

PRACTICE EXAM 2 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager is leading a postincident debriefing after a patient experienced an unplanned return to the operating room. Several staff members are visibly emotional and two nurses are blaming each other for the clinical deterioration. Which action should the nurse manager take FIRST?

- A. Identify which nurse's clinical decisions contributed most directly to the deterioration and address those decisions specifically
- B. Postpone the debriefing until the emotional intensity subsides and reschedule for the following week when staff are calmer
- C. Establish ground rules for the debriefing that focus on system factors rather than individual blame and acknowledge the emotional impact of the event
- D. Ask each nurse to submit a written account of their actions and use those documents as the basis for a future discussion

2. A nurse manager has been asked to represent the nursing department on a newly formed hospitalwide patient experience committee. The committee includes representatives from administration, physicians, ancillary services, and patient advocacy. During the first meeting, the physician representative dominates the discussion and dismisses nursing contributions. Which response is MOST appropriate?

- A. Use data from nursingsensitive indicators to demonstrate nursing's direct impact on patient experience and request structured opportunities for each discipline to contribute
- B. Speak privately with the committee chair after the meeting and request that the physician be counseled about collaborative behavior
- C. Accept the dynamic during the first meeting and assess whether the pattern continues before deciding on an appropriate response
- D. Decline further participation on the committee and recommend that a more assertive nursing leader serve as the representative

3. A nurse manager oversees a unit where the majority of staff members are from the same cultural background. A newly hired nurse from a different cultural background reports feeling excluded from informal team communications and social interactions. Which intervention is MOST appropriate?

A. Counsel the existing staff about the importance of inclusivity and monitor whether social interactions improve over the next month

B. Facilitate a team discussion about inclusive workplace practices, assess the unit's communication patterns for unintentional exclusivity, and implement structured teambuilding activities

C. Reassign the newly hired nurse to a more culturally diverse unit where she may feel a greater sense of belonging and inclusion

D. Explain to the newly hired nurse that informal social dynamics take time to develop and encourage patience during the adjustment period

4. A nurse manager receives an anonymous complaint through the employee hotline alleging that a charge nurse routinely shares confidential employee information with peers during break room conversations. Which approach is MOST appropriate?

A. Disregard the anonymous complaint since the reporting individual cannot be identified and the allegation cannot be verified

B. Post a reminder about confidentiality expectations in the break room and send a unitwide email reinforcing the organization's privacy policies

C. Investigate the allegation by speaking confidentially with the charge nurse, review the nature of the information reportedly shared, and reinforce expectations around employee confidentiality

D. Immediately remove the charge nurse from the leadership role pending a formal investigation conducted by the human resources department

5. A nurse manager is preparing to communicate a significant change in the organization's benefits package that will negatively affect most staff members. The nurse manager learned about the changes only twentyfour hours before the announcement is required. Which approach is MOST effective?

A. Delay the announcement until the nurse manager has had sufficient time to prepare a comprehensive communication strategy for the staff

B. Forward the official communication from human resources to all unit staff via email and make herself available for questions afterward

C. Deliver the information directly to staff in person, acknowledge the negative impact, share what is known, be transparent about what is not yet known, and direct staff to appropriate resources

D. Ask the charge nurses to distribute the information to their respective teams so that staff receive the news in smaller and more supportive group settings

6. A nurse manager is working to improve the relationship between the nursing unit and the environmental services department. Nurses frequently complain that rooms are not cleaned in a timely manner, while environmental services staff report that nurses fail to communicate patient discharges promptly. Which action is MOST effective?

A. Bring representatives from both departments together to map the current discharge to clean workflow, identify communication breakdowns, and jointly develop an improved process

B. Create a written protocol that establishes specific timeframes for discharge notification and room cleaning and distribute it to both departments

C. Escalate the issue to both department directors and request that they resolve the interdepartmental communication failure at the leadership level

D. Implement an electronic notification system that automatically alerts environmental services when a patient discharge order is entered into the system

7. A nurse manager receives a call from a local newspaper reporter requesting a statement about a recent patient safety incident that has generated community attention. The nurse manager has direct knowledge of the incident. Which response is MOST appropriate?

A. Provide the reporter with general information about the unit's safety practices while avoiding any details about the specific incident

B. Decline to comment and direct the reporter to the organization's designated public relations or media spokesperson following organizational policy

C. Offer to provide a written statement after consulting with the risk management department about appropriate language and content

D. Acknowledge the incident occurred and reassure the reporter that the organization is conducting a thorough investigation of the event

8. A nurse manager is conducting a staff meeting and presents data showing a decline in patient hand hygiene compliance scores. A staff nurse responds by questioning the validity of the data collection methodology and suggesting that the observers are biased. Which response is MOST appropriate?

A. Defend the data collection process and explain that the methodology has been validated by the quality improvement department across the organization

B. Acknowledge the concern about methodology, offer to review the data collection process with the staff nurse, and refocus the discussion on identifying barriers to compliance

C. Ask the staff nurse to propose an alternative data collection methodology and present it at the next staff meeting for the team's consideration

D. Thank the staff nurse for the feedback and table the hand hygiene discussion until the data collection methodology can be independently reviewed

9. A nurse manager is orienting a new charge nurse who will be responsible for communicating with physicians during the night shift. The new charge nurse expresses anxiety about calling physicians in the middle of the night and fears being perceived as incompetent. Which coaching approach is MOST effective?

A. Provide the charge nurse with a script for common nighttime physician calls and instruct her to follow it precisely until she builds confidence

B. Reassure the charge nurse that physician calls become easier with experience and encourage her to observe how other charge nurses handle them

C. Roleplay common physician communication scenarios using a structured framework such as SBAR, provide feedback, and establish a plan for the charge nurse to gradually assume independent responsibility

D. Assign a senior charge nurse to handle all physician communications for the first three months while the new charge nurse focuses on other responsibilities

10. A nurse manager learns that two physicians on the medical staff have been providing conflicting orders for the same patient population, creating confusion among the nursing staff about which protocol to follow. Which action is MOST appropriate?

A. Instruct the nursing staff to follow whichever physician's orders were most recently documented in the patient's medical record

- B. Facilitate a meeting with both physicians and nursing representatives to discuss the inconsistencies, identify an evidencebased approach, and establish a standardized protocol
- C. Report the conflicting orders to the chief medical officer and request a formal directive establishing which physician's protocol should be followed
- D. Develop a nursing policy that requires nurses to call the attending physician of record for clarification whenever conflicting orders are identified

11. A nurse manager is attempting to engage night shift staff in unit governance activities. Night shift nurses report feeling disconnected from decisionmaking and state that all important decisions are made during the day shift. Which strategy is MOST effective?

- A. Record all day shift staff meetings and make the recordings available for night shift staff to review at their convenience during shifts
- B. Rotate governance meeting times to include evening and night hours, create asynchronous participation methods, and appoint night shift representatives to all governance councils
- C. Require night shift nurses to attend at least two day shift meetings per quarter as a condition of maintaining their shift assignment status
- D. Delegate governance responsibilities for the night shift to the night charge nurse and ask her to represent the team at all meetings

12. A nurse manager receives feedback from a multidisciplinary team that the unit's nurses frequently provide incomplete information during patient care transitions to the postanesthesia care unit. Which action is MOST appropriate?

- A. Send a memo to all nursing staff reminding them of the required elements for patient handoff and include a checklist for reference
- B. Require a senior nurse to accompany every patient transfer to the postanesthesia care unit to ensure information is communicated
- C. Meet with the PACU leadership to clarify their specific information needs and adjust the unit's handoff expectations accordingly
- D. Observe current handoff practices, gather input from both units, identify specific information gaps, standardize the handoff process, and train staff on the revised protocol

13. A nurse manager is facilitating a discussion about implementing hourly patient rounding. A vocal group of nurses argues that hourly rounding is unnecessary because they already check on patients frequently. Which approach is MOST likely to gain staff buyin?

- A. Mandate hourly rounding immediately and monitor compliance through random audits conducted by the charge nurse on each shift
- B. Acknowledge the staff's current efforts and present data showing the rounding improvements while allowing the vocal group to maintain their existing approach
- C. Delay the initiative until a formal survey of all nursing staff can be conducted to determine the level of support for hourly rounding
- D. Acknowledge current practices, present evidence linking structured rounding to measurable patient outcomes, invite staff to pilot the approach, and evaluate results together

14. A nurse manager is working to strengthen the relationship between the nursing unit and the hospital chaplaincy service. Currently, nurses rarely contact chaplaincy services for patients experiencing spiritual distress. Which approach is MOST effective?

- A. Add a mandatory spiritual distress screening to the nursing admission assessment and require referrals for all patients who screen positive
- B. Invite a chaplain to attend unit huddles periodically, educate nursing staff on recognizing spiritual distress, and integrate chaplaincy referral into existing care planning workflows
- C. Post the chaplaincy service phone number at every nursing station and include a reminder about spiritual care in the quarterly newsletter
- D. Assign one nurse on each shift as the designated liaison responsible for identifying and referring patients who may benefit from chaplaincy

15. A nurse manager notices that a physician has been sending patient care orders via text message directly to bedside nurses rather than entering them into the electronic health record. Several nurses report feeling uncomfortable refusing the physician's requests. Which action is MOST appropriate?

- A. Instruct the nursing staff to accept the text message orders and enter them into the electronic health record themselves to avoid conflict
- B. Address the issue directly with the physician, explain the patient safety and regulatory concerns associated with text message orders, and collaborate on a solution that meets both parties' needs

C. Report the physician to the compliance department and request a formal investigation into the text message ordering practice

D. Send a unitwide communication reinforcing that nurses should not accept orders transmitted via text message under any circumstances

16. A nurse manager is facilitating a process improvement meeting when a disagreement between two department representatives escalates into a personal argument. Other participants appear uncomfortable and the meeting has become unproductive. Which action should the nurse manager take?

A. Intervene to redirect the conversation, acknowledge the differing perspectives, refocus the group on the shared objective, and establish expectations for constructive dialogue

B. Allow the two individuals to finish their exchange since interrupting may appear dismissive of their concerns and perspectives

C. End the meeting immediately and schedule individual followup meetings with each of the disagreeing parties before reconvening the group

D. Ask one of the disagreeing parties to leave the meeting temporarily so the group can continue making progress on the agenda items

17. A nurse manager must communicate to staff that a popular colleague has been placed on administrative leave pending an investigation. Staff members are asking questions and speculating about the reason for the absence. Which communication approach is MOST appropriate?

A. Share the reason for the administrative leave with the charge nurses only and instruct them to discourage speculation among the staff

B. Tell staff that the colleague is on medical leave to protect privacy and stop the speculation from escalating further among the team

C. Inform staff that the colleague is on a leave of absence, explain that personnel matters are confidential, address concerns about workload coverage, and discourage speculation

D. Avoid addressing the absence directly and allow staff to assume the colleague is on vacation or personal leave until the investigation concludes

18. A nurse manager is coaching a staff nurse who has received multiple complaints from patients about being rushed and inattentive. The nurse's clinical skills are competent, but her bedside manner is consistently rated poorly on patient satisfaction surveys. Which coaching approach is MOST effective?

A. Share the patient satisfaction data with the nurse and set a performance improvement goal of increasing her individual scores by twenty percent

B. Assign the nurse to shadow a colleague who consistently receives high patient satisfaction scores to observe effective communication behaviors

C. Remove the nurse from direct patient care assignments and reassign her to a support role until her communication skills improve sufficiently

D. Discuss specific patient feedback examples, identify the behaviors contributing to the perception, roleplay alternative approaches, develop an action plan with measurable goals, and schedule followup

19. A nurse manager has identified that communication breakdowns during emergency situations on the unit are contributing to delays in critical interventions. Which strategy is MOST likely to improve team communication during emergencies?

A. Implement regular interdisciplinary simulation exercises that practice closedloop communication, role clarity, and structured debriefing after each emergency event

B. Designate the charge nurse as the sole communicator during all emergency situations to reduce the number of voices contributing to the chaos

C. Post a communication algorithm on the code cart that outlines who should communicate what to whom during each phase of an emergency response

D. Require all nursing staff to complete an online module on emergency communication and pass a written assessment with a minimum score of ninety percent

20. A nurse manager is building a collaborative relationship with the case management department to improve discharge planning on the unit. Case managers report that nurses do not communicate changes in patient status that affect discharge readiness. Which action is MOST effective?

A. Include the case manager in daily interdisciplinary rounds and establish a structured communication process for reporting status changes that affect discharge planning timelines

B. Create a shared electronic dashboard that displays realtime patient status information accessible to both nursing and case management departments

C. Require nurses to page the assigned case manager within one hour of any significant change in a patient's clinical status or discharge readiness

D. Schedule a joint department meeting to discuss the communication gap and ask both teams to propose solutions before implementing any changes

21. A nurse manager is introducing a mentoring program for newly hired nurses on the unit. Several experienced nurses express reluctance to serve as mentors, citing workload concerns and lack of compensation for the additional responsibility. Which approach is MOST effective?

