

## **Chapter 04: Managerial Decision Making**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. What is the definition of the process of making choices that will provide maximum benefit?
  - a. Critical thinking
  - b. Problem solving
  - c. Decision making
  - d. Leading

ANS: C

Decision making is the process of making choices that will provide maximum benefits.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. A patient has arrived at the critical care unit with a head injury. On admission, the patient is talking and is a little drowsy but oriented. Two hours later, the nurse discovers that the patient is talking at a rapid pace and keeps repeating his words. When the nurse recognizes the change and deploys the rapid response team and physician, which skill is being demonstrated?
  - a. Leadership
  - b. Clinical judgment
  - c. Clinical decision making
  - d. Management

ANS: B

The competent nurse uses the information about head injury, change in mental status from talking and drowsy but oriented to talking at a rapid pace, and the potential for the patient to deteriorate to discern that the patient is experiencing cerebral edema or increased intracranial pressure. The nurse is demonstrating clinical judgment, which is the interpretation of the information of patient problems and needs.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Which of these concepts is key to refining clinical judgment capabilities?
  - a. Critical judgment
  - b. Reflection
  - c. Management experience
  - d. Nursing expertise

ANS: B

Reflection is key to refining the capabilities of clinical judgment. As a nurse gets more experience, the intuitive component of judgment follows. Nurses do not require management experience or nursing expertise to refine clinical judgment.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. A staff RN is leading a quality improvement team on the care of the total hip replacement patient. The issue is an increased length of stay from 1 year ago. The nurse asks team members to reframe the problem statement from their perspective. Twenty different problem statements were developed. The team is focusing on four of the problem statements. This is an example of which of the following techniques?
- Decision making
  - Evaluating the consequences
  - Inclusive judgment
  - Problem processing

ANS: A

Decisions are made following the basic problem-solving process but also involve an evaluation of the effectiveness of outcomes that result from the decision-making process itself.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. How is decision making at the staff nurse level exemplified?
- The staff nurse adapts to a challenging patient assignment.
  - The staff nurse refers issues to the performance improvement committee.
  - The staff nurse accepts the status quo.
  - The staff nurse questions current practice and refers to unit leadership for change.

ANS: A

Decision making is the process of making choices from several courses of action in order to solve problems. The process of selecting one course of action from alternatives forms the basic core of the definition of decision making. The staff nurse who adapts to a challenging patient assignment is using decision making to affect the quality of patient care delivered.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. What is the final step in the clinical reasoning process?
- The right cues
  - The right patient
  - The right reason
  - The right time

ANS: C

There are five steps for clinical reasoning, which involves five rights: the right cues or clinical data, the right patient or setting priorities, the right time or capability of identifying high risk patients, the right action or clinical decision that results from the clinical reasoning process, and the right reason. The right reason incorporates legal and ethical considerations.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. A nurse manager has ordered equipment for a new unit. The company has sent two notices that the equipment is on back order. The nurse manager is debating whether to wait for the equipment on back order or to cancel the order and go with another company. She discusses this issue with another nurse manager and they determine that the equipment is urgent for patient safety in the new unit. The manager orders the necessary equipment from another company even though it is slightly more expensive. This is an example of:
- clinical decision making
  - prioritization
  - triage decision
  - clinical reasoning

ANS: B

Prioritization occurs not only in triage situations, but also across the care spectrum. Thus decisions have to be made regarding what care has to be delivered and when the care is to be delivered. All nurse managers and leaders need to consider the implications of their decisions. Each decision made involves financial, ethical, and human resources. Furthermore, reimbursement and other regulations must be taken into account.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. The nurse in a medical-surgical unit is working short-staffed due to a sick call. Which of these is an example of prioritization?
- Charting by exception
  - Omitting personal hygiene in favor of timely medication administration
  - Timely medication administration without scanning the patient armband
  - Deploying a rapid response team when a patient condition changes

ANS: B

Prioritization occurs not only in triage situations, but also across the care spectrum. Thus decisions have to be made regarding what care has to be delivered and when the care is to be delivered. For example, nurses implicitly make decisions to ration care when time and staffing are short (Jones, 2015). On a day-to-day basis nurses must decide if such things as routine hygiene activities are omitted in favor of administering critical treatments, including medications

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. A family member of a patient files a complaint that her mother's dentures were lost when the patient was transferred from one unit to another. The risk management department interviews the patient and the staff nurses who cared for the patient. Which of the following problem-solving techniques was used?
- Delegation
  - Direct intervention
  - Indirect intervention
  - Purposeful inaction

ANS: B

The focus of leadership and management decision making is more closely related to the nurse's role as care coordinator and systems problem solver. Some decisions, such as those requiring disciplinary action, do require the manager's *direct intervention*.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Physiological Integrity: Basic Care and Comfort

10. Which of the following scenarios is an example of clinical reasoning?
- A nurse ignores a client's requests to stop his dialysis.
  - A nurse is scheduled to work over the weekend, and she has a family outing to attend.
  - A nurse is counseling a woman with breast cancer about terminating her pregnancy and receiving chemotherapy or completing the pregnancy and possibly not surviving.
  - A nurse has been offered an exciting new position with a dramatic increase in salary, but she would have to move out of state, away from her ailing parents.

ANS: C

Clinical reasoning is the process of analyzing and synthesizing both objective and subjective cues about patients. Levett-Jones and colleagues (2010) defined five steps for clinical reasoning. They stated that clinical reasoning involved five rights: the right cues or clinical data, the right patient or setting priorities, the right time or capability of identifying high risk patients, the right action or clinical decision that results from the clinical reasoning process, and the right reason. The right reason incorporates legal and ethical considerations. For example, the clinical process may lead a nurse to recommend that a patient needs respiratory support in the form of a ventilator. However, the patient may have an advance directive that would cause the clinician to make a different decision.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. Nurses working on the intermediate care unit have had many hours of overtime in the last 6 months. Before forming a team, the nurse manager gathers data about patient condition severity, staffing ratios, educational levels of staff, and personality mixes on each shift. What level of decision making is this process?
- Establishment of solution evaluation criteria

- b. Evaluation of the alternative solutions
- c. Identification of a problem, issue, or situation
- d. Search for alternative solutions or actions

ANS: C

Data should be collected to identify properly the actual problem, issue, or situation. The five core elements to decision making are the following: (1) identification of a problem, issue, or situation; (2) establishment of the criteria to be used to evaluate potential solutions; (3) search for alternative solution or actions; (4) evaluation of the alternative; and (5) selection of a specific alternative.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. How is SBAR used in decision making?
- a. Prevents cognitive errors
  - b. Data management tool
  - c. Financial tool
  - d. Effective communication technique

ANS: D

SBAR is a communication technique that helps members of the health team communicate effectively so that appropriate decisions can be made. Because hands-off communication is so crucial to decision making about patient care, SBAR is used to clarify and organize essential but complex patient care information.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. The nursing education department is revising its orientation curriculum for nurse externs. The curriculum includes a module on clinical reasoning skills. What is the expected time frame for mastery of clinical reasoning?
- a. Nurse externs should master clinical reasoning within 6 months.
  - b. Clinical reasoning is mastered in nursing school.
  - c. Clinical reasoning is never mastered.
  - d. Clinical reasoning is a career-long process.

ANS: D

Clinical reasoning is a career-long development process. This process must carry over from skills learned during a nurse's education to the workplace. Nurse residency programs are one way to help newly licensed nurses develop their clinical decision-making abilities.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. The decision support department has been asked to create balanced scorecards for each nursing unit. Nurse managers work with decision support on the data elements which will be useful in assessing financial, quality, and other measures in order to improve what?
- Staff turnover
  - Organizational performance
  - Physician satisfaction
  - Reimbursement

ANS: B

Managers in particular can use the data to develop a balanced scorecard that assesses financial, quality, and other operational performance measures. This scorecard should be available to all staff so that organizational performance can improve.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. An intravenous infusion center is considering switching intravenous pumps to another vendor. A team of nurses is gathered to examine the benefits and uses and to conduct a cost analysis of various intravenous pumps. After thoroughly reviewing the data and piloting several intravenous pumps, the team votes to determine which pumps to use. The nurses selected the pump which provides them with the most safeguards for safe infusion delivery. Which type of decision-making tool was used in this process?
- Simulation
  - Pilot project
  - Data analytics
  - Evidence informed

ANS: D

All nurses are familiar with evidence-based practice for clinical standards of practice. In the management realm, using evidence to make decisions is as important as is using evidence for clinical decisions.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies

16. A long-term care facility has been busy for several months with patients who have a very high acuity. Nurses have been working double shifts. The nurses have been given the task of determining whether they would like to implement an on-call program and determine guidelines for implementation, if most nurses believe that it is the best solution. This example depicts which type of decision-making tool?
- Pilot project
  - Simulation
  - Shared governance
  - Data analytics

ANS: C

Shared governance is an organizational structure that promotes empowerment and autonomous decision making at the point of care, accountability that is shared among all parties in a decision, and organizational processes that promote an egalitarian environment in decision-making processes.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. A multidisciplinary team makes a decision to develop a plan for the use of thrombolytics in the emergency medical service system. Questions are asked such as, “Is the client a candidate for thrombolytic therapy? Does the client have a history of gastrointestinal bleeding? Has the client ever had a stroke? Does the client have any bleeding disorders?” Which of the following decision-making strategies would work best in this situation?
- Fishbone diagram
  - Decision tree
  - Flowchart
  - Data analytics

ANS: B

Diagrams such as decision trees can be invaluable in understanding complicated alternative solutions. These diagrams are useful in assessment and problem definition and in considering the available alternatives for dealing with a problem. Once the alternative is chosen, a plan must be formulated for implementing the approach chosen. The choice implemented must be evaluated.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

18. A team consisting of preoperative, operative, and postoperative health care professionals and ancillary staff is examining the turnaround time from the preoperative area to discharge for patients having tonsillectomies. The goal is to decrease waiting times for clients. The team comes up with a solution and wants to test it on a small group of patients before rolling it out to the rest of the department. What type of decision-making tool is exhibited?
- Shared governance
  - Evidence informed
  - Pilot project
  - Trial and error

ANS: C

Pilot projects are critical for implementation for evidence-informed decision making. Pilot projects or carefully defined trials are used to experiment by trying out a solution alternative on a small or restricted basis to reduce risk and to see whether major problems will occur. Pilot project strategies may resemble research projects, and these projects may also be linked to quality improvement initiatives.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

19. Which of these clinical decisions poses the greatest risk for committing an error?

- a. Verifying medication dose prior to administration
- b. Charting by exception
- c. Prioritizing patient care activities
- d. Independent interpretation of a medication order

ANS: D

Medication administration involves many decisions. In order to protect the patient, the nurse must deliver medications safely while managing the environment in order to preserve safe medication administration (Dickson & Flynn, 2012). According to Dickson and Flynn's study, medication administration involves decisions regarding managing distractions, interpreting orders, and documenting errors and near-misses. In addition, Sitterding and colleagues (2012) found that work-flow interruptions can interrupt the cognitive processes necessary for decision making.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

20. The nurse manager is dealing with a situation between two nurses who disagree on patient assignments. The nurse manager decides to allow the two nurses to work out their differences between themselves because the patient needs and the needs of the unit are being met. After the situation is resolved, the nurse manager praises the two nurses for making autonomous decisions about staffing. What will be the likely outcome of praising the nurses in this situation?
- a. higher job satisfaction
  - b. Lower job satisfaction
  - c. Lower patient satisfaction
  - d. Increased staff turnover

ANS: A

A nurse manager's leadership style may affect how decisions are made throughout the organization. Decisions about the safety culture are a part of a nurse manager's role. Merrill (2015) found that a transformational leadership style contributed to a positive safety culture. Praising employees affects a nurse's job satisfaction.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

21. Effective managers utilize a wide array of data in making decision. Which of these techniques is used to build process improvement models?
- a. Incrementalism
  - b. Scenario planning
  - c. Six Sigma
  - d. Budgetary model

ANS: C

Six Sigma is a quality and decision support technique that uses data to build process improvement models. The goal is to eliminate defects in safety and quality in health care delivery (American Society for Quality Improvement, n.d.). Essentially Six Sigma is a variant of the plan-do-study-act (PDSA) cycle promoted by the Institute for Healthcare Improvement.



DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## MULTIPLE RESPONSE

1. Nurse managers in patient care areas must manage staffing on a daily basis. The degree of work needed for any patient is known as nursing intensity and includes which of these other variables? (*Select all that apply.*)?
- Severity of illness
  - Complexity of patient's condition
  - Amount of time needed with patient
  - Complexity of care
  - Patient's dependency

ANS: A, C, D, E

The degree of work needed for any patient is called *nursing intensity* and is a combination of the severity of illness, the patient's dependency, the complexity of care, and the amount of time needed. The need-severity (physical and psychological) is called *patient acuity*, which is a rating of the complexity of the patient's condition.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Two cognitive processes that nurses use in clinical reasoning include: (*Select all that apply.*)
- education.
  - acuity.
  - staffing ratios.
  - experience.

ANS: A, D

Clinical reasoning is the process of analyzing and synthesizing both objective and subjective cues about patients (Johansen & O'Brien, 2015). The nurse's level of analysis is influenced by experience and education.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Utilizing the DECIDE acronym for the process of decision making, what are the first and final steps in the process? (*Select all that apply.*)
- Develop and implement an action plan for problem solution.
  - Establish criteria for what you want to accomplish.
  - Define the problem and determine why anything should be done about it.
  - Evaluate the decision through monitoring, troubleshooting, and feedback.
  - Determine the best choice or alternative.

ANS: C, D

The first step in the decision-making process using DECIDE is to define the problem and determine why anything should be done about it and explore what could be happening. The final step in the process is to evaluate the decision through monitoring, troubleshooting, and feedback.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. A client becomes confused after surgery. He is in a room farthest away from the nurses' station. The client tries to get out of bed several times during the shift. The nurse informs the physician and obtains an order for soft restraints. In addition she moves the client close to the station and assigns a sitter to watch him. Which of the following did the nurse utilize? (*Select all that apply.*)
- a. Clinical judgment
  - b. Clinical decision making
  - c. Autocratic decision
  - d. Financial decision

ANS: A, B

Clinical judgment and clinical decision making were utilized in determining the measures that would promote patient safety and prevent a fall.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Physiological Integrity: Reduction of Risk Potential

5. Which of the following are examples of formal decision-making tools? (*Select all that apply.*)
- a. Shared governance
  - b. Anchoring
  - c. Pilot projects
  - d. Evidence-informed decision making
  - e. Simulation

ANS: A, C, D, E

Examples of formal decision-making strategies include shared governance, the use of pilot projects, evidence-informed decision making, and the use of simulation.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 13: Decentralization and Shared Governance**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. Shared governance is a model of organizational structure in which staff nurses are:
- a. employed to establish mutual goals with clients.
  - b. empowered through autonomy and accountability.
  - c. engaged in problem-solving strategies and techniques.

d. equipped with evaluative thinking methodologies.

ANS: B

Shared governance is a model of organizational structure in which staff nurses are empowered through autonomy and accountability.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Decentralization occurs when:

- a. equipment is being purchased from approved vendors.
- b. hiring decisions are made at the executive level.
- c. power is distributed to those closest to the work of caregiving.
- d. supplies are distributed from one central supply area in the hospital.

ANS: C

Decision-making authority rests at lower levels in the organizational framework, closer to the point of care, rather than being passed up through the chain of command to an executive.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Which of the following statements best describes an organizational chart?

- a. All job positions are displayed clearly in a two-dimensional drawing.
- b. All outside organizations with relationships to the hospital are depicted.
- c. Informal and formal structures within the organization are outlined.
- d. It shows organizational positions and relationships in a visual representation.

ANS: D

The organizational chart is a diagrammatic representation that displays “the flow of authority, chain of command, titles, and functions.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Nurses’ involvement in shared governance is an important component of:

- a. practice models.
- b. Magnet recognition.
- c. increased reimbursement.
- d. physician satisfaction.

ANS: B

Nurses’ involvement in governance is an important component of the American Nurses Credentialing Center’s Magnet Recognition Program®.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. A nurse works in the critical care unit (CCU). She enjoys being on the unit charge nurse team, the recruitment and retention team, and the peer evaluation team. The recruitment and retention team is responsible for hiring new employees into the CCU. The five-member team, consisting of three registered nurses (RNs), a unit clerk, and a nurse's aide, conduct the interviewing process with key questions that were developed by the team. This is an example of:
- centralized power.
  - shared governance.
  - span of control.
  - vertical authority.

ANS: B

For shared governance to be effective, decision making must be shared by empowered staff at the point where patients receive care.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. Which of the following leadership styles is best suited for implementation of a shared governance structure?
- Authoritarian
  - Autocratic
  - Participative
  - Laissez-faire

ANS: C

Participative leadership—the notion of leaders turning to their team for input and ideas—was first introduced to the business world in the 1970s. It was adapted by health care organizations and nursing leaders in the early 1980s, and formed the basis of shared governance, which today has evolved to define the role of nurses as well as to resolve issues related to patient care.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. One obstacle in the implementation of a shared governance model is that nurses have:
- empowered participation in committee meetings.
  - limited time to work on projects.
  - the same basic educational foundation.
  - traditionally worked in decentralized structures.

