

PRACTICE EXAM 4 — FULLLENGTH SIMULATION (115 QUESTIONS)

1. A nurse manager receives simultaneous complaints from three different sources: a physician upset about delayed lab notifications, a family member alleging staff rudeness, and a staff nurse requesting an urgent schedule change. Which complaint should the nurse manager address FIRST?

- A. The physician complaint, because physician relationships directly affect the collaborative care environment and interdisciplinary communication
- B. The staff nurse request, because supporting staff needs demonstrates leadership accessibility and builds trust within the team
- C. The family member complaint, because it represents a patient experience concern that may indicate an active care delivery issue requiring immediate assessment
- D. All three simultaneously by delegating the physician and staff complaints to the charge nurse while personally handling the family member complaint

2. A nurse manager is responsible for a unit in a unionized hospital. A union steward approaches the manager during a staff meeting and publicly challenges a new scheduling policy, stating that the policy violates the collective bargaining agreement. Several staff members are watching the interaction. Which response is MOST appropriate?

- A. Ask the union steward to stop disrupting the staff meeting and schedule a private meeting to discuss the grievance through proper labor relations channels
- B. Engage in the discussion publicly to demonstrate transparency and willingness to address union concerns in front of the staff members who are affected
- C. Acknowledge the concern professionally, state that the matter will be reviewed against the collective bargaining agreement, and offer to meet privately to discuss specifics
- D. Defer the discussion entirely to the human resources labor relations department since union contract interpretation is outside the nurse manager's authority

3. A nurse manager learns that a staff nurse has requested Family and Medical Leave Act leave to care for a seriously ill parent. The nurse's absence will create a significant staffing gap on the unit during a period of already constrained staffing. Which action is MOST appropriate?

A. Ask the nurse to delay the FMLA leave until the staffing situation stabilizes since the unit cannot safely absorb an additional vacancy at this time

B. Approve the leave but require the nurse to find her own coverage for the shifts she will miss before the leave can officially begin

C. Contact the human resources department to verify whether the nurse's request can be denied based on operational staffing needs and patient safety concerns

D. Direct the nurse to human resources to initiate the FMLA process, develop a staffing contingency plan to cover the absence, and ensure the nurse understands her rights

4. A nurse manager has a staff member who returns to work after an extended medical leave with restrictions that limit her ability to perform certain physical tasks. The restrictions affect approximately twenty percent of the nurse's usual duties. Which action is MOST appropriate?

A. Assign the nurse exclusively to documentation and telephone triage duties until the medical restrictions are fully lifted by the treating physician

B. Request a meeting with human resources and the occupational health department to determine whether the nurse can return to full duty without restrictions

C. Collaborate with human resources and the nurse to identify reasonable accommodations that allow the nurse to perform the essential functions of her position within the parameters of her medical restrictions

D. Place the nurse on continued medical leave until she can return to full duty without restrictions since modified duty assignments are not available on the unit

5. A nurse manager is preparing for a crucial conversation with a staff nurse about a pattern of unprofessional behavior that includes eyerolling during team meetings, sighing loudly when assigned patients, and making sarcastic comments to colleagues. Which approach is MOST effective?

A. Address the behavior during the next staff meeting so that all team members hear the expectations and understand that unprofessional behavior will not be tolerated

B. Describe the specific behaviors observed without labeling the nurse's character, explain the impact on team dynamics and patient care, listen to the nurse's perspective, and collaboratively establish expectations with consequences

C. Document the behaviors in a written warning and place it in the nurse's personnel file without a face-to-face conversation to avoid a potentially confrontational interaction

D. Ask the charge nurse to address the behavior informally since the charge nurse works more closely with the staff nurse and may have a stronger peer relationship

6. A nurse manager is working to improve communication between the day surgery unit and the inpatient floor that receives surgical patients. Postoperative nurses report that they frequently receive patients without adequate information about intraoperative events, fluid administration, and anticipated recovery concerns. Which action is MOST effective?

A. Require the day surgery unit to complete a standardized postoperative summary form and place it on the patient's chart before transfer to the inpatient floor

B. Request that the anesthesiologist call the receiving nurse directly to provide a verbal report on all intraoperative events and concerns before each patient transfer

C. Convene a joint meeting with day surgery and inpatient nursing representatives to codevelop a standardized perioperative handoff process that addresses both teams' information needs

D. Implement an electronic handoff tool within the health record that autopopulates intraoperative data and requires completion before the patient can be transferred

7. A nurse manager receives feedback from a patient advocate that families of patients in isolation rooms feel neglected because nursing staff spend less time in these rooms compared to nonisolation patients. Which intervention is MOST targeted?