A. Mandate that all nurses with more than five years of experience must serve as mentors and include mentoring responsibilities in their job descriptions

B. Offer a financial stipend for each mentoring assignment to compensate experienced nurses for the additional time and responsibility involved

C. Acknowledge workload concerns, clarify the time commitment and scope of the mentoring role, provide mentor training, and recognize mentors through professional development credit and public acknowledgment

D. Limit the mentoring program to volunteers only and accept that the program will operate on a smaller scale than originally planned

22. A nurse manager receives a complaint from a patient's family member who is upset that nursing staff failed to communicate a change in the patient's plan of care. The family member had specifically requested to be updated about all care decisions. Which action is MOST appropriate?

A. Apologize to the family member and assign a specific nurse to serve as the family's primary contact for the duration of the patient's admission

B. Review the patient's communication preferences in the chart, confirm whether the family's request was documented, and address the gap with the involved nurses

C. Contact the attending physician and request that the physician update the family member directly about the change in the plan of care

D. Apologize, investigate how the communication failure occurred, ensure the family's communication preferences are documented and shared with all caregivers, implement a process to prevent recurrence, and follow up with the family

23. A nurse manager is working with a staff nurse who communicates effectively one-on-one but becomes visibly anxious and inarticulate during multidisciplinary rounds. The nurse's valuable clinical insights are frequently lost because she is unable to present them in a group setting. Which approach is MOST appropriate?

- A. Work with the nurse to develop a structured presentation template for rounds, practice using it in low-pressure settings, and gradually build confidence through incremental exposure to the group format
- B. Excuse the nurse from multidisciplinary rounds and ask the charge nurse to present the nurse's clinical findings on her behalf
- C. Refer the nurse to the employee assistance program for help with the anxiety that is affecting her ability to communicate in group settings
- D. Assign the nurse to attend rounds as an observer only until she feels comfortable enough to contribute her clinical insights voluntarily

24. A nurse manager is preparing to negotiate with the pharmacy department for a dedicated clinical pharmacist to participate in daily rounds on the unit. The pharmacy director has previously denied similar requests from other units. Which negotiation strategy is MOST effective?

- A. Present a formal written request to the chief nursing officer and ask her to use her executive authority to mandate pharmacy participation on the unit
- B. Prepare a data-driven proposal demonstrating how a clinical pharmacist on rounds has improved medication safety outcomes and reduced costs at comparable institutions, and identify mutual benefits for both departments
- C. Offer to reduce the number of pharmacy-related calls from the unit in exchange for the dedicated pharmacist support during daily rounds
- D. Request a pilot program of thirty days to demonstrate the value of the clinical pharmacist and agree to cover the cost from the unit's operating budget

25. A nurse manager discovers that a group of nurses has been using a private social media group to discuss work-related frustrations, including complaints about specific managers, physicians, and organizational policies. No patient information has been shared. Which response is MOST appropriate?

- A. Request that the information technology department monitor all employee social media activity and identify the nurses participating in the group

- B. Ignore the social media group since no patient information has been shared and employees have a right to discuss working conditions privately
- C. Issue a unitwide directive prohibiting all workrelated discussion on social media platforms and establish consequences for noncompliance
- D. Acknowledge that staff frustrations exist, create constructive channels for feedback within the organization, and remind staff of social media policies regarding professional conduct

26. A nurse manager is tasked with communicating a new organizational policy requiring nurses to wear standardized uniforms. Currently, nurses on the unit wear scrubs in a variety of colors and patterns, and many staff members view their attire as a form of personal expression. Which communication approach is MOST likely to reduce resistance?

- A. Distribute the policy via email with the implementation date and a link to the approved uniform vendor's ordering website for immediate compliance
- B. Present the policy as nonnegotiable during a staff meeting and remind staff that organizational policies must be followed regardless of personal preferences
- C. Allow each unit to vote on whether to adopt the standardized uniform policy and implement it only on units where a majority of staff members agree
- D. Explain the rationale behind the policy including patient safety and professional identity, acknowledge the impact on personal expression, offer input on specific design elements within approved parameters, and provide a reasonable transition period

27. A nurse manager needs to address a pattern of lateral violence on the unit. Incident reports and staff complaints reveal that a small group of experienced nurses consistently uses dismissive language and exclusionary behavior toward newer staff members. Which intervention is MOST comprehensive?

- A. Meet individually with each nurse identified in the complaints and issue formal warnings that further incidents will result in progressive disciplinary action
- B. Send a unitwide email defining lateral violence, stating that it will not be tolerated, and directing staff to report incidents through the anonymous hotline
- C. Implement a zerotolerance policy with clear behavioral expectations, provide education on lateral violence and its impact, address identified individuals through progressive accountability, and monitor the culture through ongoing assessment

D. Convene a unitwide meeting where the specific incidents are discussed openly so that the entire team can participate in establishing acceptable behavioral norms

28. A nurse manager is onboarding a nurse who is deaf and communicates primarily through American Sign Language. The unit has never accommodated a deaf staff member before, and existing staff express uncertainty about how to communicate effectively. Which action is MOST appropriate?

A. Collaborate with the deaf nurse and human resources to identify necessary accommodations, educate existing staff on effective communication strategies, and integrate appropriate technology and interpreter resources into daily workflows

B. Assign the deaf nurse to a role with minimal direct verbal communication requirements such as documentation review or supply management

C. Require all staff members on the unit to complete a basic American Sign Language course within sixty days to ensure effective communication

D. Pair the deaf nurse permanently with a hearing colleague who can serve as an interpreter during all clinical interactions and team meetings

29. A nurse manager is leading a unit that has experienced three leadership changes in the past two years. Staff morale is low, and many nurses express distrust toward management and skepticism about new initiatives. Which approach is MOST effective for rebuilding trust?

A. Introduce a major new initiative immediately to demonstrate decisive leadership and differentiate from previous managers' approaches

B. Schedule individual meetings with every staff member to introduce yourself and ask about their concerns before making any unit-level changes

C. Distribute a written document outlining your leadership philosophy and goals for the unit and post it in the break room for staff reference

D. Demonstrate consistency between words and actions over time, follow through on commitments, maintain visibility on the unit, seek and act on staff input, and communicate transparently about decisions

30. A nurse manager's unit serves a patient population with a high incidence of venous thromboembolism. The current prevention protocol relies on physician orders for prophylaxis, and compliance is inconsistent. Which action is MOST likely to improve outcomes?

- A. Require nurses to page the attending physician for every patient who does not have a venous thromboembolism prophylaxis order within twelve hours of admission
- B. Implement a nursed-driven venous thromboembolism risk assessment protocol that triggers automatic prophylaxis orders based on validated screening criteria
- C. Add venous thromboembolism prophylaxis education to the annual nursing competency requirements and assess staff knowledge through a written examination
- D. Present the compliance data to the medical staff committee and request that they develop a mandatory prophylaxis ordering guideline for all admitting physicians

31. A nurse manager reviews the unit's infection control data and identifies a cluster of surgical site infections among patients who underwent procedures during a specific two-week period. Which action is MOST appropriate as a FIRST step?

- A. Restrict all surgical admissions to the unit until the source of the infection cluster is identified and the environment has been thoroughly decontaminated
- B. Notify the infection prevention department immediately, initiate an epidemiological investigation, and implement enhanced surveillance while preserving relevant data and specimens
- C. Review the surgical technique documentation for all affected patients to determine whether a specific surgeon's practices may have contributed to the infections
- D. Implement enhanced environmental cleaning protocols across the entire unit and monitor infection rates over the next thirty days to determine effectiveness

32. A nurse manager is evaluating the effectiveness of an evidence-based early mobility protocol implemented six months ago for mechanically ventilated patients. Which set of outcome measures provides the MOST meaningful evaluation?

- A. The total number of physical therapy consultations ordered for mechanically ventilated patients compared to the preimplementation baseline period
- B. Staff satisfaction with the early mobility protocol and their reported confidence level in mobilizing mechanically ventilated patients safely

C. Ventilator days, ICU length of stay, hospital-acquired pneumonia rates, and functional status at discharge compared to preimplementation data

D. The percentage of mechanically ventilated patients who received at least one mobility intervention during their intensive care unit admission

33. A nurse manager discovers that a commonly used medication on the unit has been recalled by the manufacturer due to potential contamination. Several patients may have already received doses from the affected lot. Which action should the nurse manager take FIRST?

A. Contact each patient's attending physician individually to discuss whether the recalled medication may have caused harm and determine next steps

B. Send a unitwide email to all nursing staff instructing them to immediately stop administering the medication and check current stock for the affected lot

C. Contact the pharmacy department and request replacement medication from an unaffected lot before notifying the nursing staff about the recall

D. Immediately remove the recalled medication from the unit, notify the pharmacy and risk management departments, identify affected patients, and follow organizational incident reporting procedures

34. A nurse manager is overseeing compliance with a new organizational policy requiring bedside medication verification using barcode scanning technology. Nurses report that the scanners frequently malfunction, and some have begun manually overriding the system to avoid delays. Which action is MOST appropriate?

A. Prohibit all manual overrides immediately and require nurses to wait for scanner repair before administering any medications to patients

B. Allow manual overrides to continue temporarily while communicating the equipment issues to the information technology department for resolution

C. Document the number of override events and present the data at the next quality meeting to demonstrate the scope of the technology problem

D. Report the equipment failures to the appropriate department for resolution, implement a standardized process for safe manual verification when overrides are necessary, and track override frequency

35. A nurse manager is responsible for a unit where patients are frequently transferred to a higher level of care within the first twentyfour hours of admission. An analysis reveals that the unit's early warning system is not being used consistently by nursing staff. Which intervention is MOST effective?

A. Require the charge nurse to perform the early warning assessment on all patients every shift and remove this responsibility from bedside nurses

B. Discipline nurses who fail to complete the early warning assessment documentation within the required timeframes established by the organization

C. Evaluate the barriers to consistent use, optimize the tool within the electronic health record workflow, reeducate staff on the clinical significance, and implement a monitoring system with realtime feedback

D. Replace the current early warning system with a newer tool that has demonstrated higher sensitivity and specificity in the published research literature

36. A nurse manager is informed that a new state law requires healthcare facilities to implement violence prevention programs for employees. The unit has experienced several incidents of patienttostaff aggression in the past year. Which action is MOST appropriate?

A. Assess the unit's specific risk factors for workplace violence, develop a comprehensive prevention program that includes staff training, environmental modifications, reporting mechanisms, and postincident support

B. Request that hospital security increase their presence on the unit during highrisk periods such as evenings, weekends, and holiday shifts

C. Purchase personal alarm devices for all nursing staff and install panic buttons at each nursing station to improve emergency response times

D. Review the incident reports from the past year and identify the patients whose behaviors contributed to the aggressive incidents for future flagging

37. A nurse manager is reviewing data that shows the unit's readmission rate for heart failure patients is significantly higher than the organizational target. A chart review reveals inconsistent discharge education documentation. Which improvement strategy is MOST comprehensive?

A. Assign the unit educator to develop a standardized heart failure discharge education checklist and require all nurses to use it for every patient

- B. Implement a postdischarge phone call program staffed by unit nurses to check on heart failure patients within fortyeight hours of discharge
- C. Request a case management consult for all heart failure patients within twentyfour hours of admission to begin early discharge planning
- D. Implement a multidisciplinary approach including standardized teachback education, early discharge planning, medication reconciliation, postdischarge followup, and community resource referral

38. A nurse manager is participating in a root cause analysis following a wrongsite surgery event that occurred in the unit's procedural area. Several system failures have been identified including an incomplete surgical timeout process. Which action is MOST appropriate for the nurse manager?

- A. Implement mandatory surgical timeout compliance monitoring with realtime observation and feedback for every procedure performed in the unit
- B. Collaborate with the procedural team to redesign the timeout process addressing identified system failures, implement standardized verification steps, conduct staff education, and establish ongoing compliance monitoring
- C. Require all nurses who participate in procedural timeouts to complete a competency validation before being allowed to assist with future procedures
- D. Report the findings to the chief nursing officer and request that a systemwide task force be convened to address surgical safety across the organization

39. A nurse manager is evaluating whether the unit's pain management practices align with current evidencebased guidelines. Staff nurses report relying heavily on pharmacological interventions and infrequently offer nonpharmacological alternatives. Which action is MOST appropriate?

- A. Assess current pain management practices against evidencebased guidelines, educate staff on multimodal pain management strategies including nonpharmacological interventions, and integrate these approaches into the unit's care protocols
- B. Request that the pharmacy department develop a formulary restriction that limits opioid prescribing on the unit to encourage the use of alternative therapies
- C. Present a selection of nonpharmacological pain management research articles at the next staff meeting and ask nurses to incorporate the findings voluntarily
- D. Hire a complementary therapy specialist to provide nonpharmacological pain management services on the unit and relieve nurses of this additional responsibility

40. A nurse manager is responsible for ensuring that the unit maintains compliance with the organization's antibiotic stewardship program. Current data shows that broadspectrum antibiotics are frequently continued beyond the recommended fortyeighthour reassessment window. Which intervention is MOST effective?