ANS: B

Implementing a shared governance structure can take years; it does not happen overnight. It takes commitment, ongoing education, transparency, time, and dedication. “Shared Governance is not easy to develop... It takes time to be effective. Neither staff nor leaders/managers should assume that the approach relieves leaders and managers of their responsibility to do their jobs” (Finkelman & Kenner, 2016, p. 457). “The biggest barrier to shared governance is having dedicated time for meetings and for work on projects” (Mathias, 2015).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. The nurse manager should use which of the following behaviors when implementing a shared governance structure?
- Autocratic decision making of the manager
  - Coaching the staff to be successful
  - Harboring the vision within the team
  - Reimbursing the staff for overtime

ANS: B

To be successful, shared governance structures need leaders who are role models and mentors. Staff and management must be dedicated to coaching and continuous learning.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. Research about shared governance suggests that it is:
- enhancing the role of the nurse's aide within the organization.
  - improving organizational and patient outcomes.
  - not a cost-effective program when examining all areas of care.
  - too much additional work for the already overwhelmed RN.

ANS: B

Shared governance has far-reaching implications for leaders in today's health care environment, in which the focus is to provide patient care safely, efficaciously, and efficiently. Organizational benefits include increased commitment of staff to the organization; accountability of the nurse; a new level of professional autonomy; a more efficient model for point-of-service decision making; more expert involvement at the point of service; a more assured, confident patient advocate; and improved financial outcomes. Patients benefit from a more efficient model of health care service, more committed health care professionals, quicker responses at the point of service, and a more assured, confident patient advocate.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Nursing Diagnosis

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. Shared governance is a vehicle for engaging organizations and creating the necessary forums and intersections that assure the decisions and actions remain dynamic and as close to the point of service as possible. Shared governance promotes:
- dependence.
  - non-punitive culture.
  - collaboration
  - executive decision making.

ANS: C

Shared governance is an accountability-based model through which nurses actively engage in making decisions regarding nursing practice, quality of patient care, education, nursing peer issues, and issues in the work environment. In a shared governance environment, staff take ownership of decision making. This is “a dynamic staff-leadership partnership that promotes collaboration, shared decision making, and accountability for improving quality of care, safety, and enhancing work life” (Mathias, 2015).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. Traditionally, nurses have worked in strong, hierarchical institutions with centralized decision making and clear authority structures, rigid approval mechanisms, and extensive policies and procedures that have resulted in barriers to creating a shared governance system. One such barriers is:
- lack of role clarity.
  - lack of time management.
  - poor time management skills.
  - that development takes a long time.

ANS: D

Effective shared governance is an ongoing process. Both staff and unit managers need to become comfortable with how governance is shared. Development is gradual and time consuming. To be successful, shared governance structures need leaders who are role models and mentors. Staff and management must be dedicated to coaching and continuous learning.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. In organizations that practice shared governance, the responsibility for unit outcomes rests with the:
- nursing team.
  - nurse manager.
  - individual nurse.
  - chief nursing officer (CNO).

ANS: A

In organizations that practice shared governance, staff as well as nurse managers and leaders are responsible for innovation. Innovation is considered crucial to safely and effectively solve complex care problems. The entire team is responsible for unit outcomes, not just the individual manager.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. The local hospital has a new specialty unit for women and children. The nursing staff has created a family advisory council to assist in reviewing educational materials used at discharge. This shared governance structure is an example of:

- a. interprofessional education.
- b. whole-system integration.
- c. engagement.
- d. collaboration.

ANS: B

Some see the benefits of decentralization and the shared governance model extending beyond nurses and all care providers to all employees. “As for the future of Shared Governance, Susan Allen PhD, RN (assistant vice president, Cincinnati Children’s Hospital) says it would be ideal to see whole-system integration involving all hospital staff. Clearly, the next steps in this vision are to include patients and the community more deliberatively into the shared governance model. Allen says Cincinnati Children’s Hospital has a family advisory council and a teen council that get involved in projects, including reviewing potential educational materials and designing a new learning center (Gray, 2013).

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. The purpose of an organization’s philosophy is to:
- a. influence the goals and objectives of an organization.
  - b. display how the parts of an organization are connected.
  - c. be an instrument that gives voice to the organization’s mission.
  - d. serve as the institutional framework that shapes the direction of knowledge and skill acquisition.

ANS: D

Hospitals are organized and their work is structured around a guiding philosophy. The philosophy serves as the institutional framework that shapes the direction of knowledge and skill acquisition. It is the pivotal factor in the long-term development of the institution.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. In Magnet organizations, shared governance needs to be manifested through what mechanisms for nurses’ decision making?
- a. Unit practice councils
  - b. Democratic leaders
  - c. Authoritarian leaders
  - d. System-wide practice councils

ANS: A

In a national study of the nursing practice environment, Clavelle and colleagues (2013) found that in Magnet organizations, the primary governance structure was shared governance, which was significantly and positively related to an improved professional practice environment. To be real and make a difference for nurses, the shared governance needs to be manifested through point-of-care structures where direct-care nurses make decisions about patient care and unit operations. Unit practice councils (UPCs) are an example.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

16. An employee satisfaction survey is conducted annually and shows that nurses in a particular unit are committed to their jobs and feel that they make positive contributions. These nurses are:
- engaged.
  - disengaged.
  - unproductive.
  - at retirement age.

ANS: A

An ongoing challenge among U.S. employers, including health care systems, is to keep employees engaged. A Gallup poll (2014) indicated that only 31.5% of employees in the United States report they are “engaged at work,” meaning they are committed to their job and making positive contributions. Fifty-one percent reported they are “not engaged at work,” meaning they are not likely to put effort into organizational goals. Seventeen and a half percent are “actively disengaged,” described as unhappy, unproductive, and likely to spread negativity. Shared governance is the gold standard for engaging nurses in solving problems at the point of care.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. Participative leadership was first introduced in the late 1970s. It was adapted by health care organizations to form the basis of shared governance and has evolved to define the roles of nurses and resolve issues related to:
- patient care.
  - nursing liability
  - nursing salaries.
  - nursing turnover.

ANS: A

Participative leadership—the notion of leaders turning to their team for input and ideas—was first introduced to the business world in the 1970s. It was adapted by health care organizations and nursing leaders in the early 1980s, and formed the basis of shared governance, which today has evolved to define the role of nurses as well as to resolve issues related to patient care (Gray, 2013).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

18. In organizations that practice shared governance, staff, managers, and leaders are responsible for:
- technology.
  - budgeting.
  - education.
  - innovation.



ANS: D

In organizations that practice shared governance, staff as well as nurse managers and leaders are responsible for innovation. Innovation is considered crucial to safely and effectively solve complex care problems. The entire team is responsible for unit outcomes, not just the individual manager. The manager is primarily responsible for mentoring, facilitating, enabling, and supporting.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

19. Institutions organize and structure themselves by defining departmental function and authority to achieve a more coordinated effort. In institutions where the executive leader retains more decision-making authority, the operation takes on a more \_\_\_\_\_ philosophy.
- a. centralized
  - b. decentralized
  - c. autocratic
  - d. democratic

ANS: A

Centralization and decentralization are organizational philosophies about power distribution that pertain to the hierarchical level of decision-making authority in the institution. Centralization means that decisions are made at the top levels. Decentralization means that decision making is diffused throughout the organization.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

20. The \_\_\_\_\_ of an organization is the formulation of ideas, plans, or dreams that help shape the future and ability to persuade colleagues and associates to share those dreams.
- a. mission
  - b. core values
  - c. vision
  - d. organizational chart

ANS: C

The mission, core values, and vision are the instruments that give voice to the organization's philosophy. "The mission is a simple and direct expression of a company's goals and objectives. It defines what a company stands for" (Kurian, 2013, p. 186). The vision is the formulation of ideas, plans, or dreams that "help shape the future and ability to persuade colleagues and associates to share those dreams."

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **MULTIPLE RESPONSE**

1. In organizations that practice shared governance, the nurse manager's role is to: (*Select all that apply.*)
- a. hire new employees.
  - b. mentor the nursing staff.
  - c. train new nurses in patient care.
  - d. support the decisions of the nursing team.
  - e. enable the staff to become effective leaders.

ANS: B, D, E

The nurse manager is primarily responsible for mentoring, facilitating, enabling, and supporting the staff personnel. Sustainable change can occur at the unit and organizational level if the nurse manager works within the framework of transformational leadership, shared governance, and action processes.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Shared governance has far-reaching implications for today's health care environment. Patients benefit due to: (*Select all that apply.*)
- a. quicker responses at the point of service.
  - b. more committed health care professionals.
  - c. a more stringent model of health care service.
  - d. better decisions being made by upper management.
  - e. nurses being more assured, confident patient advocates.

ANS: A, B, E

The focus of a health care environment that supports shared governance is to provide patient care safely, efficaciously, and efficiently. Patients benefit from a more efficient model of health care service; more committed health care professionals; quicker responses at the point of service; and a more assured, confident patient advocate.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Organizational benefits of a culture of shared governance include: (*Select all that apply.*)
- a. improved financial outcomes.
  - b. interdependence among staff nurses.
  - c. increased commitment of staff to the organization.
  - d. more senior leadership involvement at the point of service.
  - e. a more efficient model for point-of-service decision making.

ANS: A, C, E

Organizational benefits include increased commitment of staff to the organization; accountability of the nurse; a new level of professional autonomy; a more efficient model for point-of-service decision making; more expert involvement at the point of service; a more assured, confident patient advocate; and improved financial outcomes.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. The primary purpose of unit practice committees in a health care organization is to improve: *(Select all that apply.)*
- a. practice.
  - b. processes.
  - c. outcomes.
  - d. reimbursement.
  - e. turnover.

ANS: A, B, C

The purpose of the unit practice council is described as being “part of the shared governance structure to promote shared decision making at the unit/clinic/program of care level. To make and implement recommendations to improve practice, processes, and outcomes” (Jordan, 2016, p. 16).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. The instruments that give voice to the organization’s philosophy include which of the following? *(Select all that apply.)*
- a. Goals
  - b. Focus
  - c. Vision
  - d. Mission
  - e. Core values

ANS: C, D, E

The mission, core values, and vision are the instruments that give voice to the organization’s philosophy. The mission is an aim to be accomplished. It influences the philosophy, goals, and objectives of an organization. The vision is a mental image or the power of imagination to see something that is not actually visible.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. In an organization that has a decentralized organizational philosophy, decision-making authority rests in levels closer to the point of service rather than in the executive levels. Benefits of a decentralized organizational philosophy include: *(Select all that apply.)*
- a. encouraging more input.
  - b. supporting greater innovation.
  - c. facilitating faster response times.
  - d. permitting a narrower span of control.
  - e. allowing for more levels of management.

ANS: A, B, C

Decentralization encourages and facilitates greater innovation, more input, and faster response times. Centralized decision making results in a narrower span of control and more levels of management, while decentralized decision making generally means that the span of management is larger for each manager.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. At its start, shared governance requires the education and support of organizational executives, managers, and point-of-care staff. Organizational benefits include: (*Select all that apply.*)
- accountability of the nurse.
  - reduction in liability claims.
  - reduction in workers' compensation claims.
  - improved financial outcomes.
  - more expert involvement at the point of care.

ANS: A, D, E

Shared governance has far-reaching implications for leaders in today's health care environment, in which the focus is to provide patient care safely, efficaciously, and efficiently. Organizational benefits include increased commitment of staff to the organization; accountability of the nurse; a new level of professional autonomy; a more efficient model for point-of-service decision making; more expert involvement at the point of service; a more assured, confident patient advocate; and improved financial outcomes. Patients benefit from a more efficient model of health care service, more committed health care professionals, quicker responses at the point of service, and a more assured, confident patient advocate.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 22: Staffing and Scheduling**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. The provision of quality nursing care to clients, wherever delivered, depends on the:
- appropriate nursing diagnoses.
  - current wage scale.
  - number of nurse leaders.
  - right skill mix.

ANS: D

The major goal of staffing management is to provide the right number of nursing staff with the right qualifications to deliver safe, high-quality, and cost-effective nursing care to a group of patients and their families as evidenced by positive clinical outcomes, satisfaction with care, and progression across the care continuum (Eck Birmingham, 2010; T.A. Fitzpatrick, personal communication, August 31, 2016). “Appropriate safe nurse staffing and skill mix levels are essential to optimize quality of care” (ANA, 2016a), and this determination is challenging yet essential.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Staffing management is one of the most critical activities for nurse leaders at every level of the health care organization today because it affects:
  - a. delegation and supervision.
  - b. unit leadership productivity.
  - c. organizational outcomes.
  - d. professional development and quality control.

ANS: C

Staffing management is one of the most critical yet highly complex and time-consuming activities for nurse leaders at every level of the health care organization today. How well or poorly nursing leaders execute staff management impacts the safety and quality of patient care, financial results, and organizational outcomes, such as job satisfaction and retention of registered nurses (RNs).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Evaluation of the effect of nurse staffing on quality patient, financial, and organizational outcomes is known as:
  - a. patient acuity.
  - b. staffing effectiveness.
  - c. nurse-to-patient ratio.
  - d. nursing workload.

ANS: B

Staffing effectiveness is the evaluation of the effect of nurse staffing on quality patient, financial, and organizational outcomes.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. The nursing manager of a general medical-surgical unit in a large hospital has gathered data reflecting the average length of time that it takes to provide nursing care to broad categories of client groups with typical characteristics. The patient classification system that the nursing manager has used is criticized for its:
  - a. lack of reliability.
  - b. medical elements.

- c. stereotyping of patients.
- d. subjective basis.

ANS: A

Patient classification systems aimed at adjusting staffing for acuity have been plagued with an inability to accurately and reliably measure patient care variability. Further, they have lacked organizational credibility and added documentation burden to the direct-care nurse.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. The nursing manager of a general medical-surgical unit in a large hospital has gathered data reflecting the average length of time that it takes to provide nursing care to broad categories of client groups with typical characteristics. The nursing manager will most likely use the patient classification data he collected to:
- a. avoid management layoffs.
  - b. change professional nursing roles.
  - c. obtain staffing reimbursement.
  - d. staff his nursing unit appropriately.

ANS: D

The nurse manager who is accountable for a patient care unit or area executes staffing management strategies to yield an optimal health experience and clinical outcomes for patients and their families; a healthy, satisfying work environment; and cost-effective staffing model for the organization.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. A(n) \_\_\_\_\_ provides logic and order to complex processes for administrators and scientists to consider.
- a. staffing plan
  - b. organizational chart
  - c. conceptual framework
  - d. nursing care delivery model

ANS: C

A conceptual framework provides logic and order to complex processes for administrators and scientists to consider (Edwardson, 2007).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. A common element among nursing care delivery models is the:
- a. ratio of nurses to patients.
  - b. manager is the frontline leader.
  - c. value of the nurse and patient/family relationship.

d. needs of the patients drive the competency of the nurse.

ANS: C

One common element among care models is the value of the nurse and patient/family relationship. Patient assignment technology offers charge nurses access to real-time data in order to match the right nurse (i.e., competency, expertise) with the right patient and provide continuity of care during an episode of care. A second common trend is the evolving role of the charge nurse as the frontline leader with responsibility to coordinate patient flow with expert communication among health care team members.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. Relationship-based care (RBC) is a common model used in care delivery. Person (2004) articulated that \_\_\_\_\_ is/are central nursing care delivery models.
- a. continuity of care
  - b. case management
  - c. coordination of care
  - d. the needs or characteristics of the patients

ANS: A

Person (2004) described the four fundamental elements of any nursing care delivery model as follows: (1) nurse/patient relationship and decision making, (2) work allocation and patient assignments, (3) communication among members of the health team, and (4) management of the unit or environment of care. Translating the nursing care delivery model's elements and inherent values to staffing management is a key role for nursing leaders. One common element among care models is the value of the nurse and patient/family relationship. Patient assignment technology offers charge nurses access to real-time data in order to match the right nurse (i.e., competency, expertise) with the right patient and provide continuity of care during an episode of care.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. The core concept of the synergy model for patient care is based on the nurse-patient relationship and acknowledges:
- a. frontline charge nurses make informed patient care assignment decisions.
  - b. organizing and delivering nursing care achieves desired patient outcomes.
  - c. the needs or characteristics of the patients and families drive the competencies of the nurse.
  - d. the clinical nurse leader champions innovations that improve patient outcomes, ensures quality care, and reduces health care costs.

ANS: C

The synergy model for patient care is presented by the American Association of Critical-Care Nurses (Hardin & Kaplow, 2005). The core concept of the model is based on the nurse-patient relationship and acknowledges that the needs or characteristics of the patients and families drive the competencies of the nurse. Synergy, or optimum outcomes, results when the needs and characteristics of the patient clinical unit, or system, are matched with a nurse's competencies (Kaplow & Reed, 2008).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. The Joint Commission's (TJC's) staffing regulation states:
- staffing ratios are recommended in perinatal and critical care areas.
  - nurse managers may determine the nurse-to-patient ratio as long as the patient's needs are being met.
  - hospitals must also provide the right number of competent staff members to meet the patient's needs.
  - hospitals may limit the number of admissions to ensure there are an adequate number of staff members to meet patient needs.

ANS: C

TJC standards include the human resources function of verifying that nurses are qualified and competent to ensure that the hospital determines the qualifications and competencies for staff positions based on its mission, populations, care, treatment, and services. Hospitals must also provide the right number of competent staff members to meet the patients' needs (TJC, 2016).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. An approach for decreasing nursing RN skill mix was implemented in a one size fits all approach across organizations in the 1990s. These changes in skill mix led to:
- decreases in RN workload.
  - increased nursing satisfaction.
  - decreased patient satisfaction.
  - decreased patient safety concerns.

ANS: C

The approach for decreasing nursing RN skill mix was implemented in a one size fits all approach across organizations and often lacked evaluation of the skill mix change and other changes on the quality of care and nurse job satisfaction and retention (Eck, 1999; Norrish & Rundall, 2001). This was most apparent in California where a leaner RN skill mix was tried by Kaiser Permanente Northern California in the early 1990s. Skill mix was reduced from 55% RNs to 30% RNs in 1995 (Robertson & Samuelson, 1996). The changes in skill mix led to widespread real and perceived increases in RN workload, patient safety concerns, and nurse and consumer complaints (Norrish & Rundall, 2001; Seago et al., 2003).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care



12. A forecasted workload and a recommended care standard determine the:
- staffing pattern.
  - skill mix of the unit.
  - nurse-to-patient ratios.
  - staffing management plan.