A. Assign one dedicated nurse per shift to care exclusively for all isolation patients to ensure consistent attention and reduce perceived disparities in care delivery

B. Post a reminder outside each isolation room reminding nurses to spend equal time with isolation and nonisolation patients during their shift assignments

C. Review patient satisfaction data specifically for isolation patients and present the findings to staff at the next meeting to raise awareness of the disparity

D. Implement purposeful rounding in isolation rooms with documented intervals, bundle care activities to maximize time spent with patients, and educate staff on the psychosocial impact of isolation

8. A nurse manager is preparing to deliver a presentation to the hospital board of directors about the unit's quality outcomes. The audience includes nonclinical board members who may not understand healthcare terminology. Which presentation strategy is MOST effective?

A. Include a glossary of medical terms at the beginning of the presentation so board members can reference definitions throughout the slides

B. Prepare two versions of the presentation—one technical version for clinical board members and one simplified version for nonclinical board members

C. Use plain language, visual data displays, patient stories, and comparisons to national benchmarks to make quality data accessible and meaningful to a nonclinical audience

D. Request that the chief nursing officer deliver the presentation instead since senior executives have more experience communicating with boardlevel audiences

9. A nurse manager is managing a conflict between the physical therapy department and nursing over the timing of patient mobilization. Physical therapists prefer to mobilize patients during morning hours, which conflicts with nursing assessment and medication administration schedules. Which approach BEST resolves the scheduling conflict?

A. Establish a policy that nursing assessments and medication administration take priority over physical therapy scheduling since these are timecritical patient care activities

B. Bring nursing and physical therapy representatives together to analyze the current workflows, identify scheduling overlaps, and codevelop a coordinated daily schedule that accommodates both departments' priorities

C. Ask the physical therapy department to adjust their scheduling to accommodate nursing workflows since the inpatient unit schedule should take precedence over ancillary services

D. Implement a rotating priority system where nursing has scheduling priority on evennumbered days and physical therapy has priority on oddnumbered days

10. A nurse manager is coaching a preceptor who consistently provides feedback to orientees using only written checklists. The orientees report feeling that they do not receive meaningful guidance and that the checklists do not capture the nuances of their clinical development. Which coaching intervention is MOST appropriate?

- A. Provide the preceptor with more detailed checklists that include space for written narrative comments alongside each competency item being evaluated
- B. Replace the checklistbased evaluation with an entirely verbal feedback approach that allows the preceptor to discuss performance in a conversational format
- C. Assign a different preceptor to the current orientees since the checklistonly approach has already negatively affected their learning experience and development
- D. Teach the preceptor to integrate verbal realtime feedback with structured debriefing conversations, model the technique through demonstration, and maintain the checklist as a supplemental documentation tool

11. A nurse manager discovers that a group of staff nurses has been texting each other during work hours to coordinate break schedules and share clinical updates about patients. The texts include patient room numbers and brief clinical descriptions but no patient names. Which action is MOST appropriate?

- A. Allow the texting to continue since no patient names are being shared and the communication is supporting clinical coordination among the nursing team
- B. Confiscate the personal phones of the nurses involved and implement a policy prohibiting personal phone use during working hours on the unit
- C. Educate the staff on the privacy risks associated with transmitting any patient information via unsecured personal text messaging and redirect clinical communication to approved organizational platforms
- D. Report the texting behavior to the compliance department as a HIPAA violation and allow them to determine the appropriate disciplinary response

12. A nurse manager is leading a project to standardize the unit's approach to patient and family education. Currently, each nurse provides education differently, resulting in inconsistent information delivery and knowledge gaps at discharge. Which approach is MOST effective?

- A. Require all nurses to use identical scripted education for every patient to eliminate variation and ensure consistent information delivery across all shift assignments
- B. Purchase a commercially available patient education software system and require nurses to use it for all patient education interactions on the unit
- C. Engage frontline nurses in developing standardized education content and delivery methods based on evidence, while allowing individualization to meet each patient's unique learning needs and preferences

D. Assign patient education responsibilities exclusively to the unit educator and discharge planner to ensure that only trained specialists deliver education

13. A nurse manager is addressing a situation where a nurse consistently dominates team huddles, frequently interrupting colleagues and steering every conversation toward her own concerns. Other team members have stopped participating meaningfully. Which action should the nurse manager take FIRST?