A. Implement a pharmacistled antibiotic review at fortyeight hours with nursing notification triggers, provide staff education on stewardship principles, and track compliance with the reassessment requirement

B. Send a monthly report to all prescribing physicians showing their individual broadspectrum antibiotic utilization rates compared to their peers

C. Restrict nursing administration of broadspectrum antibiotics beyond fortyeight hours without a documented reassessment order from the prescribing physician

D. Present the current antibiotic utilization data to the pharmacy and therapeutics committee and request that they develop a mandatory stewardship protocol

41. A nurse manager is reviewing quality data and discovers that the unit's compliance rate with venous thromboembolism prophylaxis administration is ninetytwo percent. The organizational target is ninetyfive percent. Which action is MOST appropriate?

A. Accept the current compliance rate as clinically adequate since ninetytwo percent is close to the target and further improvement may not be feasible

B. Implement a punitive accountability system that tracks individual nurse compliance and reports noncompliant nurses to their supervisors immediately

C. Analyze the eight percent noncompliance to identify patterns such as specific shifts, patient populations, or workflow barriers, and implement targeted interventions to close the gap

D. Request that the organization revise the target to ninety percent since the current rate demonstrates substantial compliance with the prophylaxis protocol

42. A nurse manager learns that a state regulatory agency will conduct an unannounced survey of the unit within the next quarter. Which preparation approach is MOST effective?

A. Conduct a mock survey of the unit next week to identify and correct deficiencies before the actual surveyors arrive at the facility

B. Distribute copies of all relevant regulatory standards to staff and require each nurse to review and sign an acknowledgment form by next month

C. Maintain ongoing readiness by ensuring that daily practices consistently meet regulatory standards, conducting regular selfassessments, addressing gaps in real time, and fostering a culture of continuous compliance

D. Assign the charge nurse team to conduct daily environmental rounds and documentation audits until the survey has been completed

43. A nurse manager is informed that a patient on the unit has filed a formal grievance with the state health department alleging unsafe care. Which action should the nurse manager take FIRST?

A. Notify the appropriate organizational leaders including the compliance department and risk management, preserve all relevant documentation, and cooperate fully with the investigation process

B. Meet with the patient to attempt to resolve the grievance before the state health department begins a formal investigation of the allegation

C. Review the patient's medical record and nursing documentation to identify any evidence that supports or refutes the patient's claim of unsafe care

D. Meet with the nursing staff who provided care to the patient and obtain written statements documenting the care they delivered during the relevant period

44. A nurse manager is working to integrate population health concepts into the unit's care delivery model. The community served by the hospital has a high prevalence of food insecurity, and many patients are readmitted with complications related to poor nutrition. Which action is MOST appropriate at the unit level?

A. Screen all patients for food insecurity using a validated tool during admission, integrate nutrition counseling into discharge planning, and connect patients with community food assistance programs

B. Develop a proposal for the hospital to establish an onsite food pantry that discharged patients can access before returning to the community

C. Add nutritional status to the daily assessment documentation and require nurses to document the patient's dietary intake every four hours

D. Present the food insecurity data to the hospital's community health committee and request that they develop a systemwide strategy to address the issue

45. A nurse manager receives notification that the hospital's CMS star rating has declined due to poor performance on several patient safety indicators. Two of the indicators with the lowest scores are specific to the nurse manager's unit. Which response is MOST appropriate?

A. Wait for the organizational quality improvement team to develop a systemwide improvement plan before implementing any unit-level changes

B. Analyze the specific indicators with the lowest scores, identify the contributing factors on the unit, develop a targeted action plan with measurable goals, and engage frontline staff in implementing and monitoring improvements

C. Implement all available evidence-based interventions for the two low-scoring indicators simultaneously and evaluate the combined impact at quarter end

D. Present the data to the unit staff and ask them to propose solutions through a suggestion box system that preserves anonymity during the process

46. A nurse manager is developing an orientation checklist for new nursing staff that includes competency in recognizing and responding to signs of human trafficking in patients. Which element is MOST essential to include?

A. A list of physical indicators of human trafficking and instructions for new staff to immediately contact law enforcement if they suspect a patient is a victim

B. A referral list of local human trafficking advocacy organizations and instructions for new staff to distribute the information to all patients at admission

C. A protocol for documenting suspected human trafficking in the patient's medical record and sharing the documentation with the hospital social work department

D. Education on recognizing indicators of human trafficking, organizational protocols for safe screening and reporting, resources for victim support, and the legal and ethical obligations of healthcare providers

47. A nurse manager is participating in the hospital's emergency preparedness planning committee. The committee is developing a surge capacity plan for a mass casualty event. Which contribution from the nurse manager is MOST valuable?

A. Provide input on staffing models for surge capacity including role reassignment protocols, patient flow processes, and communication plans specific to the nursing unit's capabilities and limitations

- B. Request that the hospital purchase additional medical supplies and equipment to stockpile on the unit in preparation for a potential mass casualty event
- C. Volunteer the unit to serve as the primary receiving area for mass casualty patients since the staff have experience managing highacuity patients
- D. Suggest that the committee focus on developing a detailed communication plan for notifying families of patients affected by the mass casualty event

48. A nurse manager is informed that the Centers for Disease Control and Prevention has issued updated isolation precautions for a new respiratory pathogen. The updated guidelines differ from the hospital's current isolation policy. Which action is MOST appropriate?

- A. Implement the CDC guidelines on the unit immediately and notify the infection prevention department after the changes have been put into effect
- B. Wait for the hospital's infection prevention department to update the organizational policy before making any changes to current unit practices
- C. Review the updated CDC guidelines, collaborate with the infection prevention team to assess applicability and update unit practices accordingly, and educate staff on the revised precautions
- D. Distribute the CDC guidelines to all staff via email and ask them to incorporate the updated recommendations into their practice beginning immediately

49. A nurse manager is responsible for a unit where medication errors have increased by twenty percent over the past quarter. An analysis reveals that the majority of errors occur during the evening shift and involve highalert medications. Which intervention is MOST targeted?

- A. Implement a unitwide mandatory doublecheck policy for all medications administered on every shift regardless of the medication's risk classification
- B. Increase staffing levels during the evening shift by adding an additional registered nurse position to reduce workload and improve medication safety
- C. Implement an independent doublecheck process specifically for highalert medications on the evening shift, evaluate environmental and workflow factors contributing to errors during that period, and track outcomes
- D. Require all evening shift nurses to complete a pharmacology refresher course focused on highalert medications and pass a competency examination

50. A nurse manager is evaluating the unit's compliance with evidencebased stroke assessment protocols. Data shows that neurological assessments are frequently delayed beyond the recommended timeframes during periods of high patient census. Which approach is MOST effective?

- A. Hire additional nursing staff specifically for periods of high census to ensure that neurological assessments are completed within the required timeframes
- B. Implement an electronic alert system that notifies staff when neurological assessments are overdue and escalates to the charge nurse after a defined delay
- C. Require the charge nurse to personally complete all neurological assessments during periods of high census to ensure they are performed on time
- D. Redesign the assessment workflow to streamline documentation, implement tiered escalation alerts in the electronic health record, reallocate resources during high census periods, and monitor compliance in real time

51. A nurse manager inherits a unit with a well-established culture of mediocrity. Staff members routinely meet minimum expectations but rarely exceed them. Highperforming nurses have gradually transferred to other units. Which leadership approach is MOST effective for shifting the culture?

- A. Replace the lowestperforming staff members with highperforming external hires to raise the overall performance standards on the unit
- B. Implement a meritbased incentive program that financially rewards nurses who exceed performance benchmarks each quarter
- C. Articulate a compelling vision for excellence, set clear performance expectations, recognize and celebrate high performance, hold staff accountable consistently, and recruit talent aligned with the new vision
- D. Present data comparing the unit's performance to topperforming units in the organization to motivate staff through peer competition

52. A nurse manager is leading a change initiative to implement evidencebased sepsis bundles. After initial training, compliance is strong but begins to decline after three months. Which strategy is MOST effective for sustaining the change?

- A. Conduct additional mandatory training sessions and remind staff of the original rationale for implementing the sepsis bundles

- B. Identify the specific staff members with the lowest compliance rates and address their individual performance through counseling
- C. Integrate sepsis bundle compliance into daily workflow routines, embed automated reminders in the EHR, maintain visible performance data, engage unit champions to sustain peer accountability, and address emerging barriers promptly
- D. Report the declining compliance to senior leadership and request additional resources to support ongoing education and monitoring

53. A nurse manager notices that a highly skilled nurse consistently takes on the most complex patient assignments without being asked. While the nurse's clinical outcomes are excellent, other staff members are not developing the skills needed to manage complex patients. Which action is MOST appropriate?

- A. Redistribute complex assignments equitably across the team, pair less experienced nurses with mentors during complex cases, and create structured opportunities for skill development while supporting the experienced nurse in a teaching role
- B. Continue assigning the most complex patients to the experienced nurse since patient outcomes should take priority over staff development
- C. Thank the experienced nurse for her willingness to take on complex cases and present her with a leadership award at the next staff meeting
- D. Mandate that all nurses must rotate through complex patient assignments regardless of their comfort level to ensure equitable skill development

54. A nurse manager is implementing Kotter's eightstep change model to transition the unit from paperbased to electronic documentation of patient education. The manager has established urgency and formed a guiding coalition. Which step should come NEXT?

- A. Develop and communicate a clear vision for how electronic documentation will improve patient education tracking, consistency, and outcomes across the unit
- B. Begin training all staff on the electronic documentation system immediately to build momentum before resistance has time to develop
- C. Empower staff to act on the vision by removing barriers, providing resources, and delegating authority for implementation decisions
- D. Generate shortterm wins by piloting the electronic system with a small group of early adopters and sharing their positive results

55. A nurse manager is conducting a SWOT analysis for the unit as part of the annual strategic planning process. Which finding represents an OPPORTUNITY?

- A. The unit's nursing staff has a higher than average specialty certification rate compared to other units in the organization
- B. Recent budget cuts have reduced the unit's education fund by fifteen percent compared to the previous fiscal year allocation
- C. A neighboring hospital has closed its cardiac rehabilitation program, creating a potential service line expansion opportunity for the organization
- D. The unit's patient satisfaction scores have remained stagnant for three consecutive quarters despite multiple improvement initiatives

56. A nurse manager is dealing with a situation where a physician has undermined the nurse manager's authority by telling nursing staff to disregard a unit policy the nurse manager implemented. Which response is MOST appropriate?

- A. Send an email to the physician's department chair documenting the incident and request that the physician be counseled about respecting nursing leadership
- B. Meet privately with the physician to understand the concerns about the policy, discuss the impact of undermining nursing leadership on staff, and collaborate on a resolution
- C. Announce at the next staff meeting that the policy remains in effect and that nurses are expected to follow nursing leadership directives regardless of physician input
- D. Revise the policy to incorporate the physician's concerns without a direct conversation since avoiding conflict preserves the interdisciplinary relationship

57. A nurse manager is asked to lead a hospitalwide initiative to reduce nurse turnover. The organization's current turnover rate is twentytwo percent, significantly above the national average. Which approach provides the MOST comprehensive foundation for addressing the problem?

- A. Implement a standardized nurse residency program for all new graduates hired across the organization to improve firstyear retention rates
- B. Conduct exit interviews with all departing nurses and develop retention strategies based on the themes identified in the interview data

C. Benchmark the organization's compensation and benefits package against regional competitors and advocate for adjustments where deficiencies exist

D. Analyze turnover data by unit, tenure, and reason for departure, conduct stay interviews with current staff, review compensation and work environment factors, and develop a multistrategy retention plan targeting the highest impact drivers

58. A nurse manager observes that the charge nurse team has developed a pattern of making scheduling decisions that benefit senior staff at the expense of newer employees. Junior nurses consistently receive the least desirable shifts and are denied vacation requests when they conflict with senior staff preferences. Which action is MOST appropriate?

A. Implement a seniority-based scheduling policy that formalizes the current practice since seniority-based systems are transparent and widely accepted

B. Review the scheduling practices with the charge nurse team, establish equitable scheduling criteria that balance seniority with fairness, communicate the revised expectations to all staff, and monitor compliance

C. Allow the current practice to continue since informal seniority systems are common in nursing and changing them would create conflict with experienced staff

D. Transfer scheduling authority from the charge nurses to the nurse manager to ensure that all scheduling decisions are fair and consistent going forward

59. A nurse manager is responsible for a unit that has received consistently low scores on the employee engagement survey dimension measuring "my manager cares about me as a person." Which action is MOST likely to improve this score?

A. Schedule a unit celebration event and distribute thank-you cards to all staff members to demonstrate that the nurse manager values their contributions

B. Conduct a focus group to identify what "caring" means to the staff and implement specific behaviors that demonstrate genuine personal investment in each team member

C. Increase the frequency of performance feedback and ensure that every staff member receives both positive and constructive comments at least quarterly

D. Increase visible leadership presence on the unit, engage in meaningful one-on-one conversations with staff about their professional goals and personal wellbeing, follow through on commitments, and demonstrate authentic interest consistently over time

60. A nurse manager is faced with the decision of whether to approve a staffing plan that uses unlicensed assistive personnel to perform tasks that have traditionally been performed by registered nurses on the unit. The organization's leadership team supports the plan as a cost-saving measure. Which approach is MOST appropriate?