ANS: A

The staffing management plan provides the structured processes to identify patient needs and then to deliver the staff resources as efficiently and effectively as possible. An effective plan first focuses on stabilizing the unit core staffing. A staffing pattern, or core coverage, is determined through a forecasted workload and a recommended care standard (e.g., hours per patient day).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. The workload standard commonly used in nursing when calculating staffing patterns is:
- patient days.
  - patient acuity system.
  - average length of stay.
  - nursing care hours per patient day.

ANS: D

The amount of work performed by a unit is referred to as its *workload*, and workload volume is measured in terms of units of service. The workload standard commonly used is nursing care hours per patient day, although the validity of this measure is disputed.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. The staffing method used when units are staffed below maximum workload conditions and staff is then supplemented when needed is called:
- fixed staffing.
  - variable staffing.
  - strategic staffing.
  - staffing by acuity.

ANS: B

With variable staffing, units are staffed below maximum workload conditions and staff is then supplemented when needed.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. The process of providing and measuring the correct full-time equivalent (FTE), or complement, to adequately staff a given area is known as:
- scheduling.

- b. position control.
- c. forecasted workload.
- d. demand management.

ANS: B

Position control is the process of providing and measuring the correct FTE, or complement, to adequately staff a given area.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

16. Key to effective staffing are protocols and processes for daily staffing decision support that are aligned with a budget-sensitive variable staffing plan. In a decentralized model, the responsibility of daily staffing allocation belongs to the:
- a. float pool.
  - b. staffing office.
  - c. department manager.
  - d. chief nursing officer.

ANS: C

In a decentralized model, individual department managers and directors are responsible for daily staffing allocation.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. Assigning individual personnel to work specific hours, days, or shifts and in a specific unit or area over a specified period of time is known as:
- a. scheduling.
  - b. staffing effectiveness.
  - c. nursing direct-care hours.
  - d. human resources staffing strategy.

ANS: A

Scheduling is the process of assigning individual personnel to work specific hours, days, or shifts and in a specific unit or area over a specified period of time (Barnum & Mallard, 1989).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

18. The new nursing care model, developed by the American Association of Critical-Care Nurses (2016), focuses on the needs of the patient and the competencies of the nurse. It is known as the:
- a. Synergy Model for Patient Care.
  - b. Case Management Model.
  - c. Primary Nursing Model.
  - d. Clinical Nurse Leader Model.

ANS: A

The Synergy Model for Patient Care was developed by the American Association of Critical-Care Nurses (2016) and is a patient-centered model focused on the needs of the patient, the competencies of the nurse, and the synergy created when the needs and competencies match. Synergy—or optimum patient outcomes—results when the needs and characteristics of the patient and clinical unit or system are matched with a nurse’s competencies. Patient assignment technology may assist in defining—and thereby aligning—patient needs with the nurse’s abilities, a concept that is central to the model.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## MULTIPLE RESPONSE

1. An RN is relocating and is seeking employment at a hospital that focuses on patient safety. Which staffing issues have a negative impact on patient safety? (*Select all that apply.*)
  - a. Eight-hour shifts
  - b. Twelve-hour shifts
  - c. Mandatory overtime
  - d. Student nurses on the unit
  - e. Unplanned overtime

ANS: B, C, E

In this second edition, the ANA (2012) noted that since the initial publication of the original *Principles for Nurse Staffing*, the evidence has grown supporting the link between adequate nurse staffing and better patient outcomes. Under principles related to the practice environment, the ANA (2012, p. 10) stated “Registered nurses should be provided a professional nursing practice environment in which they have control over nursing practice and autonomy in their workplace,” and “routine mandatory overtime is an unacceptable solution to achieve appropriate nurse staffing. Policies on length of shifts; management of meal and rest periods; and overtime should be in place to ensure the health and stamina of nurses and prevent fatigue-related errors.”

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. The hospital units most likely to employ a decentralized staffing model include: (*Select all that apply.*)
  - a. the telemetry unit.
  - b. labor and delivery.
  - c. the medical-surgical unit.
  - d. the emergency department.
  - e. the neonatal critical care unit.

ANS: B, D, E

In a decentralized model, individual department managers and directors are responsible for daily staffing allocation. Units with decentralized staffing are typically units whereby volume and/or acuity may be most unpredictable, and the nursing competencies are unique to that area (e.g., emergency department, labor and delivery, critical care).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Community Hospital is having a transient nursing shortage due to a high number of sick calls. The staffing office utilizes the staffing pool to obtain the required number of nurses. The staffing pool may include what types of nurses? (*Select all that apply.*)
- a. Travel nurses
  - b. Foreign nurses
  - c. Registry nurses
  - d. Per diem nurses
  - e. Full-time nurses

ANS: A, C, D

Access to nurses outside the unit to cover transient shortages is critical to meet last-minute, unplanned nurse shortages, such as sick calls and high patient demand. Supplemental staffing resources, frequently referred to as the *staffing pool*, are defined as a group of nurses who supplement the core unit staffing. This includes per diem nurses, float pool nurses, part-time nurses desiring additional hours, seasonal nurses, agency nurses, and traveling nurses.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## COMPLETION

1. When the needs and characteristics of the patient clinical unit, or system, are matched with a nurse's competencies, \_\_\_\_\_ results.

ANS:

synergy

Synergy—or optimum patient outcomes—results when the needs and characteristics of the patient and clinical unit or system are matched with a nurse's competencies. Patient assignment technology may assist in defining—and thereby aligning—patient needs with the nurse's abilities, a concept that is central to the model.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. The amount of work performed by a unit is referred to as its \_\_\_\_\_.

ANS:

workload

The amount of work performed by a unit is referred to as its *workload*, and workload volume is measured in terms of units of service. The unit of service is specific to the type of unit, such as the number of patients, patient days, deliveries, visits, treatments, encounters, or procedures.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Betty is calculating the total patient days on her unit. Her average daily census is 35 and her average length of stay is 2.4 days. In numerals, the total patient days on Betty's unit is \_\_\_\_\_ days.

ANS:

84

Total patient days are commonly used in inpatient hospital areas. This is calculated by multiplying the average length of stay and the average daily census.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. The proportion of direct-care RNs to total direct-care nursing staff, expressed as a percentage of RNs to total nursing staff, is called \_\_\_\_\_.

ANS:

skill mix

Skill mix is the proportion of direct-care RNs to total direct-care nursing staff, expressed as a percentage of RNs to total nursing staff.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 23: Budgeting, Productivity, and Costing Out Nursing**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. The process of identifying the specific costs related to the delivery of nursing care to each client so that nurses have data to identify the actual amount of services received is:
- personnel budget development.
  - evaluating budget expenditures.
  - costing out nursing services.

d. strategic financial planning.

ANS: C

*Costing out nursing services* is defined as the determination of the costs of the services provided by nurses. By identifying the specific costs related to the delivery of nursing care to each client, nurses have data to identify the actual amount of services received.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Revenues minus expenses equals:

- a. cash flow.
- b. expense incurred.
- c. income.
- d. total reimbursement.

ANS: C

Income (or profit) is defined as the excess of revenues over expenses, or revenues minus expenses.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. A(n) \_\_\_\_\_ is the difference between the budgeted and actual amounts.

- a. expense
- b. margin
- c. revenue
- d. variance

ANS: D

A variance is the difference between the budgeted and the actual amounts. A variance may be favorable or unfavorable relative to the budget amount.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Staff nurses involvement in budgeting is essential because they:

- a. have the final authority on the annual budget.
- b. have the ability to contain costs at the unit level.
- c. have a unique perspective on the budgetary process.
- d. are the largest user of the budgeted funds for the unit.

ANS: B

In many organizations, staff nurses are expected to be aware of their unit's financial performance and the impact their decisions may have on it. Staff nurses involvement is essential to the ability to contain costs at the unit level, because they make many decisions about supply and resource use.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. The costs or prices of activities undertaken in the organization's operations are called:
- budget.
  - income.
  - expenses.
  - revenue.

ANS: C

Expenses are defined as the costs or prices of activities undertaken in the organization's operations.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. Mary is the manager of the critical care unit. She would like to hire a wound care nurse for the unit. The type of organizational budget Mary would use to ensure she can hire the new nurse is called the \_\_\_\_\_ budget.
- capital
  - personnel
  - operating
  - expense

ANS: B

The personnel budget is the staffing budget of the cost center.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. The manager of a rural, thriving, nurse-managed clinic is considering purchasing equipment to furnish two additional examination rooms. The resource he must consider is the \_\_\_\_\_ budget.
- capital
  - expense
  - operating
  - product line

ANS: A

The capital budget is the plan for the purchase of major equipment or assets.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. The operating budget covers a specific period, called a \_\_\_\_\_ year.
- fiscal
  - budget

- c. calendar
- d. federal government

ANS: A

The operating budget covers a specific period, called a fiscal year. The fiscal year may begin July 1, may correspond to the calendar year beginning January 1, or may follow the federal government year that starts on October 1.

DIF: Cognitive Level: Understand (Comprehension) TOP: Nursing Process: Planning  
MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. The relationship between output and the goods and services used to produce them is called:
- a. acuity.
  - b. revenue.
  - c. variability.
  - d. productivity.

ANS: D

Productivity is defined as the relationship between output and the goods and services used to produce them.

DIF: Cognitive Level: Apply (Application) TOP: Nursing Process: Evaluation  
MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. A budget functions as a:
- a. capital constraint.
  - b. employee management tool.
  - c. human resource tool.
  - d. planning instrument.

ANS: D

A budget is defined as a written financial plan aimed at controlling the allocation of resources. It functions as both a planning instrument and an evaluation tool useful for financial management.

DIF: Cognitive Level: Remember (Knowledge) TOP: Nursing Process: Planning  
MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. A staff nurse's accurate recording of all services and supplies used to provide care to each client in her assignment is necessary for determining calculations used in which of the following budgets?
- a. Expense
  - b. Gross
  - c. Inpatient
  - d. Revenue

ANS: D



Revenue is defined as income or amounts owed for purchased services or goods. Total operating expenses are the result of summing the costs of all resources (e.g., labor, patient consumable supplies, small medical equipment, utilities, office supplies, and other related miscellaneous fees and materials) used to produce services.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. In the past, health care organizations viewed nursing services as primarily a(n):
- acute care asset.
  - expense.
  - reimbursement tool.
  - revenue generator.

ANS: B

Nursing has historically been seen as a cost center but not a revenue generator.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. The management team of a large hospital is attempting to identify the specific cost of providing nursing services. This process is known as:
- costing out services.
  - fee-for-service care provision.
  - priority nursing management.
  - quality versus cost balance.

ANS: A

Costing out nursing services was defined as the determination of the costs of services provided by nurses.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. Using resources to maximize health benefits while simultaneously using resources to maximize cost-effectiveness is:
- costing out nursing services.
  - fiscal responsibility.
  - priority nursing management.
  - capital constraint.

ANS: B

Fiscal responsibility is defined as using the resources of the patient to maximize health benefit while simultaneously using the resources of the institution to maximize cost-effectiveness. Fiscal responsibility is essential when trying to improve client care by improving managerial and clinical decisions in nursing.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. The incorporation of economic evaluation into clinical practice is important to productivity because:
- rationing must occur.
  - health care resources are limited.
  - providers may not turn away clients.
  - uninsured clients get the same health care as insured clients.

ANS: B

The incorporation of economic evaluation into clinical practice is important to productivity, because health care resources are limited and choices must, and will, be made.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

16. The key advantage of activity-based costing is:
- workload is determined based on the required hours of nursing care.
  - it reflects what it costs to provide services and identifies why costs were incurred.
  - data can be used in constructing a personnel budget because it is linked to the volume indicator of patient days.
  - the judgment of an expert nurse clinician must override an empirical system and be based on patient's needs in real time.

ANS: B

The key advantage of activity-based costing is that it reflects what it costs to provide services and identifies why costs were incurred.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. Janice is going to give her patient a bath. She has the option of using prepackaged bathing wipes or a bath basin and washcloths. She chooses the bath basin and washcloths because she knows their performance is the same but they are less expensive. Janice's choice is an example of:
- rationing.
  - fiscal responsibility.
  - costing out services.
  - activity-based costing.

ANS: B

Fiscal responsibility is defined as using the resources of the patient to maximize health benefit while simultaneously utilizing the resources of the institution to maximize cost-effectiveness. Being fiscally responsible means making responsible resource allocation decisions.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Physiological Integrity: Basic Care and Comfort

18. Supply budgets are a major component of the operating budget. Items such as office supplies, intravenous solutions, instruments, linen, gloves, and other personal protective equipment are examples of \_\_\_\_\_ costs.
- fixed
  - flexible
  - variable
  - resource

ANS: C

Supply items such as office supplies, intravenous solutions, instruments, linen, gloves and other personal protective equipment, medical/surgical supplies, and drugs are examples of supplies that would vary with a higher volume of patient days. These supply items are variable (the amount used will vary based on the volume of service provided).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## MULTIPLE RESPONSE

1. The phases of the budget process are: (*Select all that apply.*)
- preparation.
  - completing the forms.
  - auditing and monitoring.
  - revision and submission.
  - selection and evaluation.

ANS: A, B, D

The budget process consists of three time periods. During preparation, the manager reviews the organization's strategic plan and the last year's budget for the cost center. The manager will then be given budget documents to use in preparing the cost center budget. As budget documents go through review by senior management, requests tend to exceed the available resources. This necessitates review, adjustment, and appeal.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## COMPLETION

1. A(n) \_\_\_\_\_ is a written financial plan aimed at controlling the allocation of resources.

ANS:

budget

A budget is defined as a written financial plan aimed at controlling the allocation of resources. It functions as both a planning instrument and an evaluation tool useful for financial management.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. A(n) \_\_\_\_\_ is the difference between the budgeted and the actual amounts.

ANS:

variance

A variance is the difference between the budgeted and the actual amounts. A variance may be favorable or unfavorable relative to the budget amount.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. A measure of the severity of illness of an individual patient or the aggregate patient population on a unit is called \_\_\_\_\_.

ANS:

acuity

*Acuity* is defined as a measure of the severity of illness of an individual patient or the aggregate patient population on a unit.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 05: Managing Time and Stress**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. \_\_\_\_\_ is defined as the accomplishment of specified activities during the time available.
- Stress
  - Mismanagement of resources
  - Time management
  - Self-management

ANS: C

Time management is defined as the accomplishment of specified activities during the time available. It is the process of managing the things an individual does with his or her available time. At its core, time management is self-management.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Nurses who are successful at time management:
- display an ability to set measurable goals and objectives.
  - frequently volunteer for new and creative projects.
  - hesitate to delegate because of perfectionist characteristics.
  - tend to accomplish specific activities within a time frame.

ANS: D

Time management is accomplishing specific activities during the time available. It is a process of managing the things an individual does with his or her available time.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Jay, a nurse in the intensive care unit, has been caring for a patient with end-stage renal disease, congestive heart failure, and a stroke. The client has had four cardiac arrests in 4 days. Despite the grave prognosis, the client's family continues to want resuscitation at all cost. Jay knows that further medical care is futile. Jay is at risk for:
- confrontational conflict.
  - resilience.
  - burnout.
  - moral distress.

ANS: D

Moral distress is linked to issues related to patient care, including ethical dilemmas that can put professionals in difficulty and give rise to feelings of unease. It occurs when an individual knows what ethical action should occur but is prevented from doing so by either internal or external barriers (Rushton, 2006).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

4. Nurses who must manage unplanned and regular responsibilities simultaneously may experience:
- complexity compression.
  - resilience.
  - moral distress.
  - empowerment.

ANS: A

When unexpected conditions are added to regular responsibilities, nurses may experience what experts call *complexity compression*, which has been linked to burnout, turnover, and other types of work-related stress (Krichbaum et al., 2007). Nurses experience this when they must manage unplanned (complexity) and regular responsibilities simultaneously (compression).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. Creating a safe, empowering, and satisfying work environment can be accomplished through implementation of:

- a. Institute of Medicine Coalitions.
- b. health care reform.
- c. the Troubled Asset Relief Program.
- d. Healthy Work Environment (HWE) standards.

ANS: D

A Healthy Work Environment (HWE) is one that is safe, empowering, and satisfying. The American Association of Critical-Care Nurses (AACN) has established six standards that support Healthy Work Environments (AACN, 2005). Although developed for nurses, they are applicable for all types of employees.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. A staff nurse has a concern about a co-worker who may be diverting medications. The staff nurse would like to report the concern to a supervisor, but she is fearful of retaliation from her colleagues. The staff nurse knows that the ethical thing to do is report the concern for the sake of patient safety. This nurse is experiencing:
- a. stress.
  - b. procrastination.
  - c. moral distress.
  - d. burnout.

ANS: C

Moral distress occurs when clinicians know what is the ethical action to take, yet are prevented by either external or internal obstacles. Moral distress will contribute to stress and eventual burnout if the staff nurse does not take action.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Physiological Integrity: Reduction of Risk Potential

7. An internal obstacle that may contribute to moral distress is:
- a. lack of resources.
  - b. lack of confidence.
  - c. lack of structure.
  - d. lack of processes.

ANS: B

Moral distress occurs when an individual knows what ethical action should occur but is prevented from doing so by either internal or external barriers (Rushton, 2006). Internal obstacles include personal characteristics such as fear or lack of confidence. External obstacles include a lack of resources, structures, or processes that prevent taking the desired and right action (McCarthy & Deady, 2008).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. A new nurse manager is provided with a smartphone in order to efficiently manage her time. What is the most effective method of managing stress related to e-mail?
- Create an auditory cue that alerts the manager to incoming messages so they can be processed immediately.
  - Set aside time during meetings to read and respond to messages.
  - Schedule blocks of time to tackle e-mail.
  - Delete e-mails that require a lengthier response.