A. Implement a formal agenda and time limits for each huddle participant to ensure equitable speaking time and reduce opportunities for any single individual to dominate

B. Speak privately with the dominating nurse about the specific behaviors observed, discuss their impact on team participation, and collaboratively develop strategies for more balanced communication

C. Address the behavior publicly during the next huddle to demonstrate that the expectation applies to everyone and to model appropriate communication norms for the team

D. Allow the huddle dynamic to selfcorrect over time since team communication patterns naturally evolve as members become more comfortable in the group setting

14. A nurse manager is preparing for an annual planning meeting with the director of nursing. The manager wants to advocate for additional resources for the unit including a new FTE position and upgraded monitoring equipment. Which preparation approach is MOST likely to result in approval?

A. Prepare a list of all resource deficiencies on the unit and present them with urgency to convey the critical nature of the unit's unmet needs to the director

B. Develop a datadriven proposal linking each resource request to specific quality outcomes, financial impact, and strategic alignment, with supporting evidence and projected return on investment

C. Ask the staff to sign a petition supporting the resource requests and present the petition to demonstrate the level of need perceived by the frontline team

D. Schedule individual meetings with peer nurse managers to build a coalition of support before presenting the requests to the director of nursing

15. A nurse manager has inherited a unit where the previous manager made all decisions unilaterally without staff input. Staff members are reluctant to share opinions or participate in decisionmaking. Which strategy is MOST effective for gradually building participatory engagement?

- A. Begin by soliciting staff input on low-risk decisions, demonstrate that input is valued by acting on feedback, progressively expand the scope of participatory decisionmaking, and celebrate collaborative successes
- B. Announce a new open-door policy and encourage all staff to bring ideas and concerns directly to the nurse manager at any time during the workday
- C. Implement a shared governance council immediately and assign staff members to committees to demonstrate the new manager's commitment to participatory leadership
- D. Present data showing that units with shared decisionmaking have better outcomes and ask staff to commit to a more participatory approach going forward

16. A nurse manager is working with the information technology department to implement a new clinical documentation system. During user acceptance testing, several nurses identify workflow issues that will significantly slow their documentation speed. The IT department insists the system cannot be modified before the scheduled go-live date. Which action is MOST appropriate?

- A. Accept the IT department's position and proceed with the go-live as scheduled since the system will improve over time as nurses become more proficient with the new platform
- B. Advocate for the nurses' concerns by presenting the workflow impact data to IT leadership, negotiate potential modifications or workarounds, and escalate if patient care efficiency is at risk
- C. Instruct the nursing staff to adapt to the new system and develop their own workarounds for the identified workflow issues during the initial implementation period
- D. Postpone the go-live date unilaterally until all identified workflow issues have been fully resolved to the satisfaction of the nursing staff on the unit

17. A nurse manager receives an anonymous letter accusing a charge nurse of favoritism in patient assignments. The letter provides specific examples including dates and shift assignments. The nurse manager has not personally observed the alleged favoritism. Which action is MOST appropriate?

- A. Disregard the anonymous letter since the manager has not observed the behavior and anonymous complaints lack credibility for formal investigation
- B. Confront the charge nurse immediately with the allegations and require an explanation for each specific example cited in the anonymous letter
- C. Ask the human resources department to conduct a formal investigation based on the allegations since patient assignment disputes fall outside the nurse manager's ability to evaluate

D. Review the assignment data for the dates referenced in the letter to determine whether a pattern exists, observe the charge nurse's assignment practices, and address any confirmed issues

18. A nurse manager is working to rebuild trust with a staff nurse who felt overlooked for a committee appointment. The nurse expressed disappointment and has withdrawn from voluntary activities on the unit. Which approach is MOST effective?

A. Acknowledge the nurse's feelings, explain the selection rationale transparently, identify an alternative leadership opportunity that aligns with the nurse's interests, and maintain ongoing communication

B. Apologize for the oversight and immediately appoint the nurse to the next available committee to demonstrate commitment to her professional development

C. Give the nurse time to process the disappointment without intervention since persistent outreach may be perceived as pressure or insincerity by the nurse

D. Send the nurse a written explanation of the committee selection criteria and encourage her to apply again when the next opportunity becomes available

19. A nurse manager oversees a unit where a significant number of patients speak Haitian Creole. The unit has no Haitian Creole-speaking staff, and the hospital's interpreter service has limited availability in this language. Communication gaps are contributing to patient safety concerns. Which action is MOST appropriate?

A. Purchase a tablet-based video interpretation service that includes Haitian Creole and make it available on every portable workstation for immediate bedside use

B. Implement a multipronged approach including video interpretation technology, recruitment of Haitian Creole-speaking staff, cultural competency education, and integration of language needs into care planning and discharge workflows

C. Require all nursing staff to learn basic Haitian Creole phrases relevant to patient care through an online language course provided by the organization

D. Partner with a local Haitian community organization to recruit volunteer interpreters who can provide bedside translation during peak admission hours

20. A nurse manager is facilitating a conversation between two departments that share a patient population: the cardiac catheterization lab and the cardiac stepdown unit. Both departments blame each other for postprocedure complications. Which facilitation approach is MOST productive?