A. Evaluate which tasks can be safely delegated to unlicensed assistive personnel based on scope of practice guidelines, develop competency requirements, create a supervision framework, and advocate for any modifications needed to ensure patient safety

B. Implement the staffing plan as directed by organizational leadership since financial sustainability is critical and leadership has already approved the approach

C. Refuse to implement the plan and submit a formal objection citing patient safety concerns until the organization provides evidence that the model is safe

D. Accept the plan for a ninety-day trial period and evaluate patient outcomes to determine whether the use of unlicensed assistive personnel compromises care quality

61. A nurse manager is developing a plan to address compassion fatigue that has been identified among several nurses on a high-acuity oncology unit. Which intervention is MOST comprehensive?

A. Reduce nurse-to-patient ratios during periods of high acuity to decrease emotional burden and improve job satisfaction among the nursing staff

B. Distribute information about the employee assistance program and encourage affected nurses to seek individual counseling for their emotional distress

C. Rotate nurses off the oncology unit periodically and assign them to lower-acuity units for recovery periods before returning to the high-acuity setting

D. Implement a multifaceted wellness program including peer support groups, resilience training, scheduled debriefings after difficult patient events, workload assessment, and leadership support for self-care practices

62. A nurse manager identifies that the unit lacks formal processes for recognizing and developing staff members who demonstrate emerging leadership potential. Which strategy is MOST effective?

A. Wait for staff members to self-identify their interest in leadership and then provide opportunities when they express a desire to advance

- B. Create a structured leadership development pathway that includes identifying potential leaders through objective criteria, providing mentoring, offering progressive leadership assignments, and supporting professional growth
- C. Recommend promising staff members for the organization's formal leadership training program and rely on the program to develop their skills
- D. Assign interested staff members to serve as temporary charge nurses during periods of leadership absence to gain hands-on management experience

63. A nurse manager receives notification that the hospital will be implementing a mandatory electronic patient portal that allows patients to access their medical records, laboratory results, and nursing notes in real time. Several nurses express concern that patients will misinterpret clinical documentation. Which approach is MOST appropriate?

- A. Educate nursing staff on how transparent documentation affects patient communication, review documentation practices for clinical accuracy and patient-friendliness, and develop strategies for addressing patient questions about their records
- B. Request that the organization delay implementation of the patient portal on the nursing unit until staff concerns have been fully addressed
- C. Instruct nurses to modify their documentation language to avoid clinical terminology that patients might find confusing or alarming
- D. Reassure nursing staff that the patient portal will include a disclaimer stating that clinical documentation is written for healthcare professionals

64. A nurse manager is leading a team through a significant organizational restructuring that will eliminate one supervisory position on the unit. Two current supervisors will be required to compete for a single remaining position. Morale among the supervisory team is deteriorating. Which leadership approach is MOST appropriate?

- A. Communicate openly about the restructuring timeline and process, treat both supervisors with fairness and respect, provide support regardless of the outcome, and ensure the selection process is transparent and based on objective criteria
- B. Recommend that the organization retain both supervisory positions and present a budget justification showing the cost of losing one experienced leader
- C. Ask both supervisors to submit applications and interview for the remaining position through the standard human resources recruitment process

D. Privately encourage the supervisor with less experience to seek opportunities on other units to minimize the emotional impact of the competitive process

65. A nurse manager wants to implement a professional governance council structure on the unit but is uncertain which council to establish first. The unit has no prior governance experience. Which approach is MOST strategic?

A. Establish all governance councils simultaneously to demonstrate the organization's full commitment to professional governance from the outset

B. Begin with a clinical practice council focused on a specific patient care issue that staff are passionate about, provide education on governance principles, and expand to additional councils after the first council demonstrates success

C. Allow staff to vote on which governance council they would like to establish first and implement whichever option receives the most votes

D. Begin with a leadership council composed of charge nurses and allow them to determine which additional councils should be established over time

66. A nurse manager receives an anonymous letter from a group of staff members expressing dissatisfaction with the unit's work environment and threatening mass resignation if conditions do not improve. The letter does not identify specific concerns. Which response is MOST appropriate?

A. Disregard the anonymous letter since the authors did not identify themselves and anonymous complaints should not drive leadership decisions

B. Announce at the next staff meeting that an anonymous letter was received and ask the authors to identify themselves so their concerns can be addressed

C. Acknowledge that concerns exist through a unitwide communication, create structured opportunities for staff to voice specific issues safely, and demonstrate willingness to listen and act on legitimate concerns

D. Contact human resources immediately and request an investigation into the identity of the letter's authors to address the threat of mass resignation

67. A nurse manager is evaluating two competing quality improvement methodologies—Lean and Six Sigma—for application to a workflow inefficiency problem on the unit. Which factor should MOST influence the selection?

- A. The methodology preferred by the organization's quality improvement department since consistency across the organization reduces confusion
- B. The estimated cost of implementing each methodology and the resources required for staff training and ongoing application on the unit
- C. The nature of the problem itself, with Lean being most appropriate for eliminating waste and improving flow, and Six Sigma being most appropriate for reducing variation and defects in a process
- D. The methodology with which the nurse manager has the most personal experience and comfort since leadership confidence affects implementation success

68. A nurse manager is tasked with reducing the unit's average doortoantibiotic time for sepsis patients. Current data shows significant variation, with times ranging from twenty minutes to over three hours. Which leadership action is MOST effective?

- A. Assemble a multidisciplinary team to map the current process, identify sources of variation, implement standardized order sets and nursedriven protocols, and establish a goal with realtime performance monitoring
- B. Set a strict sixtyminute maximum policy for doortoantibiotic time and hold individual nurses accountable when the target is not achieved
- C. Request that the emergency department administer the first dose of antibiotics before transferring sepsis patients to the unit to eliminate the delay
- D. Assign the unit educator to develop a sepsis education module and require all nursing staff to complete it within thirty days of its release

69. A nurse manager is supporting a staff nurse who has proposed an innovative bedside handoff tool that integrates patient preferences and goals of care. The nurse has never led a project before. Which approach BEST develops the nurse's leadership capacity while supporting the innovation?

- A. Serve as a mentor by helping the nurse develop a project plan, connecting her with organizational resources, providing guidance without taking over, and creating checkpoints for feedback and course correction

- B. Take over the project design and implementation to ensure it succeeds and credit the staff nurse for the original concept in the final presentation
- C. Submit the nurse's idea to the quality improvement department and ask them to assign a project manager to lead the implementation effort
- D. Approve the concept and allow the nurse to implement it independently since leadership development requires learning from both successes and failures

70. A nurse manager is leading a unit where a significant percentage of the nursing staff are within five years of retirement eligibility. The manager is concerned about knowledge transfer and continuity of operations. Which strategy is MOST proactive?

- A. Begin recruiting replacement staff immediately and increase hiring to create an overlap period between retiring and newly hired nurses on the unit
- B. Request that the organization offer financial incentives for eligible nurses to delay their retirement and remain on the unit for an additional period
- C. Develop a structured knowledge transfer program that pairs experienced nurses with less experienced colleagues, document critical institutional knowledge, and create succession plans for key roles
- D. Implement a mandatory crosstraining program so that all remaining nurses can perform the specialized functions currently performed by retirementeligible staff

71. A nurse manager is implementing a new patient acuity classification system. During the first week, several nurses report that the system underestimates the acuity of their patients and does not capture the complexity of the care they provide. Which response is MOST appropriate?

- A. Reassure the nurses that all new systems require an adjustment period and ask them to continue using the tool as designed for at least ninety days
- B. Collect specific examples from the nurses about where the system fails to capture patient complexity, review the examples with the system vendor or developer, and advocate for modifications while maintaining consistent use
- C. Revert to the previous acuity classification system until the new tool has been redesigned to address the concerns raised by the nursing staff
- D. Ask the charge nurses to adjust acuity scores manually when they believe the system has underestimated a patient's care requirements

72. A nurse manager is applying the concept of high reliability to the unit's medication safety practices. Which characteristic of a high reliability organization is MOST relevant to medication safety?

- A. A hierarchical chain of command that ensures all medication questions are escalated to the pharmacist before administration
- B. Zero tolerance for any medication error with immediate progressive discipline for nurses involved in adverse drug events
- C. Preoccupation with failure that encourages reporting of nearmiss events, systematic analysis of vulnerabilities, and proactive redesign of errorprone processes
- D. Standardization of all medication administration practices with no allowance for clinical judgment or deviation from established protocols

73. A nurse manager is leading a unit that has been designated as a pilot site for a new hospitalwide electronic health record system. The go-live date is eight weeks away and staff anxiety is high. Which action is MOST effective for preparing the unit?

- A. Request a delay in the go-live date to allow additional time for staff training and system customization before the unit transitions to the new platform
- B. Reassure staff that the new system will be intuitive and that the organization will provide ample support during the transition period after go-live
- C. Arrange for external temporary staff to supplement the unit during the first two weeks of go-live to allow permanent staff to focus on learning the system
- D. Develop a comprehensive preparation plan including hands-on training sessions, superuser identification and training, workflow rehearsals, contingency plans for system downtime, and clear communication about support resources

74. A nurse manager is evaluating the decisionmaking practices on the unit and notices that charge nurses frequently delay important decisions until the nurse manager is available to provide direction. Which intervention is MOST effective?

- A. Clarify the scope of charge nurse decisionmaking authority, provide education on decisionmaking frameworks, debrief decisions as learning opportunities, and progressively expand autonomy as competence grows

- B. Create a detailed policy manual that addresses every foreseeable situation so charge nurses can reference the manual rather than waiting for the manager
- C. Assign the most experienced charge nurse as the final decisionmaker during the nurse manager's absence and direct other charge nurses to defer to her
- D. Schedule the nurse manager's hours to maximize overlap with all charge nurse shifts so that the manager is available for realtime consultation at all times

75. A nurse manager is dealing with resistance from the medical staff regarding a nursedriven protocol for urinary catheter removal. Physicians argue that removal decisions should remain within their scope of practice. Which approach is MOST effective?

- A. Abandon the nursedriven protocol and instead implement a daily electronic reminder that prompts physicians to reassess catheter necessity for each patient
- B. Present evidence demonstrating improved outcomes with nursedriven catheter removal protocols, address physician concerns about scope of practice, propose a collaborative protocol with physician oversight, and pilot the approach
- C. Implement the nursedriven protocol without physician approval since urinary catheter management falls within the nursing scope of practice
- D. Escalate the disagreement to the chief nursing officer and chief medical officer for resolution at the executive leadership level

76. A nurse manager has been asked to lead a crossfunctional team tasked with redesigning the patient discharge process across multiple units. Team members include representatives from nursing, case management, pharmacy, physical therapy, and environmental services. Which leadership approach is MOST effective?

- A. Establish a shared purpose and clear goals, leverage each discipline's expertise, create a collaborative decisionmaking structure, maintain accountability through defined milestones, and communicate progress transparently to all stakeholders
- B. Assign each department representative specific tasks related to their functional area and compile the individual outputs into a unified discharge process
- C. Defer leadership of the team to the case management representative since case managers are most directly involved in the discharge planning process

D. Survey patients and families about their discharge experience first and use their feedback as the exclusive basis for redesigning the process

77. A nurse manager notices that staff meetings have become unproductive. Attendance is declining, discussions frequently go off topic, and the same issues are raised repeatedly without resolution. Which action is MOST effective?

A. Cancel staff meetings for the next quarter and communicate important information via email until a better meeting format can be developed

B. Require mandatory attendance at all staff meetings and implement consequences for nurses who fail to attend without an approved absence

C. Restructure meetings with focused agendas, defined time limits for each topic, clear action items with assigned owners and deadlines, and an evaluation mechanism to ensure issues are resolved rather than recycled

D. Reduce the frequency of staff meetings from monthly to quarterly and extend the length of each meeting to cover all necessary topics comprehensively

78. A nurse manager is applying transformational leadership principles to inspire the nursing staff toward higher levels of professional practice. Which behavior BEST exemplifies transformational leadership?

A. Establishing clear performance expectations and providing contingent rewards when staff members meet or exceed the defined targets

B. Monitoring staff compliance with unit policies and intervening only when deviations are identified through audits or incident reports

C. Inspiring staff by articulating a compelling vision, modeling excellence in practice, fostering intellectual stimulation through evidencebased challenges, and providing individualized support for each team member's development

D. Delegating all operational decisions to the charge nurse team and focusing the manager's time exclusively on strategic planning and organizational initiatives

79. A nurse manager must decide how to allocate limited professional development funds across the unit's staff for the upcoming fiscal year. Several nurses have requested funding for certification preparation, conference attendance, and academic coursework. Which allocation approach is MOST equitable and strategic?