ANS: C

Time management will not be effective if the manager is expected to respond to messages as soon as they arrive. Managers can set a rule to check e-mails two to three times per day rather than constantly and should use a sorting or flagging methodology to effectively manage the need for follow-up. Managers should not utilize meetings in order to read and respond to messages.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. The first critical step in creating an environment to prevent and address work-related stress is:
- delegation.
  - motivation.
  - innovation.
  - intention.

ANS: D

To prevent and address work-related stress, creation and innovation are needed. A creation is something new that did not previously exist in that form and occurs in a multitude of fields, not just the arts (Creation, n.d.). Experts who study creativity may differ on the requisite attributes of creative individuals and exact steps in the creative process. However, most agree that intention is the critical first step (Ditkoff, 2010). Without intention, no action is ever taken.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Knowledge

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. Nurse managers are in a position of impacting the stress levels of employees through improving work environments and creating a culture of enhanced staff satisfaction. Having structures and processes in place to prevent work-related stress from happening in the first place requires:
- genuine intention and corresponding action.
  - additional evidence about the human and financial costs of work-related stress.
  - more stability in the health care industry.
  - decreased demands from payers, consumers, and regulators.

ANS: A

It has always been challenging to secure the necessary resources for prevention, even for patient care. However, failure to do so puts employees at risk, which in turn can jeopardize the lives of patients. It is no longer possible to wait for more evidence about the human and financial costs of work-related stress. Waiting for more stability in the industry, which may never come, wastes precious time. Once that is embraced and there is genuine intention, then design and creation can begin in earnest.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. There is evidence of a link between \_\_\_\_\_ employees with higher productivity and more satisfied customers.
- stressed
  - empowered
  - financially focused
  - creative

ANS: B

Employees who are empowered in their jobs are also more engaged and satisfied. Research indicates that structural empowerment leads to higher productivity and satisfaction for the employee, which translates to more satisfied customers.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. Nurses on the midnight shift are experiencing difficulty with receiving materials from the central supply department. Last night a patient was admitted to the unit from the emergency department with a heart dysrhythmia. The nurse requested that a temporary pacemaker kit be placed in the unit as a standby in case the patient required its use. The central supply unit did not comply until the patient required its emergent use. The nurse was stressed. This is an example of which type of stress?
- Job stress
  - Overload of role
  - Moral distress
  - Role conflict

ANS: A

Job stress is a tension that arises related to the person-in-environment demands of a person's role or job. Job stress, or "disquieting influences," can accumulate into levels that are too high, reach the point of burnout, and manifest as emotional and/or physical exhaustion and lowered job productivity.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care



13. When a nurse leader is able to fully embrace the American Association of Critical-Care Nurses' (AACN's) Healthy Work Environment and engage others in its achievement, what is the leader demonstrating?
- Authentic leadership
  - Meaningful recognition
  - True collaboration
  - Skilled communication

ANS: A

The nurse leader is demonstrating authentic leadership when he or she is able to embrace and model the AACN's Healthy Work Environment.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. A new nursing manager is falling behind on the staffing schedule, the monthly budget, and employee evaluations. She says to her director, "I'm working 60 hours per week and I still don't have enough time to do it all." The nursing director suggests which of the following to her?
- Setting priorities
  - Obtaining additional preceptoring.
  - Scheduling blocks of time for each activity to be accomplished.
  - Giving up management and returning as a regular staff nurse.

ANS: C

Time management involves a deliberative process of identifying, focusing, and completing activities needed to accomplish specific tasks and achieve goals. Blocking time to get tasks done is a strategy that can be used to for time management at work.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Nursing Diagnosis

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. In setting boundaries it is important to do which of the following?
- Set rigid boundaries.
  - Set boundaries based on individual needs.
  - Consider where one is in the lifespan when setting boundaries.
  - Set boundaries even if it produces more stress than not having boundaries at all.

ANS: B

Boundaries need not be exceedingly rigid and may change over time. Boundaries should be set based on individual needs, not gender, stereotypes, or even where someone is on the lifespan. The most important thing is that setting them should not induce more stress on the individual than not having them at all.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

16. A nurse manager has several complaints from her staff that she is inaccessible during the day. What is the best strategy the nurse manager takes to improve her staff satisfaction?
- Notify staff when she will be out of the office.
  - Block time for daily rounds with staff.
  - Set realistic follow-up deadlines for staff issues, questions, and concerns.
  - Ask the staff to communicate with her through their supervisors.

ANS: B

Blocking time to round with staff is the best way the nurse manager can be on the unit and visible to her staff. Notifying staff when she is out of the office, setting realistic deadlines for following up with issues, and delegating certain activities to the supervisors are good time management strategies, however they don't address the staff's issue of not seeing her.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## MULTIPLE RESPONSE

1. Definitions of stress are: (*Select all that apply.*)
- a negative emotional experience that is associated with biological changes that trigger the body to make adaptations.
  - the accomplishment of specified activities during an available time period.
  - a physical, mental, psychological, or spiritual response to an experience.
  - a response that is evaluated by the individual as a threat to one's sense of well-being.

ANS: A, C, D

Stress is a negative emotional experience associated with biological changes that trigger the body to make adaptations. It can be a physical, mental, psychological, or spiritual response to an experience that is evaluated by the individual as a threat to one's sense of well-being.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Which of the following responses may occur related to stress? (*Select all that apply.*)
- Increased heart rate
  - Decreased blood glucose levels
  - Emotional exhaustion
  - Burnout
  - Chronic health conditions

ANS: A, C, D, E

Stress has a variety of induced changes, including increases in heart rate and blood glucose levels, emotional changes, and burnout, and it can lead to acute and chronic health problems.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Which of the following statements are true regarding job stress? (*Select all that apply.*)
- a. Job stress is related more to external demands that are brought into the workplace.
  - b. Job stress can lead to burnout.
  - c. Job stress is manifested as emotional and/or physical exhaustion.
  - d. Job stress increases productivity.
  - e. Levels of job stress that are too low or too high decrease individual productivity.

ANS: B, C, E

Job stress is a tension that arises related to the environmental demands of a person's role or job. Job stress can accumulate to levels that are too high, reach the point of burnout, and manifest as emotional and/or physical exhaustion. Levels of job stress that are too low or too high decrease individual productivity.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. What are some methods that nursing staff can use to manage personal stress levels? (*Select all that apply.*)
- a. Take personal time each day.
  - b. Take on extra shifts to keep the mind occupied.
  - c. Get enough sleep.
  - d. Pay attention to diet and exercise.
  - e. Have a strong support network of friends and family.

ANS: A, C, D, E

While stress management is unique to each person, some of the tools that may be effective include taking personal downtime each day, getting enough sleep, eating right, exercising, and having a strong network of friends and family for support.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. What are some potential reasons that nurses experience higher levels of stress? (*Select all that apply.*)
- a. Nurses are skilled at setting boundaries.
  - b. Nurses often put others' needs ahead of their own.
  - c. Staff nurses are under pressure to do more with less.
  - d. There are support staff cuts.
  - e. There are fluctuations in staffing levels.

ANS: B, C, D, E

Staff nurses are under constant pressure to do more with less, and this can cause professional and personal stress for staff as well as managers. Support staff have been cut, jobs are fewer, and staffing levels fluctuate. Nurses may have a difficult time dealing with stress, because they often put others' needs ahead of their own and need to be able to create healthy boundaries.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Nursing Diagnosis

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. Managers have a key role in mitigating stress in the workplace. Which strategies will assist the manager in creating a more healthy work environment? (*Select all that apply.*)
- a. Recognize nurses for the value they bring to the organization.
  - b. Partner with the nursing staff to make policies and lead organizational operations.
  - c. Keep information confidential regarding safety concerns or initiatives.
  - d. Ensure staffing is an effective match between patient needs and nurse competencies.
  - e. Ensure that the manager maintains responsibility for all aspects of unit functioning.

ANS: A, B, D

A healthy work environment (HWE) is one that is safe, empowering, and satisfying. Nurse managers can foster an HWE by recognizing nurses for the value they bring to the organization, partnering with the nursing staff to make policies and lead organizational operations, and ensuring that staffing is an effective match between patient needs and nurse competencies.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. Conflict and stress in the workplace can be managed through building relationships. Organizations can foster the building of relationships through: (*Select all that apply.*)
- a. social media.
  - b. informal social gatherings.
  - c. mentoring.
  - d. confidential meetings.

ANS: A, B, C

Building relationships can be fostered in organizations by formal and informal social gatherings, mentoring, social media, and deliberate culture creation (Moreland & Apker, 2016). Perceived supportive work environments are characterized by perceptions that supervisors are supportive, there is fairness, and there is open communication. Stress is reduced when nurses feel that win-win solutions occur in the work environment.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. Job stress can accumulate into: (*Select all that apply.*)
- a. better time management skills.
  - b. feelings of elation.
  - c. burnout.
  - d. physical exhaustion.

ANS: C, D

Chronic stress can lead to acute and chronic health problems. Job stress is a tension that arises related to the person-in-environment demands of a person's role or job. Job stress, or "disquieting influences," can accumulate into levels that are too high, reach the point of burnout, and manifest as emotional and/or physical exhaustion and lowered job productivity. Levels of job stress that are too low or too high decrease individual productivity.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

9. A staff RN is writing an article for a prestigious nursing journal. The deadline is in 1 week, and she is feeling overwhelmed about completing her work. She is unable to keep up with home management, and she is beginning to procrastinate on the project. She also has other responsibilities, such as taking her elderly mother grocery shopping and to health care appointments. She is married to a busy executive and has three children, all of whom are active in high school sports. Which of the following stress management strategies would be helpful? (*Select all that apply.*)

- a. Schedule "think time" appointments at least once a week for a block of time; get out of the office for these times.
- b. Bring a water bottle to work and refill as needed to keep hydrated.
- c. Cut extra activities out of her schedule, such as her morning walk.
- d. Create a "getaway" place at work where she can spend a few minutes in silence and thought.

ANS: A, B, D

Scheduling "think time" appointments and spending a few minutes in silence can help her clear her mind and regroup. Keeping hydrated will help keep energy levels up. Exercise is important to help the nurse deal with stress and would not be wise to delete from her schedule, if possible.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. Max is a nurse on the 7 PM to 7 AM shift on the orthopedic floor. He is the most experienced nurse on the unit during this shift, with 6 years of nursing experience. Max usually acts as charge nurse during his shift while caring for a group of patients. Recently there has been an influx of new graduates working on his shift. Some nights, he is expected to orient a new nurse, act as the charge nurse, and mentor other new nurses working on the floor. He is concerned that with all the new nurses, there are not enough mentors for all of them, resulting in less-than-optimal care delivery. Which factors have been shown to decrease stress for nurse leaders? (*Select all that apply.*)

- a. Support from others
- b. Autonomy
- c. Predictability
- d. Transparency

ANS: A, B, C

High stress is experienced by nurse leaders and stems from the challenges of a multifaceted job with myriad sources of stress. Having support from others (e.g., supervisors, comanagers, and coworkers) is a factor that decreases stress (Kath et al., 2012; Shirey et al., 2010). The amount of autonomy and predictability in the job mitigates the negative effects of stress as well (Kath et al., 2012).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 15: Professional Practice Models**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. A professional practice model is a:
  - a. conceptual framework and philosophy of nursing within an organization.
  - b. staffing grid that outlines nursing unit work schedules.
  - c. mechanism by which care is actually provided to patients and families.
  - d. blueprint for developing specific measurable objectives and actions.

ANS: A

Professional practice models (PPMs) refer to the conceptual framework and philosophy of nursing within an organization.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Which nursing care model was prominent before the Great Depression?
  - a. Functional nursing
  - b. Group nursing
  - c. Hospital staffing
  - d. Private duty nursing

ANS: D

Private duty nursing is the oldest care model in the United States. Between 1890 and 1929 in the United States, graduate nurses acted as private duty nurses, caring for patients in their homes (Shirey, 2008).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. An example of a traditional nursing care delivery model is:
  - a. case management.
  - b. patient- and family-centered care.

- c. transitional care.
- d. patient-centered medical home.

ANS: A

There are five traditional nursing models of care: (1) private duty, (2) functional, (3) team, (4) primary, and (5) case management. Of these, functional, team, primary, and case management were and are currently associated with hospital nursing practice. Private duty and case management were associated with public health, home health care, and community health but have been adapted to the inpatient setting.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Functional nursing:
- a. divided and distributed nursing tasks.
  - b. enhanced client-oriented care.
  - c. provided a smooth care delivery system.
  - d. was expensive once implemented.

ANS: A

Functional nursing focused on task accomplishment rather than individualized and holistic care. The division of labor was assigned according to specific tasks and technical aspects of the job, such as medication administration and taking vital signs.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. Primary nursing is a type of care delivery in which the nurse:
- a. cares for a patient 24 hours a day.
  - b. is responsible for the client's daily care.
  - c. monitors care from admission to discharge.
  - d. provides total care for the patient.

ANS: C

In the primary nursing model, the primary nurse has 24-hour-per-day accountability for the patient's plan of care from admission to discharge. Associate nurses oversee patient care delivery when the primary nurse is not on shift, although associate nurses are expected to follow the primary nurse's plan of care.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. Critical paths:
- a. are designed only for critical care or trauma patients.
  - b. determine lifesaving interventions for a specific population.
  - c. outline optimal care and time milestones for the routine patient.

d. provide a list of supplies and equipment needed for care.

ANS: C

A critical path is a written plan that identifies key, critical, or predictable incidents that must occur at set times to achieve client outcomes during an appropriate length of stay in a hospital setting.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. A patient is admitted with congestive heart failure, diabetes mellitus, and dementia. He has a new dark spot on the top of his toes on his right foot. The nurse contacts the primary care physician, consults with the wound care specialist nurse, writes a nursing order for a referral to the diabetic educator, and contacts the discharge planner to facilitate future discharge plans. Which of the following care delivery models best describes how the nurse is providing care?
- Case management
  - Group nursing
  - Functional nursing
  - Private duty nursing

ANS: A

The Case Management Society of America (CMSA) definition of case management is “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual’s and family’s comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes” (CMSA, 2016).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Nursing Diagnosis

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

8. Which of the following is true about team nursing?
- It includes only registered nurses (RNs) and licensed practical/vocational nurses (LPN/LVNs).
  - Each team member has his or her own patient assignments.
  - Team members must have dual degrees.
  - The nurse with a bachelor’s of science in nursing degree is the leader of the team.

ANS: B

Team nursing is a delivery approach that provides care to a group of patients by coordinating a team of RNs, licensed practical nurses, and care aides under the supervision of one nurse, called the team leader. Each team member has his or her own patient assignments, and team members are expected to assist and support each other as needed.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. The conceptual framework and philosophy under which the method of delivery of nursing care is a component is known as:



- a. core values.
- b. mission statement.
- c. care delivery model.
- d. professional practice model (PPM).

ANS: D

PPMs refer to the conceptual framework and philosophy under which the method of delivery of nursing care is a component. PPMs describe the environment and serve as a framework to align the elements of care delivery. The PPM can be thought of as a link between the problems presented by client populations, the purposes of professional occupations, and the purposes of health care organizations.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. The responsibility for making decisions about and designing strategies to create a climate and environmental context around the provision of nursing and health care services lies with:
- a. staff nurses.
  - b. care councils.
  - c. the nurse manager.
  - d. executive leadership.

ANS: D

Executive leadership is responsible for making decisions about and designing strategies to create a climate and environmental context around the provision of nursing and health care services.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. Stakeholders are informed of an organization's key goals through its:
- a. vision.
  - b. values statement.
  - c. mission statement.
  - d. organizational philosophy.

ANS: C

Publicly posted mission statements inform key stakeholder groups, such as the public and employees, of the organization's key goals.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. Lilly, an RN, works full time in her client's home providing total care for him. She bathes and dresses him, provides tracheostomy care and wound care, and feeds him. She is paid directly by her client. This type of nursing care is commonly known as:
- a. primary nursing.
  - b. functional nursing.
  - c. case management.

d. private duty nursing.

ANS: D

Private duty nursing, sometimes called *case nursing*, is the oldest care model in the United States. Private duty nursing is defined as one nurse caring for one client. In this model, complete and total care is provided by one nurse, but the nurse carries only one client assignment.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

13. Mary Lou is a nurse in the critical care unit. She works 12-hour shifts. Each shift she is assigned to one or two critical care patients. She is responsible for planning and delivering the care and treatment for each one of the patients she is assigned to. This is an example of which nursing model?

- a. Team nursing
- b. Managed care
- c. Total patient care
- d. Functional nursing

ANS: C

The term total patient care has come to mean the assignment of each client to a nurse who plans and delivers care during a work shift (Minnick et al., 2007).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

14. Janice is assigned to pass medications this shift. Mary is assigned to do wound care, Jennifer will give all the baths, and Jim will take all the vital signs. This model of nursing care is called \_\_\_\_\_ nursing.
- a. team
  - b. primary
  - c. modular
  - d. functional

ANS: D

In functional nursing the division of labor is assigned according to specific tasks and technical aspects of the job. It has been defined as work allocation by functions or tasks, such as passing medicine, changing dressings, giving baths, or taking vital signs. Under functional nursing, the nurse identifies the tasks to be done for a shift. The work is divided and assigned to personnel, who focus on completing the assigned tasks.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

## **MULTIPLE RESPONSE**

1. The presence of a nurse professional practice model (PPM) is the nurse's: (*Select all that apply.*)

- a. control over practice.
- b. career focus.
- c. job satisfaction.
- d. psychological needs.

