINATION IS CONSTRUCTED

25. During your NCLEX-RN examination, you begin reading a question that seems very difficult and relates to a client with a disease that you are unfamiliar with. You decide to use the test taking ARKO strategies. You should start by doing which of the following?

- a. attempt to guess at an answer because you have never heard of the disease
- b. reword the question by putting in the name of another disease
- c. determine whether the question is asking you to take action or take no action in the stem
- d. keep reading the question before panicking because you believe that you are going to fail

ANS: C, ARKO Strategies are as follows: A = Is the question asking for you to take Action or take no Action in the question stem? R = Reword the question. K = Identify any Key words in the question stem. O = Option elimination. REF: EXIT EXAMINATIONS

MULTIPLE RESPONSE

1. You are scheduled to take your NCLEX-RN examination tomorrow. Some things that you should consider doing to reduce your anxiety include which of the following? Select all that apply.

- a. Practice breathing exercises
- b. Drink several cups of coffee before the test
- c. Think positive and avoid negative thoughts
- d. Practice relaxation exercises
- e. Eat a spicy, high fat, high protein diet for dinner tonight
- f. Use your imagination to create a relaxing sensory scene on which to concentrate

ANS: A, C, D, F, To reduce your anxiety, it is suggested that you practice breathing and relaxation exercises. Thinking positive and avoiding negative thoughts will also help. You should also consider using your imagination to create a relaxing sensory scene on which to concentrate. Drinking several cups of coffee can possibly increase your anxiety. Eating a spicy, high fat, high protein meal could cause

digestive problems while taking the test. REF: EXIT EXAMINATIONS

2. NCLEX-RN questions come in a variety of formats. Which formats are included? Select all that apply.

- a. true/false questions
- b. multiple choice questions
- c. multiple response questions
- d. fill-in-the blank questions
- e. essay questions
- f. questions with exhibits to examine

ANS: B, C, D, F, NCLEX-RN question formats include: multiple choice, multiple response, fill-in-the blanks, and questions with exhibits to exam. True/false and essay questions are not included on the examination. REF: HOW THE EXAMINATION IS CONSTRUCTED

3. For a question regarding a patient who experiencing drowsiness as a result of a medication, which of the following are possible nursing strategies to address the drowsiness? Select all that apply.

- a. monitor airway
- b. monitor temperature
- c. monitor level of consciousness
- d. place in high fowlers position
- e. monitor pulse, respirations, and B/P
- f. evaluate diet

ANS: A, C, E, When a patient is experiencing drowsiness as a result of taking a medication, the nurse would consider monitoring airway, pulse, respirations, BP and level of consciousness (LOC). Monitoring temperature, evaluating the patients diet, or placing the patient in high fowlers position will not specifically address the issue of drowsiness. REF: GENERAL TIPS