A. Evaluate requests against established criteria including alignment with unit strategic goals, individual development needs, equitable distribution, and potential return on investment, then communicate the decision rationale transparently

B. Divide the available funds equally among all staff members who submitted requests regardless of the nature or cost of their proposals

C. Prioritize funding for certification preparation since specialty certification is directly linked to improved patient outcomes and professional recognition

D. Fund only conference attendance requests since conferences provide the broadest exposure to current evidence and networking opportunities

80. A nurse manager discovers that a charge nurse has been falsifying patient acuity scores to justify higher staffing levels on her shifts. The inflated scores do not reflect actual patient care needs. Which action is MOST appropriate?

A. Counsel the charge nurse privately about the importance of accurate data and ask her to correct the acuity scores going forward

B. Reassign the charge nurse to a bedside nursing role and appoint a different nurse to the charge nurse position immediately

C. Address the falsification as a serious integrity violation through the organization's progressive discipline process, correct the inaccurate data, review the acuity scoring system for vulnerabilities, and reeducate all charge nurses on accurate documentation

D. Report the falsified data to the finance department and request an audit of all acuity scores submitted by the charge nurse over the past year

81. A nurse manager is invited to participate in a research study being conducted on the unit by a university-affiliated principal investigator. The study involves reviewing patient records and interviewing staff nurses. Which action is MOST appropriate before agreeing to participate?

- A. Accept the invitation immediately since participation in research contributes to evidencebased practice and professional advancement
- B. Decline participation because the time required for research activities would divert attention from the unit's operational priorities
- C. Verify that the study has received Institutional Review Board approval, review the protocol for any impact on patient care or staff workload, consult with organizational leadership, and ensure that participation aligns with organizational policy
- D. Agree to participate contingent upon the principal investigator providing financial compensation to the unit for the staff time required

82. A nurse manager is mentoring a staff nurse who is preparing for a formal presentation at a national nursing conference. The nurse has strong clinical knowledge but limited public speaking experience. Which approach is MOST supportive?

- A. Offer to copresent with the nurse at the conference to reduce the anxiety associated with presenting alone at a national venue
- B. Help the nurse develop the presentation content, provide opportunities to practice in progressively larger settings, offer constructive feedback on delivery, and connect the nurse with experienced presenters for additional coaching
- C. Recommend that the nurse attend a formal public speaking course before committing to the conference presentation engagement
- D. Review the nurse's presentation slides and provide written feedback on the content and organization before the conference date

83. A nurse manager is evaluating the unit's adherence to the organization's code of ethics. A review reveals that staff members are not consistently obtaining informed consent for nursing procedures that require patient consent. Which action is MOST appropriate?

- A. Assess the specific areas where consent practices are deficient, provide targeted education on the ethical and legal requirements of informed consent, integrate consent verification into clinical workflows, and monitor compliance
- B. Distribute copies of the organization's informed consent policy to all nursing staff and require each nurse to sign an acknowledgment form

C. Report the consent deficiency to the hospital's ethics committee and request that they conduct an investigation into the unit's practices

D. Assign the charge nurses to verify that informed consent has been obtained before any procedures are performed on their respective shifts

84. A nurse manager is struggling with worklife balance. The demands of the role have led to missed family events, inadequate sleep, and increasing emotional exhaustion. Which action BEST demonstrates professional selfcare?

A. Continue managing the workload independently since seeking help may be perceived as an inability to handle the responsibilities of the role

B. Assess the factors contributing to the imbalance, seek support from a mentor or supervisor, establish boundaries, delegate appropriately, and utilize available wellness resources

C. Request a transfer to a less demanding position within the organization to restore personal wellbeing and prevent further deterioration

D. Reduce visible availability to staff by limiting afterhours communication and refusing to respond to workrelated messages outside of business hours

85. A nurse manager observes that a staff nurse has begun proselytizing her religious beliefs to patients during care interactions. A patient has complained that the nurse made her uncomfortable by suggesting that prayer would heal her illness. Which response is MOST appropriate?

A. Reassign the nurse to patients who share her religious beliefs to reduce the likelihood of future complaints about religious discussions

B. Thank the nurse for her compassion but ask her to refrain from discussing religion with patients unless the patient specifically initiates the conversation

C. Report the nurse to the ethics committee since imposing religious beliefs on patients is a violation of patient autonomy and professional ethics

D. Address the behavior directly with the nurse, explain that imposing personal religious beliefs during care interactions violates patient rights and professional boundaries, document the conversation, and monitor for recurrence

86. A nurse manager is informed that a newly hired nurse has a criminal background that was disclosed during the hiring process and cleared by human resources. Several staff members have learned about the criminal history through informal channels and are expressing discomfort about working alongside the new hire. Which response is MOST appropriate?

A. Address the staff's concerns by reinforcing that the organization's hiring process evaluated the candidate's suitability, remind staff that personnel matters are confidential, and redirect focus to the new nurse's professional performance and integration

B. Disclose the details of the criminal background to the staff to provide transparency and allow them to form their own informed opinions

C. Transfer the new nurse to a different unit where staff members are unaware of the criminal history to provide a fresh start for the employee

D. Convene a staff meeting where the new nurse can voluntarily share the circumstances of the criminal background and address colleagues' concerns

87. A nurse manager is approached by a vendor who offers an all-expenses-paid trip to a clinical conference in exchange for the nurse manager's endorsement of the vendor's wound care product line. Which response is MOST appropriate?

A. Accept the trip since attending the conference will benefit the nurse manager's professional development and the endorsement is a minor obligation

B. Accept the trip but decline to provide the endorsement to maintain objectivity while still benefiting from the educational opportunity

C. Ask the organization's compliance department whether accepting the trip is permissible under the organization's conflict of interest policies

D. Decline the offer as it represents a conflict of interest that could compromise the nurse manager's objectivity and professional integrity, and report the offer to the appropriate organizational authority

88. A nurse manager learns that a staff nurse has been providing testimony as a paid expert witness in medical malpractice cases against the hospital. The nurse's testimony has been cited in two lawsuits against the organization. Which action is MOST appropriate?

A. Terminate the nurse immediately for disloyalty to the organization since providing testimony against one's employer is a violation of professional trust

B. Consult with the organization's legal department and human resources to understand the legal and policy implications, then address the situation in accordance with organizational policy and applicable employment law

C. Meet with the nurse privately and request that she discontinue expert witness activities that involve cases against the organization

D. Report the nurse to the state board of nursing for engaging in activities that potentially conflict with her professional obligations to the employer

89. A nurse manager is preparing for a leadership competency assessment required for renewal of a professional certification. Which preparation approach BEST reflects a commitment to professional accountability?

A. Conduct an honest selfassessment of current competencies against the certification standards, identify gaps, develop a targeted preparation plan, and gather evidence of professional growth through concrete examples of leadership practice

B. Review the certification handbook and study the content areas that are most likely to be assessed during the competency evaluation

C. Ask a colleague who recently completed the same certification renewal to share the assessment questions and their responses for reference

D. Complete the minimum required continuing education hours and submit the recertification application without additional preparation

90. A nurse manager is responsible for a unit where several staff members hold dual employment at competing healthcare facilities. Recent concerns have emerged about potential conflicts of interest and information sharing. Which approach is MOST appropriate?

A. Prohibit all staff members from holding dual employment at competing facilities and implement an organizational policy requiring exclusive employment

B. Ignore the dual employment issue since nurses are legally entitled to work for multiple employers and the manager has no authority over off-duty activities

C. Request that human resources investigate each dual employment situation to determine whether any organizational policies have been violated

D. Review the organization's dual employment and conflict of interest policies, address any confirmed violations individually, reinforce expectations regarding confidentiality and proprietary information, and ensure all staff acknowledge the policies

91. A nurse manager identifies that a staff nurse has been documenting patient assessments that were not actually performed. The manager discovers this during a routine chart audit when documentation timestamps do not align with unit activity logs. Which action is MOST appropriate?

A. Counsel the nurse privately and provide an opportunity to explain the discrepancies before taking any further action regarding the documentation

B. Report the discrepancies to the nurse educator and request that the nurse complete a documentation competency reassessment immediately

C. Modify the electronic health record system to require locationbased verification before nursing assessments can be documented for patients

D. Address the falsification as a serious professional and legal violation through the organization's progressive discipline process, report as required by organizational policy, and ensure patient safety for all affected patients

92. A nurse manager is evaluating whether to support a staff nurse's request to participate in a medical mission trip abroad during a period when the unit is already shortstaffed. Which decisionmaking framework is MOST appropriate?

A. Deny the request based solely on the current staffing shortage since operational needs must always take precedence over individual development

B. Approve the request automatically since international medical mission work is a valuable professional development experience that should be encouraged

C. Weigh the operational impact against the professional development value, explore coverage options, consider organizational policies on leave, and make a decision that balances the nurse's growth with the unit's patient care obligations

D. Defer the decision to human resources since leave approval during staffing shortages may require administrative authority beyond the manager's scope

93. A nurse manager attends a professional conference and learns about an innovative staffing model that has demonstrated improved outcomes at another hospital. Upon returning, the nurse manager wants to implement the model on the unit. Which approach BEST demonstrates professional accountability?

A. Present the staffing model to senior leadership immediately and request approval to implement it as a pilot program on the unit

B. Conduct a thorough literature review of the staffing model, assess its applicability to the unit's specific context and patient population, engage stakeholders in evaluating feasibility, and develop a datadriven proposal

C. Share the concept informally with the charge nurse team and ask them to evaluate whether they believe the model would work on the unit

D. Implement elements of the model incrementally without formal approval to test effectiveness before presenting the concept to leadership

94. A nurse manager is responsible for ensuring that all staff maintain current licensure and required certifications. A routine audit reveals that one nurse's Basic Life Support certification expired three weeks ago. Which action is MOST appropriate?

A. Terminate the nurse immediately for practicing without a required certification and report the lapse to the state board of nursing

B. Remove the nurse from direct patient care assignments until the certification is renewed, follow organizational policy for certification lapses, and implement a system to prevent future expiration without timely renewal

C. Allow the nurse to continue providing patient care since the certification expired only recently and the nurse's clinical competence is not in question

D. Issue a verbal warning and give the nurse fortyeight hours to provide proof of renewed certification before taking any further action

95. A nurse manager is serving on a committee developing the organization's position statement on nurse staffing ratios. The committee includes administrators who favor flexible staffing based on patient acuity and nurses who advocate for legislated minimum ratios. Which approach is MOST professionally responsible?

- A. Advocate exclusively for the nursing perspective since the nurse manager's primary professional obligation is to represent the interests of nursing staff
- B. Remain neutral on the issue and defer to the committee's majority opinion since taking a strong position could create conflict with either group
- C. Present evidence on both approaches, advocate for a staffing model that prioritizes patient safety while considering operational feasibility, and seek a balanced solution
- D. Support the administrative position on flexible staffing since nurse managers are part of the organizational leadership team and should align with institutional priorities

96. A nurse manager is constructing the annual staffing budget for the unit. The unit operates twentyfour hours per day, seven days per week, and requires a minimum of six registered nurses per shift. The manager must calculate the number of fulltime equivalent positions needed to fill the schedule accounting for nonproductive time. Which factor is MOST critical to include in the calculation?

- A. A benefit replacement factor that accounts for vacation, sick leave, orientation, education, and other nonproductive hours to ensure adequate coverage beyond the minimum staffing requirement
- B. The average hourly wage for registered nurses on the unit multiplied by the total number of budgeted hours across all three shifts
- C. The historical overtime expenditure from the previous fiscal year as a baseline estimate for the upcoming budget period
- D. The number of per diem and agency nurses used in the prior year to supplement the core staffing during periods of high census

97. A nurse manager is reviewing the unit's monthly variance report and notices that the salary expense is significantly over budget despite the unit's census being below projected levels. Which analysis is MOST appropriate?

- A. Request a correction from the finance department since a belowcensus unit should not have salary expenses that exceed the budget allocation
- B. Accept the variance as a normal fluctuation and continue monitoring without further analysis since census varies from month to month
- C. Immediately reduce staffing levels for the remainder of the month to bring salary expenses back into alignment with the budget targets

D. Investigate potential causes including overtime usage, orientation costs, agency utilization, staff mix variations, and whether staffing adjustments were made appropriately in response to lower census

98. A nurse manager is developing a capital budget request for the upcoming fiscal year. The unit needs new bedside cardiac monitors to replace aging equipment that requires frequent maintenance. Which element is MOST essential to include in the capital request?

A. A clinical and financial justification including current maintenance costs, patient safety implications, projected return on investment, useful life of the equipment, and alignment with organizational strategic priorities

B. Vendor quotes from at least three competing manufacturers showing pricing options and available financing or leasing arrangements

C. A timeline showing when the current monitors were purchased, their expected useful life, and the projected date of complete failure

D. Letters of support from the medical director and charge nurse team endorsing the need for new monitoring equipment on the unit

99. A nurse manager is responsible for managing a supply chain disruption that has created a shortage of a commonly used wound care product. The disruption is expected to last at least six weeks. Which action is MOST appropriate?