ANS: A, C

One important predictor of RN job satisfaction is the presence of a nurse professional practice model (PPM). Nurse job satisfaction is directly associated with nurse turnover, a significant human resource challenge for management (Hayes et al., 2012). Professional practice models consist of structures, processes, and values that support nurse control over practice and enhance job satisfaction and retention (Erickson & Ditomassi, 2011).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Which of the following nursing care models are hospital based? (*Select all that apply.*)
- a. Case management
  - b. Functional
  - c. Private duty
  - d. Team

ANS: A, B, D

Case management, functional, primary, and team are nursing care models that are hospital based.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. The determination of a care delivery model or system of care delivery depends on: (*Select all that apply.*)
- a. fiscal responsibility.
  - b. accountability to the consumer.
  - c. government reimbursement.
  - d. the organization's philosophy.
  - e. quality and safety considerations.

ANS: A, B, E

Care delivery model redesign is influenced by fiscal responsibility, accountability to the consumer, available resources, and quality and safety considerations. The appropriate care delivery model is the one that maximizes existing resources while meeting organizational goals and objectives (i.e., the mission).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Positive work environments are often found in Magnet-designated organizations. Organizational structures associated with Magnet-like healthy work environments are: (*Select all that apply.*)
- a. professional development opportunities.

- b. interdisciplinary collaboration.
- c. top-down approach to governance.
- d. decreased workloads.
- e. culture of safety.

ANS: A, B, E

Organizational structures associated with Magnet-like healthy work environments include effective leaders at all levels of the organization, professional development opportunities, staffing structures that consider nurse competencies, patient needs, and teamwork; interdisciplinary collaboration; empowered, shared decision making; patient-centered culture/culture of safety; quality improvement infrastructure; evidence-based practice; and a visible acknowledgment of nursing's unique, valued contributions (e.g., professional practice model, vision/mission/philosophy statements).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. Professional practice models (PPMs) refer to the conceptual framework and philosophy of nursing within an organization. The core elements of a PPM include: (*Select all that apply.*)
- a. goals.
  - b. values.
  - c. leadership.
  - d. collaborative relationships.
  - e. care delivery model.

ANS: B, C, D, E

The core elements of a PPM include nursing values, leadership, the care delivery model, collaborative relationships and decision making, and professional development opportunities (Luzinksi, 2012).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. A well-known conceptual framework by Donabedian (1988) is used to promote positive outcomes in an organization. The framework is composed of concepts related to: (*Select all that apply.*)
- a. structure.
  - b. outcomes.
  - c. processes.
  - d. values.
  - e. quality.

ANS: A, B, C

One well-known conceptual framework by Donabedian (1988) frequently is used to “map” or determine what structures and processes promote positive outcomes. The three-concept framework is composed of structures, processes, and outcomes (S-P-O), and these three components are causally linked.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. Policies and procedures are two functional elements of an organization that are extensions of the mission statements. The similarities between policies and procedures include: (*Select all that apply.*)
- a. a need for regular, periodic reviews.
  - b. a means for accomplishing goals and objectives.
  - c. general guidelines for decision making about actions.
  - d. a need for the smooth functioning of any work group or organization.
  - e. a need to be very detailed as to how to perform a specific procedure on a specific unit.

ANS: A, B, D

The similarities between policies and procedures are that both need regular, periodic reviews and that both are a means for accomplishing goals and objectives. Both are necessary for the smooth functioning of any work group or organization.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. Nurses still struggle to create a healthy work environment. The standards of a healthy work environment include: (*Select all that apply.*)
- a. staffing ratios.
  - b. true collaboration.
  - c. powerful leadership.
  - d. meaningful recognition.
  - e. skilled communication.

ANS: B, D, E

The six standards of a healthy work environment are skilled communication, true collaboration, effective decision making, meaningful recognition, appropriate staffing, and authentic leadership. They have direct relevance to PPMs.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. Disadvantages of private duty nursing include: (*Select all that apply.*)
- a. private duty nurses have a great degree of autonomy.
  - b. private duty being a costly model.
  - c. job security being tenuous and irregular.
  - d. the nurse's focus being entirely on one client's needs.
  - e. nurses maintaining close relationships with colleagues.

ANS: B, C

One disadvantage was that private duty is a costly model because of its low efficiency. Furthermore, job security was tenuous and irregular. Other disadvantages were that nurses had little job mobility and were relatively isolated from colleagues.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## COMPLETION

1. A(n) \_\_\_\_\_ is the operational mechanism by which care is actually provided to patients and families.

ANS:

Care delivery model

Care delivery models are the operational mechanisms by which care is actually provided to patients and families. Well-designed models maximize the quality and safety of nursing care.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Organizations need to integrate the behaviors of employees to avoid random chaos and maintain some order, function, and structure. A(n) \_\_\_\_\_ is a guideline that has been formalized. It directs the action for thinking about and solving recurring problems related to the objectives of the organization.

ANS:

Policy

A policy is a guideline that has been formalized. It directs the action for thinking about and solving recurring problems related to the objectives of the organization.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. A(n) \_\_\_\_\_ is a written plan that identifies key, critical, or predictable incidents that must occur at set times to achieve client outcomes within an appropriate length of stay in a hospital setting.

ANS:

Critical path

A critical path is a written plan that identifies key, critical, or predictable incidents that must occur at set times to achieve client outcomes within an appropriate length of stay in a hospital setting. As a pathway, it is a tracking system for the timing of treatments and interventions, health outcomes, complications, activity, and teaching/learning.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 16: Case and Population Health Management**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. The core element common to all provider interventions in case management (CM), disease management (DM), and population health management (PHM) is:
  - a. disease preventative care.
  - b. care coordination.
  - c. client-centered.
  - d. population-focused.

ANS: B

Care coordination is the core element common to all provider interventions in CM, DM, and PHM.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. The nurse who uses collaboration to coordinate care for an individual's and family's comprehensive health needs through communication and available resources to promote patient safety and quality, cost-effective outcomes is performing:
  - a. population health management.
  - b. managed care.
  - c. disease management.
  - d. case management.

ANS: D

Case management (CM) is "a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality cost-effective outcomes" (Case Management Society of America, 2016a).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. The brokerage model and the comprehensive service center model are examples of which type of care model?
  - a. Collaborate
  - b. Inter-professional
  - c. Interdisciplinary
  - d. Social work

ANS: D

The brokerage model, the primary therapist model, the interdisciplinary team model, and the comprehensive service center model are all examples of social work models.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. A concept involving a system that guides and tracks patients over time through a comprehensive array of health services to span all levels of intensity of care is known as:
- transition of care.
  - continuum of care.
  - rounds.
  - disease management strategies.

ANS: B

Continuum of care is a concept involving a system that guides and tracks patients over time through a comprehensive array of health services to span all levels and intensity of care (Young et al., 2014). The services incorporated in each patient's unique continuum vary based on the individualized health and/or behavioral health needs of each person.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. \_\_\_\_\_ has garnered considerable attention in health care in part because of the publication *Crossing the Quality Chasm*, a health care quality initiative of the Institute of Medicine (IOM, now called the National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division).
- Disease management
  - Development research groups
  - Case management
  - Diagnosis-related groups

ANS: A

Two major forces triggered the rise of a DM perspective: (1) the abundance of managed care systems as a prevailing form of organized health care delivery (the influence of health plans), and (2) the national attention generated by *Crossing the Quality Chasm*, a health care quality initiative of the Institute of Medicine (IOM, now called the National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. A disease management program usually focuses on patients with:
- chronic conditions.
  - mental health issues.



- c. outpatient procedures.
- d. surgical diagnoses.

ANS: A

While CM programs serve a smaller percentage of the overall population, enrollees are complex from a medical-behavioral, health-social vulnerability perspective. DM programs serve a larger percentage of patients whose main problem is one or more chronic condition(s). These individuals generally have similar primary needs regarding health condition education and accommodation strategies.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. Nursing outreach programs are the core element of:
- a. population health management.
  - b. disease management.
  - c. case management.
  - d. care management.

ANS: A

The newest generation of PHM programs involves proactive outreach. Nursing outreach programs are the core element. Personal communications (usually via telephone) between an expert nurse and the health plan participant build a personal relationship, help identify knowledge deficits and counseling needs, facilitate close monitoring and progress toward goals, enhance treatment adherence, and promote clinical and cost stabilization.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. Which of the following statements is true about the New England Medical Center (NEMC) case management model?
- a. It has a client-centered approach instituted during episodes of acute illness.
  - b. It is known as a beyond-the-walls, medical-social, across-the-continuum of care model.
  - c. It emphasizes the case manager's traditional linkage function.
  - d. CM functions are undertaken as a part or an extension of therapeutic intervention.

ANS: A

The NEMC model is a client-centered approach instituted during episodes of acute illness. It focuses on resource utilization, nursing accountability, and outcomes.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. The hospital's disease management program has gathered data collected from health assessments in order to categorize patients into like groups with the intention of providing population management interventions. This practice or strategy is referred to as:
- analogizing.
  - stratification.
  - comparing.
  - data exchanging.

ANS: B

In population health management, stratification has two meanings (PHA, 2015): a method of randomization and a process for sorting a population of eligible members into groups relating to their relative need for total population management interventions. The stratification process harvests information that can be used to divide the patient population into different levels to ensure a return on investment (ROI) based on resources allowed.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. A patient has a history of diabetes mellitus, myocardial infarctions, and hypertension. His Hgb<sub>A1c</sub> level dropped from 7.8% to 6.2% 2 months after he began a walking exercise program. The nurse case manager had provided diabetic education and suggested ways to enhance his cardiac reserve. This is an example of:
- nursing empowerment.
  - nursing knowledge.
  - patient expertise.
  - patient participation in care.

ANS: D

The scenario depicts an example of a case manager's intervention resulting in a positive clinical outcome. This is the result of the patient's participation in his own care.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

11. Which of the following scenarios would require disease management?
- A blood pressure screening clinic is started at the senior citizen center.
  - A person with multiple chronic illnesses is admitted to the hospital.
  - A program is started to address diabetes in the Native American population.
  - An initiative is developed to promote fluoride treatments in schools.

ANS: B

DM programs serve a larger percentage of patients whose main problem is one or more chronic condition(s). These individuals generally have similar primary needs regarding health condition education and accommodation strategies. Assessments focus on health condition-specific issues, and programs take a more standardized approach to education and resources (Chen et al., 2000).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. Which of the following collaborative processes assesses, plans, facilitates, coordinates, advocates, and evaluates options and services required to meet an individual's comprehensive health needs?
- Care management
  - Case management
  - Disease management
  - Population health management

ANS: B

Case management (CM) is “a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality cost-effective outcomes” (Case Management Society of America, 2016a).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. Which of the following factors best suggests an individual is motivated to engage in a disease management program?
- Mistrust of insurance companies
  - Enrollment at initial contact
  - Can afford the cost of enrollment
  - Has a need that would benefit from the program

ANS: D

The results of a 2014 study that examined factors driving engagement suggest that individuals most motivated to engage are those who are well informed of the program benefits and have a perceived need that would benefit from said program (e.g., living alone, needing a supportive person to discuss ideas) (Hawkins et al., 2014).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. A health care management continuum:
- deals strictly with health promotion.
  - controls problems at the population level.
  - is a linkage of health services across settings.
  - provides another health care option for the homeless.

ANS: B

The health care management continuum is better known as population health management (PHM). One definition of population health management is “the process of addressing population health needs and controlling problems at a population level” (Nash et al., 2016).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. A population health approach:
- aims to improve the health of the entire population.
  - is funded by local, state, and national governments.
  - strives to care for people who already exhibit optimal health.
  - treats community-acquired diseases in area clinics.

ANS: A

Population health is an approach to health that aims to improve the health of the entire population and reduce health inequities among population groups.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

16. To be effective at population care management, both CM and DM need to:
- assess and plan health initiatives within an area.
  - implement and evaluate health programs within a community.
  - assess and define the populations to be served.
  - organize and regulate health professions across the country.

ANS: C

To be effective at individual and population-based care management, both CM and DM programs need to identify, assess, and define the populations to be served early in the program planning effort.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. Community health means meeting the:
- collective needs of a group by identifying problems and managing interactions.
  - needs of an individual within the community by identifying problems and managing interactions.
  - needs of the health care system within a population or area.
  - needs of a population by identifying problems and managing interactions.

ANS: A

Community health means meeting the collective needs of a group by identifying problems and managing interactions within the community and between the community and larger society.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

18. The Collaborative Care Model of CM is best used for:
- patients with co-occurring physical and mental health needs.

- b. individuals and small systems.
- c. hospital-based case management programs focusing on episodic care.
- d. the transition of high-risk clients from acute care to community or long-term care settings.

ANS: A

In the Collaborative Care Model, dedicated team members address the needs of patients through a comprehensive and strategic care delivery process. Included in the team are a primary care provider, a case manager who is trained in behavioral health, and psychiatric consultants and/or behavioral health specialists (Unützer et al., 2013). This comprehensive approach to care serves as a proactive means to screen and track mental health conditions within the primary care setting.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

19. The first step in the development of a case management program is:
- a. to identify high-volume or high-risk case types.
  - b. to develop a pilot program.
  - c. to assess the organization and the client population served.
  - d. to form an interdisciplinary care team.

ANS: C

The general process for the development of a case management is to assess the organization and the client population served; identify high-volume or high-risk case types; determine the usual client care problems, issues, or difficulties related to the high-volume or high-risk case types, with desired goals; form an interdisciplinary care team of the interrelated care providers who will be involved with the case types; develop and design an interdisciplinary critical pathway for each selected case type; develop a pilot program or trial site; and then evaluate the pilot program and consider system-wide implementation.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

20. According to the Centers for Disease Control (CDC), chronic diseases account for \_\_\_\_% of deaths in the United States.
- a. 20
  - b. 40
  - c. 50
  - d. 70

ANS: D

Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States. Chronic diseases account for 70% of all deaths in the United States, which is 1.7 million each year. These diseases also cause major limitations in daily living for almost 1 out of 10 Americans, a total of about 25 million people.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

## MULTIPLE RESPONSE

1. Which of the following components are common to all case management models? (*Select all that apply.*)
  - a. Client identification and outreach
  - b. Population management
  - c. Monitoring service delivery
  - d. Individual assessment and diagnosis
  - e. Evaluation
  - f. Environmental management

ANS: A, C, D, E

There are eight main service components common to all case management models. They are client identification and outreach; individual assessment and diagnosis; service planning and resource identification; linking clients to needed services; service implementation and coordination; monitoring service delivery; advocacy; and evaluation.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

2. Which of the following statements accurately describe disease management? (*Select all that apply.*)
  - a. Disease management is care coordination that is organized to achieve specific client outcomes, given fiscal and other resource constraints.
  - b. Disease management is a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant.
  - c. Disease management relies on a structured system of interventions that focus on a specific condition.
  - d. Disease management program content and interventions are evidence and guideline based.
  - e. Disease management is the medical management of chronic disease.

ANS: B, C, D

Disease management is a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant. DM programs usually focus on a single condition, rely on a structured system of interventions that focus on a single condition; and program content and interventions are evidence and guideline based.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

3. Case management and disease management are similar because both are interventions designed to coordinate care for better outcomes and lowered costs. Which statements are true regarding the differences between the two terms? (*Select all that apply.*)
  - a. Disease management is client focused.
  - b. Case management focuses on coordinating care of individuals and families.

- c. Disease management is more population-based than client-centered.
- d. Disease management is more episodic in its approach.
- e. Case management is more population-focused.

ANS: B, C

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, quality cost-effective outcomes. Disease management is a system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

4. Which of the following governmental agencies tracks population and health trends? (*Select all that apply.*)
- a. U.S. Census Bureau
  - b. The Joint Commission
  - c. CDC
  - d. Bureau of Labor Statistics (BLS)
  - e. Health Resources and Services Administration (HRSA)

ANS: A, C, D, E

Population and health trends are tracked by governmental agencies such as the U.S. Census Bureau, CDC, BLS, and HRSA, as well as private foundations and organizations.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. The CM dyad team model—composed of a nurse case manager and social worker—has been widely adopted in hospitals. Through its unique structure, the nurse and social work dyad provides the implementation of collaborative interventions that focus on: (*Select all that apply.*)
- a. minimization of inpatient transitions.
  - b. promotion of patient and family satisfaction through efforts of advocacy.
  - c. maximization of health care benefits.
  - d. reduction of cost by decreasing the length of stay.
  - e. enhanced discharge planning.

ANS: A, B, D, E

Through its unique structure, the nurse and social work dyad provides the implementation of collaborative interventions that focus on (1) minimization of inpatient transitions, (2) reduction of cost by decreasing the length of stay, (3) promotion of patient and family satisfaction through efforts of advocacy, and (4) enhanced discharge planning (Carr, 2009).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

6. Population health management (PHM) is viewed as a major health care strategy to improve health outcomes. This is because effective population health management programs: (*Select all that apply.*)
- have proactive interventions.
  - promote client satisfaction through advocacy.
  - coordinate care for chronic conditions.
  - have consistency of care for at-risk populations.
  - customize care support.
  - encourage adherence to treatment.

ANS: A, C, D, E, F

PHM is now being viewed as a major health care strategy to improve health outcomes across multiple populations while lowering costs and improving patient satisfaction. PHM has demonstrated effectiveness across disease states, including integrated behavioral health, chronic illness (e.g., diabetes, congestive heart failure), and assorted payers (e.g., Medicare, Medicaid, third-party populations) (Fortney et al., 2015; Lyles, 2016; Rushton, 2015; Sidorov & Romney, 2016). Attractive features include effective population management, coordination of care for chronic conditions, consistency of care for at-risk populations, customization of care support, encouragement of adherence to treatment, and proactive interventions.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

## **Chapter 25: Emergency Management and Preparedness**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. All-hazards disaster is best defined as:
- all types of natural and human terrorist events.
  - an event involving floods, tornadoes, hurricanes, and earthquakes.
  - an unforeseen and often unplanned event causing great damage.
  - any type of biological, chemical, radiological, or nuclear event.

ANS: A

An all-hazards disaster includes all types of natural acts such as earthquakes, forest fires, floods, and hurricanes, or terrorist events such as biological, chemical, radiological, and nuclear attacks. A disaster is an unforeseen and often sudden event that causes great damage, destruction, and human suffering.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

2. An example of a cyber disaster is a catastrophic event caused by:
- the use of military weapons.
  - an exposure to toxic materials.
  - an outbreak of a pathogen.
  - an attack initiated from one computer against another.



ANS: D

A cyber disaster is a catastrophic event that results from an attack initiated from one computer against another computer with the purpose of compromising the information stored on it.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

3. Which combination of leadership is recommended for chairing an emergency management committee?
- Chief executive officer and internal medicine physician
  - Chief financial officer and emergency care nurse liaison
  - Representative chief nurse officer and emergency care physician
  - Representative chief information technology officer and critical care physician

ANS: C

In health care systems, system-wide executive administrators need to be part of the emergency management committee. Having a senior executive administrator of the health care system serve as the chairperson of the committee will provide the leadership needed to communicate the importance of emergency preparedness as a system priority. A representative CNO and emergency medicine physician, serving as co-chairs with the senior executive administrator, can create a dynamic team that is uniquely prepared to tackle any issues that arise.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. The system-wide emergency management plan should conduct a gap analysis. What should be evaluated?
- Differences between standards and policies and procedures
  - Differences between pieces of the program that are and are not in place
  - Similarities between standards and policies and procedures
  - Similarities between pieces of the program that are and are not in place

ANS: B

The guiding principle for creating a hospital-specific all-hazards gap analysis is to keep it simple. One example of a simple way to assess the current state is to create an emergency preparedness survey that is easy to read and requires the department directors to answer in simple checklists one of two ways: (1) "Yes, we have it," or (2) "No, we don't have it." Survey questions need to be concise and clear. The goal is to begin by identifying the areas where there are gaps in the facility's preparedness plans.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. What is the role of the project facilitator in the emergency management committee?
- Creating key components of disaster protocols
  - Keeping the plan current and in the forefront of strategic planning
  - Establishing guidelines for policy and procedures
  - Improving care by developing patient care plans.

ANS: B

A project facilitator is helpful in getting the committee started and operational. The project facilitator can also serve in a pivotal maintenance role, keeping the emergency management plan current and in the forefront of the administration's strategic planning over time.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. The nursing leadership role once the all-hazards preparedness plan is completed is to:
- confirm that resources are allocated appropriately.
  - ensure that every facility department understands their role in a disaster situation.
  - establish goals for all-hazards preparedness.
  - provide rewards for the committee's accomplishments.

ANS: B

Nursing leadership needs to ensure that all facility departments understand their role in a disaster situation. Nurse leaders are the coordinators in synchronizing department plans so that everything fits together to meet the essential needs of the staff, patients, hospital, and community. Once the comprehensive emergency management plans are complete, every department should understand their identified written role.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

7. In a disaster, it is most important that the:
- clients are sent home quickly.
  - medications and supplies are secure.
  - nurses and their families feel safe.
  - security department increases its workforce.

ANS: C

It is most important that the staff members feel safe. In a disaster, the paradigm of keeping the patient safe first needs to change its focus so that staff members and their families feel as safe as possible. This way, staff members are best able to meet their patients' needs.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Implementation

MSC: Client Needs: Health Promotion and Maintenance

8. All-hazard preparedness plan drills should occur at least:
- annually.
  - biannually.
  - monthly.
  - quarterly.

ANS: B

The benefits of conducting biannual emergency drills, both announced and unannounced, include being able to test the EOP, the command center, and staff roles and responsibilities.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

9. An all-hazards command center usually:
- facilitates planning meetings.
  - provides a place for the commander to sleep.
  - is operated by an emergency department triage nurse.
  - is located near the security department.

ANS: D

The command center usually is located near the security department and is commanded by the administrator on call, along with the chief nurse officer, emergency department–air care medical director, and safety and security director.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

10. Which of the following warnings is used to alert the American people about credible terrorist threats?
- Imminent threat
  - Elevated threat
  - Unlikely threat
  - Likely threat

ANS: B

In April 2011, the federal government implemented a new alert system, the National Terrorism Advisory System (NTAS), which replaced the color-coded system implemented by Homeland Security. The new two-level system will warn the American public about elevated threats, which warns of a credible terrorist threat, or imminent threat, warning the public that a credible and specific terrorist threat is imminent (U.S. Department of Homeland Security, 2012).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

11. A 50-car pileup occurs on a major freeway in California's Central Valley as a result of heavy fog. There are major injuries, and victims are expected to be transported to local emergency departments. Which type of disaster is this classified as?
- Mass casualty event
  - Conventional disaster
  - Biological disaster
  - Radiological disaster

ANS: A

A mass casualty event is a natural or manmade event generating large numbers of patients requiring medical care and that overwhelms a health care facility and prevents it from delivering medical services that are consistent with accepted standards (Agency for Healthcare Research and Quality [AHRQ], 2012).

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

12. When working with the community, recognizable nomenclature is important for:
- a. response.
  - b. education.
  - c. reporting.
  - d. communication.

ANS: D

When working with the community, using common language becomes especially important for promoting interagency communication in crisis situations. Therefore the National Incident Management System (NIMS) was created by the U.S. Department of Homeland Security (2016) Secretary to further standardize and integrate response practices nationally.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

13. A health care system's ability to rapidly expand beyond normal capacity to meet an increased demand for qualified personnel, beds, and medical care services in the event of a large-scale emergency or disaster is known as:
- a. acuity.
  - b. surge capacity.
  - c. mass casualty.
  - d. natural disaster.

ANS: B

Surge capacity is a measurable representation of the ability to manage a sudden influx of patients (American College of Emergency Physicians [ACEP], 2011). In addition to the overall all-hazards preparedness plans, the hospital will need to define procedures regarding what will be done in any biological, chemical, nuclear/radiological, or conventional disaster, and the surge capacity needs related to any of the events.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

14. The Joint Commission's (TJC's) emergency management accreditation standards call for hospitals to sustain disaster operations for at least \_\_\_\_\_ hours.
- a. 24
  - b. 48
  - c. 72
  - d. 96

ANS: D

TJC's emergency management accreditation standards call for hospitals to sustain disaster operations for at least 96 hours should an external disaster occur that impacts the local area or region (TJC, 2012). Lessons learned from Hurricane Katrina illustrate just how long it can take before assistance is available.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

15. In an AHPTF, who would have primary responsibility for serving as spokesperson for emergency physician needs with regard to disaster preparedness?
- Chief nursing officer
  - Marketing director
  - Department medical director
  - Chief information technology officer

ANS: C

The emergency department medical chair would represent all aspects of emergency medicine and physician needs related to all-hazards preparedness.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

### **MULTIPLE RESPONSE**

1. What are the two agencies that require all health care facilities to have detailed all-hazard preparedness plans? (*Select two that are correct*)
- Patient Protection and Affordable Care Act
  - Health Insurance Portability and Accountability Act
  - The Joint Commission
  - National Response Plan

ANS: B, C

Health care executives across the country understand the need to dedicate resources to support effective all-hazards preparedness. The Health Insurance Portability and Accountability Act (HIPAA) and The Joint Commission (TJC) require all health care facilities to have detailed all-hazard preparedness plans. Nursing leaders are an integral part of the planning process and should have knowledge of the national response plan and state and local disaster response plans.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

2. A disaster is a sudden event that can cause great destruction and human suffering and often requires external assistance. Which of the following statements are accurate depictions of various types of disasters or disaster-related definitions? (*Select all that apply.*)
- A cyber disaster is a catastrophic event that results from the use of information technology systems.
  - A catastrophic event caused by the use of weapons is a radiological disaster.
  - A biological disaster occurs when there is a deliberate or unintentional release of biological materials that may affect the health of those exposed.
  - A chemical disaster occurs when there is deliberate or unintentional release of biological materials that may adversely affect the health of those exposed.
  - A hazard vulnerability analysis is an exercise that identifies an organization's potential emergencies.

ANS: A, C, E

A cyber disaster is a catastrophic event that results from the use of information technology systems to control or disrupt critical infrastructure systems. A biological disaster occurs when there is a deliberate or unintentional release of biological materials that may affect the health of those exposed. A hazard vulnerability analysis is an exercise that identifies an organization's potential emergencies, the likelihood of the event occurring, and the impact it would have on the organization.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. In an AHPTF, which of the following entities could be utilized as external ad hoc members? (*Select all that apply.*)
- a. Facility engineering
  - b. Public health department representatives
  - c. Community physicians
  - d. Vendor representatives
  - e. Chaplain services

ANS: B, C, D

As the AHPTF evolves in its work, ad hoc members can be added as needed. Internal ad hoc members might include radiology, facility engineering, telecommunications, volunteer support, chaplain services, physician chairs, social work, case management, dietary, respiratory, and laboratory services. External ad hoc members might include representatives from the local public health department; government liaisons; police; fire and rescue; public school systems; representatives from the faith community; community physicians; and even vendor representatives, who can be contracted to provide things such as oxygen, ice, food, cots, and linens in the event of a disaster.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

4. In a hospital's emergency operations plan, what would be the expected roles of the security department? (*Select all that apply.*)
- a. Overseeing facility security
  - b. Lockdown of the facility as necessary
  - c. Managing people entering and leaving the hospital
  - d. Developing or refining the hospital's emergency operations plan
  - e. Being the primary source of communication to nursing staff

ANS: A, B, C, D

The primary responsibility for the safety and security department, in conjunction with nursing leadership, is to develop or refine the hospital's EOP for incidents based on the HVA. The safety and security department needs to have assigned oversight for facility security, quick lockdown or controlled access, and management of people flowing into and out of the hospital.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

5. What are the major roles of nursing leadership in disaster planning? (*Select all that apply.*)
- a. Providing clearly defined roles for staff nurses in a disaster situation
  - b. Ensuring the synchronization of department plans
  - c. Encouraging staff to stay at home in the event of a disaster to decrease confusion
  - d. Ensuring that the community is synchronizing internal department plans in the event of a disaster
  - e. Developing or refining the hospital's emergency operations plan.

ANS: A, B, E

Nursing leadership needs to ensure that all facility departments understand their role in a disaster situation. Nurse leaders are the coordinators in synchronizing department plans so that everything fits together to meet the essential needs of the staff, patients, hospital, and community. Once the comprehensive emergency management plans are complete, every department should understand their identified written role. Nursing leadership, in conjunction with security, develops or refines the hospital's EOP for incidents based on the HVA.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. Testing the all-hazards preparedness plan requires drilling to identify and work through problems. Which of the following are examples of internal drills that can be used to test specific departments and/or hospital responses? (*Select all that apply.*)
- a. Surge capacity drills
  - b. Lockdown of hospital entrances
  - c. Prioritization of police response to biological events
  - d. Simulating decontamination processes
  - e. Setting up the command center

ANS: B, D, E

Having comprehensive all-hazards preparedness plans requires frequent (at least biannual) drills to work through problems. Internal drills test specific department and/or hospital responses (e.g., setting up and operating the command center; recognizing a biological event both in the emergency department and on the units; lockdown of the hospital entrances; simulating decontamination processes; operating using downtime procedures during a communications or cyber disaster event; handling various surge capacity situations).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Health Promotion and Maintenance

7. The hospital plays an important role in the community in the case of a disaster. What are some of the expected roles of the hospital? (*Select all that apply.*)
- a. Stockpiling emergency equipment
  - b. Purchasing personal protective equipment (PPE)
  - c. Providing additional security for the community
  - d. Educating staff on all-hazards preparedness
  - e. Providing emergency shelter to community members

ANS: A, B, D

The hospital will play an important role in the community in the case of a disaster. The materials, equipment, and training required for hospitals to prepare adequately for their role in responding to disasters are very expensive. Capital expenditures will be required to create decontamination facilities; purchase PPE; train and educate staff on effective all-hazards preparedness; stockpile emergency equipment, supplies, and pharmaceuticals; ensure adequate isolation rooms; and outfit a hospital command center. Hospitals need financial assistance to do this well, and the AHPTF members can be advocates for federal and state funding.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

8. Nursing leadership competencies in disaster planning and crisis management encompass which of the following domains? (*Select all that apply.*)
- a. Assessment of the disaster scene
  - b. Technical skills
  - c. Budget and resource allocation
  - d. Risk communication
  - e. Critical thinking

ANS: A, B, D, E

Nursing leadership competencies in disaster planning and crisis management are invaluable, and fortunately they have been developed by a collaborative group led by the U.S. Department of Veterans Affairs, Office of Nursing Services. These disaster competencies are categorized into four domains: assessment of the disaster scene, technical skills, risk communication, and critical thinking (Coyle et al., 2007).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

9. Hospital leadership should consider which of the following ethical dilemmas prior to experiencing an actual disaster? (*Select all that apply.*)
- a. Which clinical leader will make the decision about distribution of scarce resources
  - b. Criteria to determine which patients receive aggressive treatment and which will receive palliative care
  - c. Which nursing staff will be the first to report to the hospital in the event of a disaster
  - d. How prophylactic pharmaceuticals will be distributed to protect staff and their families
  - e. Who will be primarily responsible for external communication

ANS: A, B, D



An emerging issue that challenges care during a disaster is allocation of scarce resources when the system is overwhelmed. Implementing periodic tabletop discussions regarding how to allocate resources in a time of scarcity will prove to be a powerful tool in setting the stage for what to do if such an event occurs. Collaborative professional staff and hospital leadership discussions about scarce resource allocation will present ethical dilemmas that need to be thoughtfully considered in a planning time that is devoid of emotion. Questions to be discussed at the tabletop include which hospital and/or clinical leader will make the final decision about ventilator allocation and other scarce resource distribution; the criteria used to determine which patients receive aggressive treatment and which will receive palliative care, both imminently and long term, as other life-threatening complications ensue; and how prophylactic pharmaceutical dissemination plans are going to be activated to protect staff and their families.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

10. Which of the following questions should be considered in the hospital gap analysis survey of safety and security readiness in the event of a disaster? (*Select all that apply.*)
- a. Does the facility have a lockdown plan in case of emergency?
  - b. Does the facility have procedures in place for use of PPE?
  - c. Does the facility have a mechanism of tracking costs associated with the event?
  - d. Do you have a plan for allowing staff entry into the facility during an emergency?
  - e. Does the facility have emergency-powered phones in case of a disaster?

ANS: A, D, E

Assessing the readiness of safety and security in the gap analysis survey can be answered by asking some of the following questions: Does the facility have a lockdown plan in case of emergency? Do you have a plan for allowing staff entry into the facility during an emergency? Does the facility have emergency-powered phones in case of a disaster?

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

11. Which of the following questions should be considered in the hospital gap analysis survey of clinical operations readiness in the event of a disaster? (*Select all that apply.*)
- a. Does the facility have procedures in place to maximize staff safety in a disaster?
  - b. Does the facility have procedures in place for use of PPE?
  - c. Can the facility track patients until discharge or death while maintaining confidentiality?
  - d. Does the facility have a lockdown plan in case of emergency?
  - e. Does the facility have a mechanism of tracking costs associated with the event?

ANS: A, B, C

Assessing the clinical operations readiness in the gap analysis survey can be answered by asking some of the following questions: Does the facility have procedures in place to maximize staff safety in a disaster? Does the facility have procedures in place for use of PPE? Can the facility track patients until discharge or death while maintaining confidentiality?

DIF: Cognitive Level: Apply (Application)

## Chapter 03: Organizational Climate and Culture

### Huber: Leadership & Nursing Care Management, 6th Edition

---

#### MULTIPLE CHOICE

1. Culture is best defined as (the):
  - a. deviation from the majority.
  - b. differences in likes and dislikes.
  - c. shared beliefs and values.
  - d. similar views and opinions.

ANS: C

Culture is described as shared beliefs and values. It provides a common belief system among its members but is not expected to hold similar views and opinions of its members.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Climate is best defined as the:
  - a. health and well-being of the structure of a facility.
  - b. perceptions that individuals have about an environment.
  - c. style in which individuals treat each other.
  - d. temperature in the nursing units of an institution.

ANS: B

Climate is defined as the perceptions that individuals have about a particular unit or environment.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. A professor at the local college of nursing is teaching at a new clinical site. She notes that the nurses greet each other and their clients with warmth and a smile. She also notes that the policies and procedures encourage nursing autonomy. Nurses and physicians seem to have a collegial relationship. These observations best describe the \_\_\_\_\_ of the unit.
  - a. climate
  - b. culture
  - c. interactions
  - d. operation

ANS: A

Climate is the perception that individuals have about a particular unit or environment.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Characteristics of a Magnet hospital include:

- a. multidisciplinary collaboration.
- b. nursing leader authority.
- c. physician control.
- d. social worker retention.

ANS: A

Characteristics of a Magnet hospital include nursing autonomy, practice control, and collaboration. Nursing support, collaborative partnerships with physicians, and nursing practice are other aspects.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. A process used to achieve and internalize knowledge, skills, and behaviors of professional nursing in order to belong and participate is referred to as professional:

- a. actions.
- b. conduct.
- c. ownership.
- d. insight.

ANS: D

Insight can be described as a process used to achieve knowledge, skills, and behaviors of a certain group to belong and participate. Nurses' insight enables them to better understand behaviors, relationships, norms, change processes, expectations, and communication.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. The nursing manager wants to change the culture of the nursing unit. Some of the older nurses are bullying the newer nurses, which seems to be affecting self-confidence in their new nursing roles. Which of the following strategies would be helpful in this endeavor?