A. Request that the purchasing department order a large quantity of the product from an alternative supplier at a higher cost to maintain current inventory levels

B. Inform staff of the shortage and ask them to use their clinical judgment to determine appropriate substitutes on a casebycase basis for each patient

C. Restrict the use of the wound care product to the most critical patients and implement a rationing system managed by the charge nurse on each shift

D. Collaborate with the wound care specialist and supply chain team to identify evidencebased alternative products, educate staff on the substitutes, develop clinical guidelines for appropriate use, and communicate a timeline for resolution

100. A nurse manager is analyzing the unit's cost per patient day and notices it has increased by eight percent compared to the same quarter last year. The patient census and acuity have remained stable. Which investigation is MOST appropriate?

- A. Request a budget increase from the finance department to accommodate the higher cost per patient day observed during the current quarter
- B. Examine specific expense categories including labor costs, supply utilization, pharmaceutical costs, and equipment maintenance to identify the drivers of the increase
- C. Implement an across-the-board spending reduction targeting all expense categories equally until the cost per patient day returns to the previous baseline
- D. Attribute the increase to general healthcare cost inflation and continue monitoring without immediate intervention or investigation

101. A nurse manager is participating in contract negotiations for a group purchasing agreement for medical supplies. The proposed contract offers lower unit costs but requires a minimum purchase commitment that exceeds the unit's projected annual utilization. Which approach is MOST appropriate?

- A. Sign the contract to secure the lower unit costs since the savings will outweigh the cost of purchasing slightly more product than needed
- B. Reject the contract and continue purchasing supplies at current rates to avoid the financial risk associated with the minimum purchase commitment
- C. Negotiate modified terms that align the minimum purchase commitment with the unit's projected utilization, or explore whether the commitment can be shared across multiple units within the organization
- D. Defer the decision to the purchasing department since contract negotiations fall outside the scope of the nurse manager's direct responsibilities

102. A nurse manager is developing a dashboard of key performance indicators for quarterly review with the unit leadership team. Which combination of metrics provides the MOST balanced operational overview?

- A. A comprehensive list of all available quality metrics with monthly trend data displayed for each indicator on the dashboard

- B. Patient satisfaction scores and nursesensitive quality indicators only since these metrics most directly reflect the quality of nursing care
- C. A balanced set of indicators across clinical quality, patient experience, staff engagement, operational efficiency, and financial performance with trending data and benchmarks
- D. Financial metrics only including cost per patient day, labor costs per productive hour, and supply expenditures per patient discharge

103. A nurse manager is informed that the organization is transitioning from a fee-forservice to a valuebased reimbursement model. Which adjustment to unit operations is MOST important for the nurse manager to prioritize?

- A. Reduce the unit's average length of stay by implementing aggressive discharge planning protocols for all patient populations
- B. Focus on improving quality outcomes, reducing preventable complications, enhancing patient experience, and strengthening care coordination since reimbursement will be tied to value rather than volume
- C. Increase the unit's patient throughput to offset the potential revenue reduction associated with the transition to valuebased payment
- D. Wait for the finance department to provide specific guidance on how the reimbursement change will affect the unit's budget allocation

104. A nurse manager is evaluating the financial impact of nursing staff turnover on the unit. The unit has experienced a twenty percent turnover rate in the past year. Which costs should be included in a comprehensive turnover cost analysis?

- A. The cost of posting job advertisements and the human resources department's recruitment processing fees for each vacancy
- B. Overtime and agency costs during vacancies, recruiting expenses, preemployment screening, orientation and training costs, and the temporary productivity loss during the learning curve for each new hire
- C. The salary differential between the departing experienced nurses and the newly hired nurses who replaced them during the past year
- D. Recruitment advertising costs, signon bonuses offered to new hires, and the cost of temporary agency staff used during vacancy periods

105. A nurse manager is responsible for ensuring that the unit's staffing plan meets state regulatory requirements for nurse-to-patient ratios. The current plan provides adequate ratios during day and evening shifts but falls below requirements during the night shift on weekends. Which action is MOST appropriate?

- A. Document the staffing deficiency and request a waiver from the state regulatory agency for weekend night shifts based on lower patient acuity
- B. Analyze the weekend night shift staffing gap, develop a plan to ensure compliance through adjusted scheduling, crosstraining, float pool utilization, or targeted recruitment, and implement the changes immediately
- C. Accept the weekend night shift staffing variance and monitor for any adverse patient outcomes that might be attributable to the lower ratios
- D. Mandate overtime for day shift nurses to cover weekend night shifts until additional permanent staff can be recruited and hired

106. A nurse manager is assessing the return on investment for a nurse preceptor training program that was implemented one year ago. Which outcome measure provides the STRONGEST evidence of return on investment?

- A. The percentage of preceptors who completed the training program and report increased confidence in their mentoring abilities
- B. The number of positive evaluations submitted by orientees about the quality of their precepted experience on the unit
- C. An increase in patient satisfaction scores since the preceptor program was implemented attributable to improved bedside care
- D. A measurable reduction in new nurse turnover during the first year of employment, decreased orientation length, and improved new nurse competency scores compared to the preprogram baseline

107. A nurse manager receives a directive from the chief financial officer to reduce the unit's total operating expenses by five percent in the next fiscal year. Which approach is MOST likely to achieve sustainable cost reduction without compromising patient care?

- A. Reduce the unit's education budget by fifty percent since education represents a discretionary expenditure that can be restored in future years

B. Eliminate all overtime and implement a strict policy requiring advance administrative approval for any hours worked beyond the scheduled shift

C. Request a meeting with the CFO to negotiate a lower reduction target based on the unit's high patient acuity and specialized care requirements

D. Conduct a thorough analysis of all expense categories, identify specific areas of waste and inefficiency, implement targeted reductions, engage staff in costawareness initiatives, and monitor the impact on quality metrics

108. A nurse manager is developing a business case for implementing a telehealth monitoring program for heart failure patients after discharge from the unit. Which component is MOST critical to the business case?

A. Letters of support from cardiologists on the medical staff endorsing the clinical value of remote patient monitoring after discharge

B. A financial analysis demonstrating the projected reduction in readmissions, associated cost savings, required technology investment, operational costs, and timeline for achieving a positive return on investment

C. A description of the telehealth technology platforms available on the market with comparative pricing and feature analysis for each option

D. Patient testimonials from other hospitals that have successfully implemented telehealth monitoring programs for the heart failure population

109. A nurse manager is participating in the organization's strategic planning process and has been asked to align the unit's annual goals with the hospital's threeyear strategic plan. Which approach is MOST effective?

A. Adopt the organization's strategic goals verbatim as the unit's annual goals to ensure perfect alignment between the unit and the institution

B. Develop unit goals independently based on the unit's specific needs and present them to leadership as the unit's contribution to the plan

C. Review the organizational strategic plan, identify the goals most relevant to the unit's scope and patient population, develop specific measurable unitlevel objectives that contribute to those organizational goals, and establish accountability metrics

D. Request that the strategic planning committee develop the unit-level goals since they have the broadest perspective on organizational priorities

110. A nurse manager is reviewing the unit's payer mix data and notices a significant shift toward government-insured patients with lower reimbursement rates. The shift has been occurring gradually over the past eighteen months. Which action is MOST appropriate?

A. Report the payer mix shift to the finance department and request a budget adjustment to account for the reduced reimbursement rates

B. Analyze the impact of the payer mix shift on the unit's financial performance, identify opportunities to improve operational efficiency to offset reduced revenue, and communicate the trend and its implications to senior leadership

C. Implement cost-cutting measures across all expense categories to compensate for the anticipated revenue decline from the payer mix shift

D. Accept the payer mix change as a market trend beyond the nurse manager's control and continue operating within the current budget parameters

111. A nurse manager is evaluating whether to implement a twelve-hour shift schedule to replace the current eight-hour shift model on the unit. Several staff members have requested the change. Which factor is MOST important to evaluate before making the decision?

A. The preferences of the nursing staff since employee satisfaction with scheduling directly impacts retention and recruitment outcomes

B. The cost differential between the two scheduling models including overtime implications and shift differential expenditures

C. Whether other units in the organization have successfully implemented twelve-hour shifts and the outcomes they experienced

D. The impact on patient safety outcomes, staffing flexibility, continuity of care, fatigue-related risk, staff satisfaction, and financial implications

112. A nurse manager is preparing for a budget justification meeting with the chief financial officer. The unit has exceeded its supply budget by twelve percent and the nurse manager needs to explain the variance. Which preparation approach is MOST effective?

- A. Prepare a narrative explanation attributing the variance to factors outside the manager's control such as supply chain price increases and acuity changes
- B. Request that the finance department adjust the budget retroactively to reflect the actual supply costs incurred during the period in question
- C. Prepare a comparison of supply costs across similar units and demonstrate that the unit's expenditures are consistent with peer benchmarks
- D. Prepare a detailed analysis of the variance including specific drivers, patient volume and acuity correlation, actions already taken to manage costs, and a prospective plan for the remainder of the fiscal year

113. A nurse manager is responsible for integrating a newly acquired physician practice into the hospital's outpatient service line. The practice's staff have different workflows, documentation practices, and cultural norms than the hospital's existing ambulatory team. Which action is MOST important?

- A. Require the physician practice staff to immediately adopt all hospital policies, procedures, and documentation practices to ensure compliance
- B. Conduct a thorough assessment of both teams' workflows and cultures, develop a phased integration plan that respects both groups' strengths, provide education on shared systems and expectations, and establish ongoing communication
- C. Assign a hospital nurse manager to oversee the physician practice staff and ensure that hospital standards are maintained during the transition
- D. Allow the physician practice to maintain its current workflows and documentation systems and integrate administrative functions only

114. A nurse manager is evaluating the effectiveness of a shared governance model that has been in place on the unit for two years. Which evaluation approach provides the MOST comprehensive assessment?

- A. Survey staff satisfaction with the governance council meetings and compile participation attendance data from the past two years

B. Review the number of decisions made by the governance councils compared to the number of decisions made by leadership alone

C. Measure outcomes across multiple dimensions including staff engagement, decision quality, council productivity, impact on clinical practice, and staff perception of empowerment and professional autonomy

D. Compare the unit's quality and satisfaction metrics before and after shared governance implementation without considering other factors

115. A nurse manager is developing a succession plan for the charge nurse role on the unit. Two candidates have been identified, but both lack formal leadership training. Which approach is MOST appropriate?

A. Develop individualized leadership development plans for both candidates including mentoring, progressive responsibility assignments, formal education opportunities, and regular competency assessments

B. Select the candidate with the strongest clinical skills and promote her directly into the charge nurse role with onthejob training

C. Delay the succession planning process until an external candidate with existing leadership experience can be recruited for the position

D. Assign both candidates to serve as acting charge nurses on alternating weekends and evaluate their performance over a sixmonth trial

Answer Key – Exam 2 (with Full Answer Explanations)

1. C — Establishing ground rules that focus on system factors rather than blame creates psychological safety for honest discussion. Acknowledging emotional impact validates staff reactions while redirecting energy toward learning. Post-incident debriefings are most productive when participants feel safe to analyze events without fear of personal attack.

2. A — Using data from nursing-sensitive indicators demonstrates nursing's measurable contribution to patient experience and establishes credibility through evidence rather than assertion. Requesting structured input for each discipline creates equitable participation. Effective interdisciplinary committee work requires each discipline to substantiate its contributions with data.

3. B — A team discussion about inclusive practices combined with assessment of communication patterns and structured team-building addresses the systemic issue rather than treating it as an individual problem. Exclusion is often unintentional and rooted in established group norms that the team may not recognize without facilitated reflection.

4. C — Investigating the allegation through a confidential conversation with the charge nurse, reviewing what information was shared, and reinforcing expectations balances accountability with fairness. Anonymous complaints cannot be dismissed solely because the reporter is unknown; the manager has an obligation to assess whether a breach of confidentiality occurred.

5. C — Delivering difficult news in person demonstrates leadership presence and allows the manager to gauge staff reactions, answer questions, and provide emotional support in real time. Acknowledging the negative impact and being transparent about unknowns builds credibility even when the message itself is unwelcome.

6. A — Bringing representatives from both departments together to map the workflow and jointly develop improvements addresses the communication breakdown at its source. Cross-departmental process improvement requires shared understanding of each team's constraints and collaborative solution design rather than unilateral protocols.

7. B — Directing media inquiries to the designated spokesperson is the appropriate response regardless of the manager's knowledge of the incident. Organizations designate media contacts to ensure consistent, legally reviewed messaging. Speaking to the press without authorization creates liability and may compromise ongoing investigations.

8. B — Acknowledging the methodology concern demonstrates respect for the nurse's critical thinking, while offering to review the process and refocusing on compliance barriers keeps the conversation productive. Dismissing data concerns or tabling the discussion signals that staff input is unwelcome and undermines engagement.

9. C — Role-playing with a structured framework like SBAR provides experiential learning in a safe environment, building both competence and confidence. Gradual assumption of independent responsibility allows the charge nurse to develop skills incrementally. Scripts create dependence while observation alone does not develop the nurse's own communication ability.

10. B — Facilitating a meeting with both physicians and nursing representatives addresses the root cause: lack of standardization. An evidence-based approach grounds the discussion in data rather than

preference. Conflicting protocols create patient safety risks that require collaborative resolution rather than hierarchical mandates.