- a. Assign mentors to the new nurses.
- b. Determine the roles of each nurse.
- c. Interview each nurse about his or her perspective.
- d. Suspend the bullying nurses for harassment.

ANS: C

Changing the culture requires the following to be done: (1) identify the desired change; (2) assess the current status of the group; (3) create a shared need and group commitment to change; (4) use appropriate communication skills and personal contact to establish open discussion; (5) identify shared values and mission so that the group knows where it is going; (6) determine strategies; and (7) develop an action plan for change. Interviewing each nurse would provide an opportunity for personal contact and attempt to establish open discussion.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Nursing Diagnosis

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. The nursing manager of a telemetry unit has developed a policy in which all nurses automatically are scheduled to have a day off from work on their birthday unless they request to work on that day. He also gives a small gift to each nurse who becomes certified in his or her specialty area. This manager's actions are positively affecting the \_\_\_\_\_ of the unit.
- climate
  - culture
  - interactions
  - operation

ANS: B

Key areas under the leader's control in which culture can be affected are staff recruitment and retention, welcoming new staff, orientation, celebrating and recognizing staff accomplishments, facilitating change, and promoting a learning environment.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. A nurse is interviewing for a position at a prominent hospital in her community. She notes a separate physicians' dining room, but all other professionals and visitors eat in the same dining area. The physicians have a separate parking area. Nurse practitioners and physician assistants are asked to park in the staff lot. What might these observations suggest?
- The mission statement supports collaborative care.
  - The philosophy of the organization depicts inequality.
  - The values and actions may not be congruent.
  - The vision for nursing is defined clearly.

ANS: C

The values drive the way that resources are distributed. In this case, the values of nursing and actions of the organization may not be congruent.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. Patient surveys reveal that patients do not know which caregiver is the registered nurse (RN). A task force consisting of nursing staff is formed to develop a plan to address this issue. Many ideas are discussed to reinforce the role of the professional nurse and to make it easy for patients to recognize the RN, such as changing the dress code. Decisions resulting from this task force will mostly reflect the:
- goals.
  - mission.
  - climate
  - values.

ANS: C

The climate of the unit is evident in policies, unit norms, dress code and appearance, environment, communication, and teamwork.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. Determining the origin of errors with a focus on prevention is known as which of the following?
- A civil investigation
  - A voluntary reporting program
  - An administrative review
  - A root cause analysis

ANS: D

To change the culture from “who dunnit?” to an environment that is respectful and open to learning, it is necessary for the climate to change. It is essential to be able to discuss mistakes freely, with the intention of learning from them by doing a root cause analysis.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Physiological Integrity: Reduction of Risk Potential

11. The Institute of Medicine (IOM) report, *Crossing the Quality Chasm*, was useful in describing the challenges related to moving from \_\_\_\_-centered to \_\_\_\_-centered care.
- patient; provider
  - provider; patient
  - patient; facility
  - provider; financially

ANS: B

The IOM report, *Crossing the Quality Chasm*, describes challenges in care provision and details the shift of moving from provider-centered care to patient-centered care. The need for patient and family participation is a dominant force in treatment decisions.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. What is the purpose of culture in an organization?
- To provide a perception of what it feels like to work in the organization
  - To provide an organization’s response to economic, social, and financial challenges
  - To provide a common bond so that members know how to relate to one another and show others outside the organization what is valued
  - To provide a small geographic area within the organization where nurses provide care

ANS: C

Culture is the set of values, beliefs, and assumptions that are shared by members of an organization. The purpose of culture is to provide a common bond so that members know how to relate to one another and to show others outside the organization what is valued.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. How is culture represented at the unit level, with an underlying belief in patient-centered care?
- Open visiting hours in the critical care unit (CCU)
  - Strict visiting hours in the CCU
  - Tape-recorded report
  - Verbal handoff conducted at the nurses' station

ANS: A

Open visiting hours in the CCU convey the importance of family as partners in care delivery. This is a representation of culture within a nursing unit where a relationship-based nursing care model is used, and it represents an underlying belief in patient-centered care.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. How is culture measured within an organization?
- Through the use of time-motion studies
  - Through the use of quantitative instruments
  - Through the use of qualitative instruments
  - With a combination of qualitative and quantitative measures

ANS: D

The choice of a measurement instrument would be directed by definition, purpose, and context for the cultural assessment. It is likely that a combination of qualitative and quantitative measures would be the best means of capturing the culture of an organization.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. A small geographic area within a larger hospital system, where nurses work interdependently to care for a group of patients, is known as the:
- nurses' station.
  - subculture.
  - nursing work group.
  - community.

ANS: C

The nursing unit, or nursing work group, is a small geographic area within a larger hospital system, where nurses work interdependently to care for a group of patients.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

16. What is the purpose of a mission statement?

- a. To provide a method of achieving success and a competitive advantage
- b. To aid recruitment
- c. To guide members on problem solving and relationship management
- d. To offer a snapshot of strategic priorities

ANS: D

The mission statement for an organization offers a snapshot of strategic priorities and is an important way to get a sense of organizational values. A deeper understanding of cultural issues in an organization helps people understand how to improve outcomes.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. Organizational \_\_\_\_\_ affects the quality of nursing care and patient outcomes.
- a. culture
  - b. climate
  - c. fiscal stability
  - d. case mix

ANS: A

Organizational culture affects the quality of nursing care and patient outcomes. The manner in which staff perceives culture, manages boundaries, and translates values has an impact on patient care.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

18. Which of the following exemplifies a safety climate within a nursing unit?
- a. Asking nursing staff to work a double shift
  - b. Encouraging nurses to take the blame when a medication error occurs
  - c. Asking staff to report medication errors only
  - d. Asking staff to report near-misses of adverse events

ANS: D

Safety climate refers to keeping both patients and nurses safe. Part of a safety culture encourages nurses to report adverse events as well as near-misses of adverse events. Factors that influence avoidance of errors include staffing levels, excess fatigue, education, and experience.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

19. Culture change within nursing homes was initiated by the:
- a. Nursing Home Reform Act.
  - b. National Citizens' Coalition for Nursing Home Reform.
  - c. Pioneer Network.
  - d. Eden Alternative.

ANS: A

A series of quality improvement programs were implemented in nursing homes following the passage of the Nursing Home Reform Act legislation in 1987.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

20. The nurse manager of a medical-surgical unit realized that there are differences in dealing with the varied generations of her nursing staff. How does the nurse manager communicate effectively with the Generation Y staff members (those born after 1980)?
- Typewritten memos
  - Staff meetings held monthly for 2 hours
  - E-mails or text messages
  - Face-to-face interactions

ANS: C

A work environment supportive to each generation is an important retention strategy. Tailoring the work environment to meet generational and life needs is a recurrent theme in being able to address staff retention.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## MULTIPLE RESPONSE

1. The IOM report, *To Err Is Human: Building a Safer Health System*, recommends building a safety culture within an organization. This refers to keeping both patients and nurses safe. The organization supports nursing by: (*Select all that apply.*)
- moving from a reactive culture to one that is fair and just.
  - demonstrating authoritarian behaviors.
  - mandating nurses to meet patient needs.
  - providing a safe and efficient workspace.

ANS: A, D

Included in the concept of a safety climate is a focus on nurse's health and safety. Nurses working in hospitals have one of the highest rates of work-related injuries, especially back injuries and needlesticks. One major shift in an organization's safety climate is the move from a punitive and reactive culture to a fair and just culture. In a fair and just culture, expectations for system and individual learning and accountability are transparent.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. What drivers of change are impacting nursing care? (*Select all that apply.*)
- Transparent communication
  - Overabundance of nursing staff



- c. Evidence-based practice
- d. Information technology
- e. Reduced acute care needs

ANS: A, C, D

An explosion in information technology capacity is altering the speed and transparency of communication and information delivery. The impact of a nursing shortage, increased demand for nursing care, and the drive to incorporate evidence-based practice are changing the face of nursing care.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Why is it important for nursing staff to have insight into the culture of their unit? (*Select all that apply.*)
- a. So they can understand religious practices
  - b. To allow time for peers to access the Internet more often
  - c. To enable nurses to understand staff behaviors
  - d. To improve staff communication
  - e. To allow nursing staff insight into expectations and norms

ANS: C, D, E

Nurses' insight into culture enables them to better understand staff behaviors and relationships, norms, change processes, expectations, and communication.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Researchers study organizational climate in order to examine how the work environment influences behaviors. Which of the following characteristics are utilized to study climate? (*Select all that apply.*)
- a. Supervisor support
  - b. Unit staffing and its effect on incident reporting
  - c. Autonomy
  - d. Peer cohesion
  - e. Rewards and recognition

ANS: A, C, D, E

Some characteristics that are used to study climate are decision making, leadership, supervisor support, peer cohesion, autonomy, conflict, work pressure, rewards, feeling of warmth, and risk.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Nursing Diagnosis

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. Hospitals and long-term care facilities wishing to achieve Magnet Recognition Program® must meet which of these components? (*Select all that apply.*)

- a. Transformational leadership
- b. Incident reporting
- c. New knowledge
- d. Actual staffing ratios
- e. Empirical outcomes

ANS: A, C, E

Today, hospitals and long-term care facilities wanting to achieve Magnet Recognition Program® status must meet five key components identified by the ANCC (2016): transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations, and improvements; and empirical outcomes.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. Which of the following statements reflects just culture within an organization? (*Select all that apply.*)
- a. Just culture is a punitive reaction to patient errors.
  - b. Just culture occurs when the organization is transparent about its mistakes.
  - c. Interpersonal learning is balanced with personal accountability and discipline.
  - d. Expectations for system and individual learning are apparent.
  - e. Serious safety events are reported to senior leadership and kept confidential.

ANS: B, C, D

In a just culture, organizational, individual, and interpersonal learning are balanced with personal accountability and discipline. In a fair and just culture, expectations for system and individual learning and accountability are transparent. The organization freely discusses mistakes with the intention of learning from them.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 11: Workplace Diversity**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. Which of these statements are true about culture?
- a. Culture remains consistent.
  - b. Individuals identify with one culture during their lifetime.
  - c. Culture is complex.
  - d. Culture excludes religion.

ANS: C

Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes. There is a complex nature to culture, which has been defined and studied across many disciplines.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Physiological Integrity: Basic Care and Comfort

2. A client of Vietnamese background is admitted to the unit after a hysterectomy. She has an order for clear liquids. When her tray is brought to her, she refuses the lime Jell-O. Which response by the nurse is most appropriate?
- "I don't blame you. I don't like lime Jell-O either."
  - "Tell me about your cultural beliefs to best help you."
  - "Why don't you want to eat the lime Jell-O?"
  - "It is important for you to eat so that you will heal."

ANS: B

The first step toward multicultural competence is to recognize one's own prejudices and learn about other people's differences. The problem is that many Americans are afraid to ask people about their culture because of the idea that "we don't want to offend anyone." The challenge with this thinking is that if nurses do not ask about people's differences, then the only option is to make assumptions.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. Cultural diversity refers to the:
- variety of cultural or ethnic groups within a society.
  - belief that one's own culture is similar to another's culture.
  - realization that all people in a particular culture have the same beliefs.
  - view that individuals living in a country should speak the native language.

ANS: A

Cultural diversity is defined by the Oxford Dictionary ("Cultural diversity," 2016) as "The existence of a variety of cultural or ethnic groups within a society."

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Which of these is the fastest growing minority group in the United States?
- Asians
  - Caucasians
  - Blacks
  - Hispanics

ANS: D

The U.S. Census Bureau (2014) estimates that minorities (anyone who is not a single-race non-Hispanic White) will be the majority in America by 2044 as a result of both immigration and growth rate. The nation's racial and ethnic minority groups, especially Hispanics, are growing more rapidly than the non-Hispanic White population, fueled by both immigration and births.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. Which of the following ethnic populations has seen the fastest growth?
- African Americans
  - Iranians
  - Hispanics
  - Vietnamese

ANS: C

Results from the 2010 census show that racial and ethnic minorities accounted for 91.7% of the nation's growth since 2000. Most of that increase, from 2000 to 2010 (56%), was due to Hispanics.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. Equity is the absence of avoidable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. Which group formulated this definition?
- World Health Organization
  - Affordable Care Act
  - Centers for Disease Control
  - Agency for Healthcare Research and Quality

ANS: A

According to the World Health Organization (2016), "Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically."

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. Recognizing one's own prejudices and learning about other people's differences is the first step toward:
- cultural diversity.
  - multicultural competence.
  - social change.
  - valuing.

ANS: B

To reduce cross-cultural miscommunications and improve patient satisfaction, the multicultural competence of health care practitioners needs to be improved. The first step toward multicultural competence is to recognize one's own prejudices and learn about other people's differences.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. A nurse believes that she should provide optimal care to all clients, regardless of their cultural background. She is struggling with her emotions when caring for a client with a violent criminal background. What would be the best course of action for this nurse?
- Avoiding the client as much as possible but providing care
  - Identifying her biases but providing care
  - Requesting another patient assignment
  - Taking sick days while the patient is hospitalized

ANS: B

The first step toward multicultural competence is to recognize one's own prejudices and learn about other people's differences. The problem is that many Americans are afraid to ask people about their culture because of the idea that "we don't want to offend anyone." The challenge with this thinking is that if nurses do not ask about people's differences, then the only option is to make assumptions.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. Which of the following supports successful workplace diversity?
- Being a "devil's advocate"
  - Holding tight to one's cultural values
  - Respect for differences
  - Withholding judgment of others

ANS: C

To reduce cross-cultural miscommunications and improve patient satisfaction, the multicultural competence of health care practitioners needs to be improved. The first step toward multicultural competence is to recognize one's own prejudices and learn about other people's differences.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. According to the National Healthcare Quality and Disparities Report, which group has worse access to health care in America, compared with Whites?
- Hispanics
  - Asians
  - Blacks
  - American Indians

ANS: A

According to the 2014 National Healthcare Quality and Disparities Report (Agency for Healthcare Research and Quality [AHRQ], 2015), “Historically, Americans have experienced variable access to care based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, and residence location.” This study found that Blacks had worse access to health care than Whites for about half of measures of access, Hispanics had worse access to care than Whites for two-thirds of access measures, and Asians and American Indians and Alaska Natives had worse access to care than Whites for about one-third of access measures.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. The variation among groups of people with respect to habits, values, preferences, beliefs, taboos, and rules for behavior determined to be appropriate for individual and societal interaction is known as:
- bias.
  - diversity.
  - culture
  - stereotyping.

ANS: B

Culture refers to the variation among groups of people with respect to habits, values, preferences, beliefs, taboos, and rules for behavior determined to be appropriate for individual and societal interaction.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. What is the most modifiable factor in the provision of equitable health care?
- Availability of services
  - Socioeconomic status
  - Care that is responsive to cultural needs
  - Education level

ANS: C

Health inequities are directly related to the existence of historical and current discrimination and social injustice, and one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. When nurses portray an attitude that their cultural group is superior to another, it is known as practicing the concept of cultural:
- diversity.
  - egocentrism.

- c. ethnocentrism.
- d. prejudice.

ANS: C

Ethnocentrism is characterized or based on an attitude that one's own cultural group is superior to another.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. A White nurse from the United States is assigned to care for a Vietnamese woman who speaks little English, had a baby 2 months ago, and is 1 day postoperative after fibroid removal. The nurse knows that traditional Vietnamese women will avoid drinking or eating "sour" foods such as lime Jell-O or other citrus types of liquids after surgery. She confirms her patient's values and beliefs. The nurse is exhibiting characteristics of:
- a. cultural competence.
  - b. ethnic sensitivity.
  - c. stereotyping.
  - d. nonjudgmental behavior.

ANS: A

To reduce cross-cultural miscommunications and improve patient satisfaction, the multicultural competence of health care practitioners needs to be improved. The first step toward multicultural competence is to recognize one's own prejudices and learn about other people's differences.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Physiological Integrity: Basic Care and Comfort

15. This generational cohort currently dominates the U.S. workforce. They have grown up with little economic competition. Efficiency, teamwork, quality, and service have thrived under their leadership. This generational cohort is known as:
- a. baby boomers.
  - b. Generation X.
  - c. Internet Generation.
  - d. Mature Generation.

ANS: A

The baby boomers, born between 1946 and 1964, currently dominate the U.S. workforce. They have grown up with little economic competition outside the United States. Efficiency, teamwork, quality, and service have thrived under their leadership.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

16. This generational cohort was the first generation of latchkey kids who had to be resourceful at an early age. They are skeptical of traditional practices and beliefs. They strive for a balanced life. This group is known as:

- a. baby boomers.
- b. Generation X.
- c. Internet Generation.
- d. Mature Generation.

ANS: B

Generation X members, born between 1965 and 1980, were the first generation of latchkey kids who had to be resourceful at an early age. They are skeptical of traditional practices and beliefs. They strive for a balanced life.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. A patient from the Philippines has been admitted to the ICU after a motor vehicle accident. The patient has a very large group of family and friends wanting to visit, hold vigils, and provide meals to the visitors and staff. This is an example of:
- a. inflexible attitude
  - b. ambiguity
  - c. ethnocentrism
  - d. collectivism

ANS: D

Collectivism is a tightly knit societal framework where people are integrated into cohesive and strong in-groups, often extended families, to look after them in exchange for unquestioning loyalty. Nurses from collectivist cultures tend to look to the team before taking action. The most collectivist culture on Hofstede's scale is Guatemala at 6, China is 20, and the Philippines is 32. It's not unusual with patients from collectivist cultures to have large groups of relatives and friends visit at the same time, which can create challenges for nursing staff to accommodate, especially in crowded shared rooms.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

18. Eliminating \_\_\_\_\_ can be accomplished through access to high-quality care, promoting patient-centered care and maintaining accurate data to monitor the quality of care provided.
- a. diversity
  - b. cultural incompetence
  - c. health disparities
  - d. miscommunication

ANS: C

Principles of eliminating racial and health disparities include providing insurance coverage and access to high-quality care, promoting a diverse health care workforce, delivering patient-centered care, maintaining accurate, complete race and ethnicity data to monitor disparities in care, and setting measurable goals for improvement of quality of care.