11. B — Rotating meeting times, creating asynchronous participation methods, and appointing night shift governance representatives address the structural barriers that exclude night shift staff. Inclusion requires systemic changes to when, where, and how decisions are made rather than asking the excluded group to accommodate the existing structure.

12. D — Observing current practice, gathering input from both the sending and receiving units, identifying specific information gaps, and standardizing the process addresses the problem comprehensively. Effective handoff improvement requires understanding both what is missing and why it is missing before redesigning the protocol.

13. D — Acknowledging current efforts validates staff, presenting evidence grounds the discussion in data, piloting creates a low-risk trial, and evaluating results together builds shared ownership. Staff resistance to structured rounding often stems from the perception that leadership does not recognize what nurses already do.

14. B — Inviting chaplaincy into existing unit workflows such as huddles creates visibility and normalizes the referral process. Educating nurses on recognizing spiritual distress builds clinical competency. Integration into existing care planning workflows ensures referrals happen naturally rather than as an afterthought.

15. B — Directly addressing the practice with the physician, explaining the safety and regulatory concerns, and collaborating on a solution models effective interprofessional communication. Text message orders bypass verification safeguards built into the EHR. Nurses need leadership support to address physician practices that create patient safety risk.

16. A — Intervening to redirect the conversation, acknowledging differing perspectives, and refocusing on the shared objective maintains meeting productivity while modeling constructive conflict management. Allowing personal arguments to continue erodes group trust and wastes limited meeting time.

17. C — Informing staff about the leave of absence, maintaining confidentiality on personnel details, addressing workload coverage, and discouraging speculation balances transparency with legal and

ethical obligations. Fabricating reasons like medical leave is dishonest and could create legal exposure if discovered.

18. D — Discussing specific feedback examples, identifying contributing behaviors, role-playing alternatives, developing an action plan, and scheduling follow-up provides a comprehensive coaching framework. Effective coaching requires specificity about what needs to change, practice of the desired behavior, and accountability for improvement.

19. A — Regular interdisciplinary simulation exercises build team communication competence through deliberate practice under realistic conditions. Closed-loop communication and role clarity must be rehearsed before emergencies occur. Structured debriefing after real events reinforces learning and identifies ongoing communication gaps.

20. A — Including the case manager in daily rounds and establishing a structured communication process creates systematic information flow rather than relying on individual initiative. Relationship-building between departments requires routine collaboration embedded in daily workflows rather than periodic meetings or technology solutions alone.

21. C — Acknowledging workload concerns validates the resistance, clarifying the role's scope reduces uncertainty, mentor training builds capability, and professional recognition provides non-monetary incentive. Mandating participation creates resentment while financial incentives alone do not build commitment to the mentoring relationship.

22. D — A comprehensive response that includes apology, investigation, documentation of communication preferences, process improvement, and follow-up addresses both the immediate complaint and the underlying system gap. Communication preference documentation that is visible to all caregivers prevents recurrence across all future interactions.

23. A — Developing a structured template, practicing in low-pressure settings, and gradually increasing group exposure builds communication competence incrementally. Public speaking anxiety responds to preparation, practice, and progressive desensitization rather than avoidance or external support that prevents skill development.

24. B — A data-driven proposal demonstrating improved outcomes and cost savings at comparable institutions addresses the pharmacy director's likely objections with evidence. Identifying mutual

benefits frames the request as a partnership opportunity rather than a resource demand. Previous denials to other units suggest that emotional appeals will be insufficient.

25. D — Acknowledging that frustrations exist, creating constructive internal channels, and reminding staff of professional conduct policies addresses both the symptom and the underlying cause. Employees discussing working conditions is protected activity, but the existence of a private grievance group signals that internal feedback mechanisms are inadequate.

26. D — Explaining the rationale, acknowledging the impact, offering input within parameters, and providing a transition period demonstrates respect for staff while implementing the required change. People accept unwelcome changes more readily when they understand the reasoning, feel heard, and retain some degree of control.

27. C — A zero-tolerance policy with clear expectations, education on lateral violence, progressive accountability for identified individuals, and ongoing culture assessment provides a comprehensive intervention. Lateral violence requires both individual accountability and systemic cultural change to sustain improvement.

28. A — Collaborating with the deaf nurse and HR to identify accommodations, educating staff on communication strategies, and integrating technology into workflows ensures genuine inclusion. The deaf nurse should be an active participant in determining what accommodations are most effective rather than having accommodations imposed without input.

29. D — Demonstrating consistency between words and actions, following through on commitments, maintaining visibility, seeking input, and communicating transparently rebuilds trust through sustained behavior rather than grand gestures. Trust after repeated leadership changes is rebuilt incrementally through reliable, authentic leadership presence.

30. B — A nurse-driven protocol with validated screening criteria creates a systematic, reliable process that does not depend on individual physician ordering behavior. Nurse-driven VTE prophylaxis protocols have demonstrated improved compliance and reduced VTE events across multiple studies. Systematic triggers eliminate the gaps that occur with order-dependent approaches.

31. B — Immediate notification of infection prevention and initiation of an epidemiological investigation is the priority response to a cluster of infections. Preserving data and specimens is critical

for identifying the source. Restricting admissions before identifying the cause may be unnecessary and disrupts patient flow.

32. C — Ventilator days, ICU length of stay, hospital-acquired pneumonia rates, and functional status at discharge are the clinically meaningful outcomes that determine whether early mobility achieves its intended purpose. Process measures like consultation counts do not capture whether the protocol actually improves patient outcomes.

33. D — Immediate removal of the recalled medication, notification of pharmacy and risk management, identification of affected patients, and incident reporting addresses all dimensions of a medication recall. Patient safety requires rapid removal of the product while organizational reporting ensures affected patients receive appropriate monitoring.

34. D — Reporting equipment failures, implementing a standardized safe manual verification process, and tracking override frequency addresses both the technology problem and the patient safety risk. Prohibiting overrides entirely delays medication administration, while allowing uncontrolled overrides eliminates a safety barrier.

35. C — Evaluating barriers, optimizing the EHR workflow, re-educating on clinical significance, and implementing monitoring with real-time feedback addresses both the system and human factors contributing to inconsistent use. Tools that are cumbersome within existing workflows are consistently underutilized regardless of clinical value.

36. A — Assessing unit-specific risk factors and developing a comprehensive program including training, environmental modifications, reporting, and post-incident support meets the regulatory requirement while addressing the specific vulnerabilities of the unit. Generic security measures do not substitute for a tailored violence prevention program.

37. D — A multidisciplinary approach including teach-back education, early discharge planning, medication reconciliation, post-discharge follow-up, and community resource referral addresses readmission through multiple evidence-based strategies. Readmission reduction requires intervention across the entire care continuum, not a single-point solution.

38. B — Collaborating with the procedural team to redesign the process, implementing standardized verification, conducting education, and establishing ongoing monitoring transforms the root cause

analysis findings into sustained system improvement. Wrong-site surgery events are system failures that require system-level redesign.

39. A — Assessing current practices against guidelines, educating on multimodal strategies, and integrating non-pharmacological interventions into care protocols creates systematic change. Evidence-based pain management requires a structured approach that makes non-pharmacological options a routine part of the care plan rather than an afterthought.

40. A — A pharmacist-led review at forty-eight hours with nursing notification triggers creates a reliable system-level intervention supported by staff education and compliance tracking. Antibiotic stewardship is most effective when it includes proactive review mechanisms rather than relying on individual prescriber behavior.

41. C — Analyzing the specific eight percent non-compliance to identify patterns such as shift, patient population, or workflow barriers enables targeted intervention. Closing a small compliance gap requires understanding the specific reasons for the failures rather than implementing broad interventions that may not address the actual cause.

42. C — Maintaining ongoing readiness through consistent daily practices, regular self-assessments, real-time gap correction, and a culture of continuous compliance ensures that the unit is always survey-ready. Preparedness achieved through cramming before an expected survey is unsustainable and does not reflect genuine quality.

43. A — Notifying compliance and risk management, preserving documentation, and cooperating with the investigation are the immediate priorities when a state health department grievance is filed. Attempting to resolve the grievance directly or gathering staff statements before notifying organizational leaders could compromise the investigation.

44. A — Screening with a validated tool, integrating nutrition counseling into discharge planning, and connecting patients to community resources directly addresses food insecurity at the unit level within the nurse manager's scope. Population health integration requires actionable interventions embedded in the care delivery model.

45. B — Analyzing the specific low-scoring indicators, identifying contributing factors, developing a targeted action plan, and engaging frontline staff in implementation addresses the unit's contribution to

the declining star rating with measurable accountability. Waiting for a system-wide plan delays action on problems within the manager's control.

46. D — Education on recognizing indicators, organizational protocols for safe screening and reporting, victim support resources, and legal and ethical obligations provides a comprehensive foundation. Human trafficking recognition requires sensitivity, safety awareness, and knowledge of proper reporting channels rather than immediate law enforcement contact.

47. A — Providing input on staffing models, role reassignment, patient flow, and communication plans specific to the unit's capabilities contributes the operational nursing expertise that emergency preparedness planning requires. Nurse managers bring practical knowledge about what resources are available and how they can be deployed during surges.

48. C — Reviewing the updated guidelines, collaborating with infection prevention to assess applicability, updating unit practices, and educating staff ensures an evidence-based and organizationally coordinated response. Implementing CDC guidelines without infection prevention coordination may conflict with other organizational protocols.

49. C — Implementing an independent double-check specifically for high-alert medications on the evening shift and evaluating environmental and workflow factors targets the intervention precisely to the identified risk. Blanket policies across all shifts and medications dilute focus and create unnecessary burden where the risk is low.

50. D — Redesigning the assessment workflow, implementing tiered escalation alerts, reallocating resources during high census, and monitoring compliance in real time addresses both the system design and the resource allocation issues driving the delays. Sustainable compliance during high census requires workflow integration rather than reliance on individual heroics.

51. C — Articulating a compelling vision, setting clear expectations, recognizing high performance, holding staff accountable, and recruiting talent aligned with the vision creates the conditions for cultural transformation. Culture change requires both raising the ceiling through recognition and raising the floor through accountability.

52. C — Integrating compliance into daily routines, embedding EHR reminders, maintaining visible data, engaging unit champions, and addressing emerging barriers creates the infrastructure for sustained

change. Initial compliance often declines after training enthusiasm fades; sustainability requires hardwiring into systems and ongoing peer reinforcement.

53. A — Equitable redistribution, mentoring during complex cases, and structured skill development builds team-wide competence while leveraging the experienced nurse's skills in a teaching capacity. Over-reliance on one clinician creates a single point of failure and prevents the team from developing the skills needed for long-term organizational resilience.

54. A — In Kotter's model, developing and communicating a clear vision follows establishing urgency and forming a guiding coalition. The vision provides direction and purpose for the change effort. Without a compelling vision, the guiding coalition lacks a shared destination and staff cannot understand what they are working toward.

55. C — A competitor's program closure creates a potential service expansion opportunity for the organization, which is an external factor favorable to the organization's strategic interests. In SWOT analysis, opportunities are external conditions that the organization can leverage for growth or improvement.

56. B — A private meeting with the physician to understand concerns and discuss the impact of undermining nursing leadership models collaborative problem-solving. Understanding the physician's objections may reveal legitimate concerns that can improve the policy. Public confrontation or unilateral escalation damages the interdisciplinary relationship.

57. D — Analyzing turnover data by unit, tenure, and reason, conducting stay interviews, reviewing compensation and work environment, and developing a multi-strategy plan targets the highest-impact drivers. Effective retention strategies are data-driven and multi-faceted because turnover has multiple contributing causes that vary across units and tenure groups.

58. B — Reviewing practices with charge nurses, establishing equitable criteria, communicating expectations, and monitoring compliance corrects the inequity while maintaining appropriate scheduling authority at the charge nurse level. Scheduling that systematically disadvantages newer staff creates resentment, increases turnover, and undermines team cohesion.

59. D — Increased visibility, meaningful one-on-one conversations, follow-through on commitments, and authentic consistent interest demonstrate genuine caring through sustained behavior. Staff perceive caring through daily interactions and leadership reliability rather than single events or periodic gestures.

60. A — Evaluating which tasks can be safely delegated based on scope of practice, developing competency requirements, creating a supervision framework, and advocating for safety modifications applies professional judgment to the operational decision. Patient safety must be preserved while respecting organizational financial realities.

61. D — A multifaceted wellness program including peer support, resilience training, debriefings, workload assessment, and leadership support addresses compassion fatigue through multiple complementary strategies. Compassion fatigue is a complex phenomenon that requires systemic intervention beyond individual counseling referrals.

62. B — A structured leadership development pathway with objective identification criteria, mentoring, progressive assignments, and growth support creates a systematic pipeline rather than relying on self-selection. Organizations that proactively develop leaders build stronger succession capacity than those that wait for individuals to volunteer.

63. A — Educating staff on transparent documentation, reviewing practices for accuracy and patient-friendliness, and developing strategies for patient questions prepares the unit for the inevitable shift toward patient record access. Accurate, clear documentation is a professional standard regardless of who reads it.