DIF: Cognitive Level: Remember (Knowledge)



TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

19. Members of a generation who are linked through shared life experiences in their formative years are known as:
- baby boomers.
  - generational markers.
  - generation gaps.
  - cohorts.

ANS: D

Generational groups are categorized into cohorts. These cohorts are members of a generation who are linked through shared life experiences in their formative years.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

20. A 17-year-old male has presented to the emergency department with appendicitis. He speaks English, but his mother speaks Spanish. The mother needs to consent for the surgery since the patient is a minor. The doctor determines that the consent is not needed due to the emergent nature of the case. If the doctor proceeds without obtaining consent, he may face:
- cultural competence.
  - linguistic competence.
  - miscommunication concerns.
  - liability claims.

ANS: D

The National Center for Cultural Competence (n.d.a) noted that health professionals who lack cultural and linguistic competency can be found liable under tort principles in several areas such as treatment in the absence of informed consent. In addition, providers may be presumed negligent if an individual is unable to follow guidelines because they conflict with his or her beliefs and the provider neglected to identify and try to accommodate the beliefs. Additionally, if a provider proceeds with treatment or an intervention based on miscommunication due to poor quality language assistance, he or she and his or her organization may face increased civil liability exposure.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **MULTIPLE RESPONSE**

- Culturally competent organizations benefit from meeting the diverse health care needs of the population it serves. What are the social benefits to the organization? (*Select all that apply.*)
  - Increases mutual respect.
  - Increases community participation.
  - Meets regulatory guidelines.

- d. Assists patient and families in their care.
- e. Increases cost savings.

ANS: A, B, D

Becoming culturally competent has social, health, and business benefits for health care organizations, according to a report from the Equity of Care initiative and the American Hospital Association's Health Research & Educational Trust and Hospitals in Pursuit of Excellence. *Becoming a Culturally Competent Health Care Organization* (Health Research & Educational Trust, 2013) outlined 16 benefits of organizations' ability to meet the health care needs of patients with diverse backgrounds, grouped into three broad categories of social, health, and business benefits. Social benefits include increases mutual respect and understanding between patient and organization, increases trust, promotes inclusion of all community members, increases community participation and involvement in health issues, assists patients and families in their care, and promotes patient and families responsibilities for health.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. When communicating health information with diverse populations, miscommunication and misunderstanding can lead to: (*Select all that apply.*)
- a. cultural competence.
  - b. malpractice claims.
  - c. informed consent.
  - d. errors.
  - e. increased cost.

ANS: B, C, D, E

The literature illustrates the vital role communication plays in avoiding cases of malpractice due to diagnostic and treatment errors. When communicating with culturally and linguistically diverse populations, the opportunity for miscommunication and misunderstanding increases, which subsequently increases the likelihood of errors. These errors, in turn, can cost millions of dollars in liability or malpractice claims.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. There are three major issues in cross-cultural communication. They are: (*Select all that apply.*)
- a. ambiguity.
  - b. ethnocentrism.
  - c. inflexible attitude.
  - d. collectivism.
  - e. negotiation.

ANS: A, B, C

Research shows that there are three major issues in cross-cultural communication: ambiguity, inflexible attitude, and ethnocentrism.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. In order to make a positive contribution to care of patients, it is critical that nurses recognize which of the following aspects of culture? (*Select all that apply.*)
- a. Culture of the clinician
  - b. Culture of the patient and family
  - c. Spiritual beliefs of the clinician
  - d. Culture of co-workers
  - e. Spiritual beliefs of the patient

ANS: A, B, D

In order to make a positive contribution to the effective treatment of patients, it is critical that nurses or clinicians first recognize that they are dealing with a multiplicity of cultures. They include the clinician's own culture, the culture of the patient and patient's family, the culture of co-workers, and the health care institution's culture.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. Which of these are true regarding millennials in the work environment? (*Select all that apply.*)
- a. They need clear definitions of outcomes.
  - b. They thrive on deadlines.
  - c. Most enjoy working on their own.
  - d. They struggle with multitasking.
  - e. They lack problem-solving skills.

ANS: A, B, C

Millennials have astonishing multitasking skills. They are problem solvers who grew up in a flourishing economy. Most enjoy the liberty of working on their own in a style that favors their work ethic. Millennials have learned that their presence is in demand. To thrive, they need clear definitions of outcomes, resources to do what needs to be done, and a deadline (Hendricks & Cope, 2013).

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Physiological Integrity: Reduction of Risk Potential

6. The nurse manager of a nursing unit is a White, female working with a high percentage of Middle Eastern nursing staff. Which of these statements are true about the communication and leadership style of a low-context culture? (*Select all that apply.*)
- a. Rules are clear and tend to be followed.
  - b. Low-context cultures require extensive, detailed explanations.
  - c. Verbal communication is less explicit.
  - d. Decisions are made in face-to-face conversations.
  - e. Decisions are focused around tasks.

ANS: A, B, E

From a global perspective, the cultural context of the Western world is low context. In places such as North America and Western Europe, the explicit verbal or written message carries the meaning. Low-context cultures require extensive detailed explanations, information, and contracts because they are making up for the context that may be missing in a given situation. Decisions are focused around tasks and activities that need to be accomplished. Rules are very clear and tend to be followed precisely.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **Chapter 12: Organizational Structure**

### **Huber: Leadership & Nursing Care Management, 6th Edition**

---

#### **MULTIPLE CHOICE**

1. Which of the following factors influences the structure of an organization?
  - a. Age of the building
  - b. Brand of computer system
  - c. Number of employees
  - d. Square footage of the facility

ANS: C

The number of employees influences the structure of an organization. Organizational structure is a consequence of both the division of and the coordination of labor, which results in a formal set of interrelated and interdependent roles and work groups.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. Within nursing practice, the use of advanced practice roles is an example of:
  - a. cross-training.
  - b. departmentalization.
  - c. fragmentation.
  - d. specialization.

ANS: D

In health care, specialist roles have emerged to address the increasing complexities of care and technology. Within nursing, specialist roles have also evolved to address particular areas of nursing practice and include advanced practice roles such as clinical nurse educators, nurse practitioners, and nurse anesthetists.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. The nursing chief executive officer (CEO) works in a major rehabilitation and subacute facility network. Her span of control refers to the number of:
- miles in which the network resides.
  - ancillary staff accountable to her.
  - nurses and non-nurses reporting to her.
  - inpatients that the facilities service.

ANS: C

Span of control refers to the number of nurses and non-nurses reporting to a manager.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. A nurse manager is responsible for a unit consisting of 40 nurses who report to two clinical supervisors. In addition, there are 10 support staff who report to an administrative supervisor. The subordinates reporting to this manager are known as which dimension of organizational design?
- Division of labor
  - Hierarchy
  - Span of control
  - Decentralization

ANS: C

Span of control is the number of subordinates a manager can efficiently and effectively direct.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. A staff nurse has been working in the neonatal critical care unit for 10 years. She believes that a professional nurse is a lifelong learner. Many staff members come to her for clinical problem solving and advice. This nurse has:
- decisional authority.
  - formal power.
  - informal power.
  - quantum authority.

ANS: C

This nurse has informal power. She is a staff nurse with a great amount of expertise, with many relationships and alliances in the organization.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. An organizational chart with one line of management and one line of staff reflects which of the following types of organizational structures?
- Authoritarian structure

- b. Flat structure
- c. Power structure
- d. Vertical structure

ANS: B

A flat or horizontal structure has few administrative layers between management and employees. Employees have more decision-making power in this type of hierarchy.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. The phrase “the buck stops here” best describes which of the following terms?
- a. Accountability
  - b. Authority
  - c. Responsibility
  - d. Trustworthiness

ANS: A

Accountability refers to the liability for task performance. Accountability means being answerable and liable. The assignment of responsibility and the granting of authority create accountability.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. Patient surveys convey that they are uncertain about who is the registered nurse (RN). The CEO makes a decision that mandates that white nursing caps will be worn by all RNs and blue nursing caps by all licensed practical nurses to differentiate professional nurses and occupational nurses from nurses’ aides and other ancillary staff. Which type of structure does this represent?
- a. Centralized
  - b. Decentralized
  - c. Nonparticipative
  - d. Participative

ANS: A

This is an example of centralized structure. The CEO makes a top-down decision, and lower-level managers and staff have little decision-making discretion.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. The patient is a 69-year-old woman who has a history of diabetes mellitus, peripheral vascular disease, and myocardial infarctions. She was admitted to the hospital with a stroke and is being transferred to a subacute facility and then to a rehabilitation facility. At every transfer she must review her entire history, provide telephone numbers of family members, list all 30 of her medications, and list all home care and medical supply companies. Which of these processes could improve the fragmentation in work flow?
- Departmentalization
  - Standardization
  - Specialization
  - Subdivision

ANS: B

Subdividing work may create breaks or fragmentation in work flow, which can be addressed in organizations by integrating work processes across roles and subunits using coordination devices (Hatch & Cunliffe, 2013). At the work group level, coordination may involve specific roles, standardization (programming), groups, or feedback devices. For example, handoff communication and techniques such as situation, background, assessment, and recommendation (SBAR) are used to coordinate between units or providers in the delivery of care.

DIF: Cognitive Level: Analyze (Analysis)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

10. The ways in which work is divided and coordinated among members and the resulting network of relationships, roles, and work groups is the:
- organization.
  - organizational social structure.
  - structure.
  - formal relationship.

ANS: B

Organizational social structure is defined as the ways in which work is divided and coordinated among members and the resulting network of relationships, roles, and work groups (e.g., units, departments).

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

11. According to the \_\_\_\_\_ organizational approach, organizations are logical and predictable with identifiable and scientifically measurable characteristics that can be predicted, observed, or manipulated.
- objective
  - subjective
  - postmodern
  - realistic

ANS: A

According to the objective perspective, an organization exists as an external reality, independent of its social actors. Organizations are viewed as logical and predictable objects with identifiable and scientifically measurable characteristics (e.g., size) that can be predicted, observed, or manipulated.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

12. Which organizational theory emphasized the informal aspects of organization social structure and was influenced by the Hawthorne experiments?
- Bureaucratic theory
  - Scientific management school
  - Classical management theory
  - Human relations school

ANS: D

Theorists in the human relations school emphasized the *informal*, rather than *formal*, aspects of organization social structure. Hawthorne experiments were influential in this school of thought.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

13. The division of work by occupation or function is a form of:
- specialization.
  - interdependence.
  - uncertainty.
  - technology.

ANS: A

The division (or differentiation) of work by occupation or by function is a form of specialization. Specialization is the extent to which work is divided and assigned to positions and divisions.

DIF: Cognitive Level: Understand (Comprehension)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

14. Standardization of \_\_\_\_\_ provides a uniform structure for information delivery and flow in order to facilitate exchange among those involved in common work processes.
- physician orders
  - communication
  - work processes
  - work outputs

ANS: B

Standardization of communication methods coordinates work by providing a uniform infrastructure of information to facilitate exchange among those involved in common work processes.



DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

15. A rapid response team within an acute care hospital is comprised of critical care physicians, nurses, and respiratory therapists. The team assists staff throughout the hospital with detecting and managing imminent patient deterioration. This is an example of a \_\_\_\_\_ organizational form.
- parallel
  - functional
  - modified program
  - matrix

ANS: A

To address the challenges of purely functional forms, mechanisms in the parallel form assist in coordinating across functional departments (Charnes & Tewksbury, 1993). These mechanisms can include teams, specialists, task forces, liaison roles, and standing committees.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Physiological Integrity: Physiological Adaptation

16. The structure of authority in an organization is known as the:
- authority.
  - centralization.
  - bureaucracy.
  - hierarchy.

ANS: D

In bureaucratic and classical management theory, hierarchy is the structure of authority in an organization. Authority is equated with the enforcement of regulations.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

17. The network or pattern of social relationships and friendship circles within an organization is known as the:
- clique.
  - formal structure.
  - informal structure.
  - hierarchy.

ANS: C

The informal structure is simply the network or pattern of social relationships and friendship circles that are outside the formal structure. It is an interconnected web of relationships that operate in and around the formally designated lines of communication.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

## **MULTIPLE RESPONSE**

1. The nursing staff on a critical care unit thought that professional growth could be enhanced. Which of the following interventions would support empowerment of the nursing staff? (*Select all that apply.*)
  - a. Eliminating computers and reverting back to paperwork
  - b. Increasing pay wages for ancillary and professional staff
  - c. Providing various methods for ongoing education and continuing education units
  - d. Working to make equipment and medications readily available

ANS: C, D

Social structures important to the growth of empowerment are having access to information, receiving support, having access to resources necessary to the job, and having the opportunity to learn and grow.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

2. According to organization theories, there are three perspectives regarding the nature of reality and knowledge within an organization. Which of the following are those perspectives? (*Select all that apply.*)
  - a. Objectivism
  - b. Subjectivism
  - c. Postmodernism
  - d. Realism
  - e. Idealism

ANS: A, B, C

The field of organization theory contains a variety of approaches to and assumptions about the phenomenon of organization. Objectivism, subjectivism, and postmodernism reflect three broad perspectives regarding the nature of reality and the nature of knowledge with respect to the concept of organization.

DIF: Cognitive Level: Remember (Knowledge)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

3. According to the contingency theory of organizational performance, an organization must structure and adapt its nursing units to complement which two factors? (*Select all that apply.*)
  - a. Skill set
  - b. Patient population
  - c. Environment
  - d. Technology
  - e. Finances

ANS: C, D

Mark and colleagues (1996) applied contingency theory to the evaluation of nursing care delivery system outcomes. The basic premise was that, to perform effectively and produce quality outcomes, an organization must structure and adapt its nursing units to complement the environment and technology.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

4. Which of the following statements describe the benefits of specialization in the health care setting? (*Select all that apply.*)
- a. Improved work performance
  - b. Increase in expertise
  - c. Improved efficiency and outcomes
  - d. Increased workload
  - e. Increased error reporting

ANS: A, B, C

The advantages of specialization include improved work performance and a critical mass of experts (Charnes & Tewksbury, 1993). In health care, specialist roles have emerged to address the increasing complexities of care and technology.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

5. Dividing work by occupation leads to a functional organization where services are arranged by the type of work performed. What are some benefits of the functional form within the health care organization? (*Select all that apply.*)
- a. Professional silo
  - b. Fragmented care delivery
  - c. Cost reduction
  - d. Enhanced performance and quality
  - e. Promotion of professional development

ANS: C, D, E

By dividing personnel according to the type of work performed, organizations can capitalize on the expertise, experience, efficiency, and professional standards that each discipline offers. Other benefits include cost reduction through shared resources; enhanced monitoring of cost, performance, and quality; and promotion of professional development, identity, autonomy, advocacy, and career advancement (Charnes & Tewksbury, 1993). Disadvantages of the functional form are its potential to overemphasize professional silos, discourage informal relationships across disciplines, and fragment care delivery.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

6. An organizational chart is used to depict: (*Select all that apply.*)
- a. a visual display of the organization's positions.
  - b. the intentional relationships among positions.

- c. open positions within human resources.
- d. flow of authority.
- e. advisory committees.

ANS: A, B, D

Hierarchy reflects the formal structure of the organization, which can be identified on an organizational chart. An organizational chart is a visual display of the organization's positions and the intentional relationships among positions. The organizational chart reflects the various positions and the formal relationships between and among the positions and, by extension, the people who are a part of the organization.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

7. Which of the following statements are accurate when describing responsibility and accountability? (*Select all that apply.*)
- a. The assignment of responsibility assumes accountability.
  - b. A manager is assigned responsibility by a subordinate.
  - c. Accountability is the liability for task performance.
  - d. The assignment of responsibility and the granting of authority create accountability.
  - e. Accountability flows upward or outward.

ANS: C, D, E

Responsibility is the allocation and acceptance of a task. Responsibility is the obligation to take on and accomplish work and to secure the desired results. In accepting the obligation of an assigned task, the staff person is accepting responsibility to accomplish the task. Accountability is the liability for task performance and is determined in a retrospective analysis of what occurred. The assignment of responsibility and the granting of authority create accountability. Accountability flows upward or outward: from staff to manager or from provider to client.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

8. Managers apply their leadership skills to their reporting relationships to release energy and talents of people in a manner that adds value to the work they perform. What are some examples of the effects of added value? (*Select all that apply.*)
- a. Increased compensation
  - b. Improved productivity
  - c. Organizational commitment
  - d. Organizational citizenship behaviors

ANS: B, C, D

Managers apply their leadership skills to reporting relationships to release the energy and talents of people in ways that add value to the work performed. Examples of added value include improved employee productivity, organizational commitment, and organizational citizenship behaviors.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment: Management of Care

9. An organization with a flat structure has minimal layers of management. What are some of the advantages of a flat organizational structure? (*Select all that apply.*)
- a. Fewer divisions facilitating streamlining of goals and problem solving
  - b. Greater supervisory capability
  - c. Greater innovation
  - d. Layers of accountability for completion of work
  - e. Enhanced responsiveness to consumers

ANS: A, C, E

The advantages of a flat organizational structure include fewer divisions to facilitate streamlining of goals and problem solving, greater innovation, and enhanced responsiveness to consumers at the point of service.

DIF: Cognitive Level: Apply (Application)

TOP: Nursing Process: Assessment