64. A — Open communication, fair treatment, transparent process, and support regardless of outcome demonstrate integrity during a difficult organizational change. Leaders who communicate honestly during restructuring maintain credibility even with the person who does not retain the position.

65. B — Beginning with a clinical practice council focused on a topic staff care about creates early success and demonstrates governance value. Education on governance principles builds understanding while successful experience builds commitment. Expanding after initial success is more sustainable than launching everything simultaneously.

66. C — Acknowledging that concerns exist, creating structured opportunities for input, and demonstrating willingness to listen and act addresses the underlying dissatisfaction that motivated the letter. Anonymous communications signal that staff do not trust available feedback channels, which requires the leader to create safer alternatives.

67. C — Matching the methodology to the nature of the problem ensures the most effective approach. Lean focuses on eliminating waste and improving flow while Six Sigma focuses on reducing variation

and defects. Using the wrong methodology for the problem type produces suboptimal results regardless of implementation quality.

68. A — Assembling a multidisciplinary team, mapping the process, identifying variation sources, implementing standardized protocols, and establishing real-time monitoring addresses the variation systematically. Wide time ranges indicate process inconsistency that requires system redesign rather than individual accountability.

69. A — Serving as a mentor with structured guidance, resource connections, feedback checkpoints, and protected autonomy develops the nurse's leadership capacity while supporting the innovation's success. Taking over the project eliminates the development opportunity while complete independence without support risks failure.

70. C — A structured knowledge transfer program pairing experienced and less experienced nurses, documentation of institutional knowledge, and succession planning proactively addresses the impending loss of organizational knowledge. Retirement waves represent a significant institutional knowledge risk that cannot be addressed through replacement hiring alone.

71. B — Collecting specific examples, reviewing them with the system developer, and advocating for modifications while maintaining consistent use balances staff expertise with organizational commitment. Frontline nurses are the best source of information about where acuity tools fail to capture clinical reality.

72. C — Preoccupation with failure is the hallmark of high reliability that encourages near-miss reporting, systematic vulnerability analysis, and proactive process redesign before adverse events occur. High reliability organizations treat every near-miss as a window into system weaknesses rather than evidence that the system worked.

73. D — Comprehensive preparation including hands-on training, super-user identification, workflow rehearsals, contingency plans, and clear support communication addresses the practical and psychological dimensions of EHR transitions. Staff anxiety decreases when they feel technically prepared, know who to call for help, and understand what happens if the system fails.

74. A — Clarifying decision-making authority, providing frameworks, debriefing decisions, and progressively expanding autonomy builds charge nurse decision-making competence systematically.

Dependence on the manager for all decisions indicates unclear authority boundaries or insufficient confidence, both of which are addressable through structured development.

75. B — Presenting evidence, addressing scope concerns, proposing a collaborative protocol with physician oversight, and piloting the approach respects physician perspectives while advancing the evidence-based initiative. Nurse-driven protocols with physician oversight frameworks have demonstrated both safety and improved outcomes across multiple clinical areas.

76. A — Establishing shared purpose, leveraging disciplinary expertise, creating collaborative decision-making, maintaining accountability through milestones, and communicating transparently are the essential elements of effective cross-functional team leadership. Cross-functional teams require a leader who integrates diverse perspectives rather than managing in silos.

77. C — Focused agendas, time limits, clear action items with assigned owners and deadlines, and an evaluation mechanism transform meetings from discussion forums into accountability structures. Recurring unresolved issues indicate that meetings lack the follow-through mechanisms needed to convert discussion into action.

78. C — Inspiring through vision, modeling excellence, fostering intellectual stimulation, and providing individualized support are the four components of transformational leadership as described by Bass. Transformational leaders elevate staff performance by engaging their intrinsic motivation rather than relying on contingent rewards or management by exception.

79. A — Evaluating requests against established criteria including strategic alignment, individual development needs, equitable distribution, and ROI ensures transparent, defensible allocation decisions. Limited resources require prioritization frameworks that balance organizational and individual needs while maintaining perceived fairness.

80. C — Falsifying acuity scores is an integrity violation requiring progressive discipline, data correction, system vulnerability review, and re-education. Accurate acuity data is foundational to staffing decisions, budget management, and patient safety. Treating falsification as a minor coaching opportunity fails to address the seriousness of the breach.

81. C — Verifying IRB approval, reviewing the protocol for impact on care and workload, consulting organizational leadership, and ensuring policy alignment are prerequisite steps before committing the

unit to research participation. Research involving patients and staff requires ethical oversight and organizational authorization regardless of the study's potential value.

82. B — Helping develop content, providing progressive practice opportunities, offering constructive feedback, and connecting with experienced presenters provides comprehensive support for professional growth. Effective mentoring develops the mentee's own capabilities rather than substituting the mentor's expertise through co-presentation.

83. A — Assessing specific deficiencies, providing targeted education on ethical and legal requirements, integrating consent verification into workflows, and monitoring compliance addresses the gap systematically. Informed consent is both an ethical obligation and a legal requirement that must be embedded in clinical processes rather than left to individual initiative.

84. B — Assessing contributing factors, seeking support, establishing boundaries, delegating appropriately, and utilizing wellness resources demonstrates self-awareness and proactive self-care. Professional accountability includes recognizing when personal well-being is compromised and taking constructive action before performance and health deteriorate.

85. D — Directly addressing the behavior, explaining the violation of patient rights and professional boundaries, documenting the conversation, and monitoring for recurrence provides clear accountability. Imposing personal religious beliefs during care interactions violates patient autonomy regardless of the nurse's compassionate intent.

86. A — Reinforcing that the hiring process evaluated suitability, reminding staff of confidentiality obligations, and redirecting focus to professional performance protects the new hire's privacy while addressing staff concerns. Personnel information is confidential, and the nurse manager's role is to facilitate professional integration rather than disclose personal history.

87. D — Declining the offer and reporting it represents the only response that fully protects professional objectivity and organizational integrity. Vendor-funded trips in exchange for endorsements create conflicts of interest that compromise the nurse manager's ability to make objective product decisions for the unit.

88. B — Consulting legal and HR to understand the implications before acting ensures that the nurse manager's response is legally sound and policy-compliant. Expert witness testimony involves complex

legal considerations including employment law and professional rights that require organizational guidance rather than unilateral manager action.

89. A — Honest self-assessment, gap identification, targeted preparation, and evidence of professional growth through concrete examples demonstrate the reflective practice that professional accountability requires. Certification renewal is an opportunity for genuine competency evaluation rather than a procedural formality.

90. D — Reviewing dual employment and conflict of interest policies, addressing confirmed violations individually, reinforcing confidentiality expectations, and ensuring policy acknowledgment provides a structured, fair approach. Dual employment is not inherently prohibited but requires clear expectations about confidentiality and conflict of interest.

91. D — Falsified clinical documentation is a serious professional and legal violation that requires formal disciplinary action, organizational reporting, and patient safety review. Documentation that does not reflect actual assessments creates patient safety risk and represents professional misconduct regardless of the nurse's clinical competence.

92. C — Weighing operational impact against professional development value, exploring coverage options, and considering policies creates a balanced decision-making framework. Blanket approvals or denials fail to consider the specific circumstances, while nurse managers have both the authority and responsibility to make these nuanced decisions.

93. B — A thorough literature review, contextual applicability assessment, stakeholder engagement, and data-driven proposal demonstrate professional accountability in translating conference learning into practice change. Innovation enthusiasm must be tempered by rigorous evaluation before implementation to ensure the model fits the unit's specific needs.

94. B — Removing the nurse from patient care until certification is renewed, following organizational policy, and implementing a prevention system addresses both the immediate safety concern and the systemic gap. Expired BLS certification means the nurse cannot demonstrate current competency in a life-saving skill required for patient care.

95. D — Presenting evidence on both approaches and advocating for a model that prioritizes safety while considering operational feasibility demonstrates the balanced professional judgment expected of

nurse leaders. Professional accountability requires evidence-based advocacy that considers all stakeholders rather than reflexive alignment with any single constituency.

96. A — The benefit replacement factor accounts for all nonproductive hours that prevent staff from being available for direct patient care, making it essential for calculating the true number of FTEs needed. Without this factor, the staffing budget will underestimate the positions needed to fill the schedule and result in chronic coverage gaps.

97. D — Investigating overtime, orientation costs, agency utilization, staff mix variations, and census-based staffing adjustments identifies the specific drivers of the salary variance. Below-census units can still exceed salary budgets if overtime, agency, or orientation costs are not managed in proportion to volume changes.

98. A — A clinical and financial justification with maintenance costs, safety implications, ROI, useful life, and strategic alignment provides the comprehensive case that capital budget committees require for approval. Capital requests compete for limited organizational resources and must demonstrate both clinical necessity and financial prudence.

99. D — Collaborating with clinical experts and supply chain to identify evidence-based alternatives, educating staff, developing clinical guidelines, and communicating a timeline addresses the disruption comprehensively. Supply chain disruptions require coordinated clinical and logistical responses rather than ad hoc substitution decisions.

100. B — Examining specific expense categories identifies the actual drivers of the cost increase rather than relying on assumptions about inflation or implementing indiscriminate cuts. Cost per patient day increases with stable census and acuity indicate that specific expense categories have grown, each requiring different corrective strategies.

101. C — Negotiating modified terms or exploring shared commitments across units optimizes the contract value while managing financial risk. Minimum purchase commitments that exceed projected utilization create unnecessary cost exposure, but the lower unit pricing may benefit the organization if the commitment can be distributed appropriately.

102. C — A balanced set of indicators across clinical quality, patient experience, staff engagement, operational efficiency, and financial performance with trending and benchmarks provides a comprehensive operational overview. Single-dimension dashboards create blind spots that prevent leaders from seeing how improvement in one area may affect another.

103. B — Value-based reimbursement ties payment to quality outcomes, complication reduction, patient experience, and care coordination rather than volume. Nurse managers must shift operational priorities from throughput to outcome optimization since preventable complications and poor patient experiences will directly reduce reimbursement.

104. D — Recruitment advertising, sign-on bonuses, agency and overtime costs during vacancies, pre-employment screening, orientation and training, and productivity loss during the learning curve represent the full financial impact. Comprehensive turnover cost analyses typically reveal costs far exceeding what organizations estimate when considering only direct replacement expenses.

105. B — Analyzing the specific staffing gap and developing a compliance plan through scheduling adjustments, cross-training, float pool, or recruitment addresses the regulatory deficiency directly. Non-compliance with staffing regulations creates both legal liability and patient safety risk that cannot be waived or tolerated.

106. D — Measurable reduction in first-year turnover, decreased orientation length, and improved competency scores provide quantifiable evidence that the preceptor program produces outcomes worth the investment. ROI requires comparing measurable outcomes to program costs, and retention is the highest-value outcome for preceptor programs.

107. D — Thorough analysis of all expense categories, identification of waste and inefficiency, targeted reductions, staff engagement in cost awareness, and quality impact monitoring ensures that cost reductions are sustainable and clinically safe. Across-the-board cuts and blanket overtime elimination risk compromising care quality and staff morale.

108. B — A financial analysis with projected readmission reduction, cost savings, technology investment, operational costs, and ROI timeline provides the quantitative justification that organizational decision-makers require. Business cases must translate clinical benefits into financial terms to secure capital investment approval.

109. C — Reviewing the strategic plan, identifying goals relevant to the unit, developing specific measurable objectives, and establishing accountability metrics creates meaningful alignment between organizational strategy and unit operations. Verbatim adoption of organizational goals fails to translate strategy into unit-level action.

110. B — Analyzing the financial impact, identifying efficiency opportunities to offset reduced revenue, and communicating the trend to leadership demonstrates proactive financial management. Payer mix shifts require the nurse manager to understand revenue implications and develop operational responses within the scope of unit-level control.

111. D — Evaluating the impact on patient safety, staffing flexibility, continuity of care, fatigue risk, staff satisfaction, and financial implications provides a comprehensive decision framework. Scheduling model changes affect multiple operational dimensions that must all be considered before implementation rather than prioritizing any single factor.

112. D — A detailed variance analysis with specific drivers, volume and acuity correlation, actions already taken, and a prospective management plan demonstrates financial accountability and credibility. Budget justification meetings require the manager to demonstrate both understanding of the variance and a plan for managing expenses going forward.

113. B — Assessing both teams' workflows and cultures, developing a phased integration plan, providing education, and establishing communication respects the acquired practice's strengths while achieving operational integration. Forced immediate adoption of hospital systems creates resistance and risks losing the practice's institutional knowledge.

114. C — Measuring outcomes across staff engagement, decision quality, council productivity, clinical practice impact, and empowerment perception provides a multidimensional evaluation. Shared governance effectiveness extends beyond meeting attendance and decision counts to include the quality and impact of governance activities on unit operations.

115. A — Individualized development plans with mentoring, progressive responsibility, formal education, and regular assessments builds both candidates' leadership capacity simultaneously. Succession planning requires proactive development rather than direct promotion of unprepared candidates or delay while searching externally.