A. Present a detailed analysis of all postprocedure complications and identify which department's actions contributed to each specific adverse outcome for accountability

B. Ask each department to prepare a presentation defending its current practices and present them at a joint meeting for comparison and evaluation

C. Mediate the conflict by meeting separately with each department, documenting their concerns, and developing a compromise solution that the manager presents to both groups

D. Redirect the conversation from blame to shared accountability by jointly analyzing complication data, identifying systemlevel contributing factors, and codeveloping standardized processes across the care continuum

21. A nurse manager is preparing to communicate organizational layoffs that will affect two positions on the unit. The affected employees have already been notified by human resources. The remaining staff are anxious and rumors are circulating. Which communication approach is MOST appropriate?

A. Avoid discussing the layoffs openly since the details are confidential personnel matters and the remaining staff should focus on patient care responsibilities

B. Provide a detailed explanation of the financial reasons for the layoffs and assure remaining staff that no additional positions will be eliminated in the future

C. Acknowledge the layoffs through an email communication and direct any questions from remaining staff to the human resources department for responses

D. Address the remaining staff directly, acknowledge the impact on the team, share what information is permissible, provide honest answers within the bounds of confidentiality, and outline how the work will be redistributed

22. A nurse manager is coaching a nurse who communicates assertively with peers but becomes passive and deferential when communicating with physicians. The nurse admits she feels intimidated by physician authority and avoids questioning orders even when she has concerns. Which coaching approach is MOST effective?

- A. Explore the source of the intimidation, validate the nurse's clinical judgment, practice assertive communication techniques through physicianspecific roleplay scenarios, and provide supportive followup after real interactions
- B. Pair the nurse with a more assertive colleague during shifts when physician interactions are most frequent so she can observe effective nursephysician communication
- C. Reassure the nurse that physician intimidation is common in healthcare and that most nurses experience similar feelings early in their careers
- D. Provide the nurse with written communication tools such as SBAR worksheets that she can complete before calling any physician to ensure her communication is organized

23. A nurse manager discovers that staff members are using an unauthorized thirdparty messaging application to communicate about patient care. The application is not encrypted and does not comply with the organization's information security standards. Which action is MOST appropriate?

- A. Immediately prohibit the use of the unauthorized application, explain the security and compliance risks, and work with IT to identify an approved secure communication platform that meets the team's workflow needs
- B. Allow continued use of the application while working with the IT department to evaluate whether it can be approved and secured for clinical communication
- C. Report the unauthorized application use to the compliance department and allow them to handle the investigation and enforcement action independently
- D. Instruct staff to continue using the application but avoid including any patientidentifying information in the messages until an approved alternative is available

24. A nurse manager receives feedback from a patient's family that the nurse caring for their loved one appeared rushed, did not introduce herself, and failed to explain the medications being administered. The nurse involved is one of the unit's highest clinical performers. Which action is MOST appropriate?

- A. Dismiss the complaint since the nurse's strong clinical skills indicate that she is providing safe and effective care regardless of the family's perception
- B. Share the specific feedback with the nurse, acknowledge her clinical strengths, discuss the impact of communication behaviors on patient and family experience, and collaboratively develop strategies for improvement

C. Assign the nurse to a lower acuity patient assignment so she has more time to spend communicating with patients and families during future shifts

D. Add a patient communication competency to the next annual skills fair and require all staff to participate rather than singling out the individual nurse

25. A nurse manager notices that staff from the laboratory department consistently arrive on the unit and draw blood from patients without notifying the nursing staff. Several patients have complained about being woken for unexpected blood draws, and nurses report being unaware of pending lab orders. Which approach is MOST effective?

A. Send a formal complaint to the laboratory director documenting the communication failures and requesting that lab technicians notify nursing before every blood draw

B. Establish a joint communication protocol with the laboratory department that includes notification of nursing before patient contact, coordination with the nursing plan of care, and a process for addressing concerns collaboratively

C. Instruct nursing staff to restrict laboratory access to patient rooms until the laboratory department agrees to a notification process acceptable to the nursing team

D. Implement a unit policy requiring lab technicians to check in at the nursing station before entering any patient room for blood collection during each visit

26. A nurse manager is planning a difficult conversation with a longtenured nurse about performance concerns that have accumulated over several months. The nurse is wellliked by colleagues and has strong political connections within the organization. Which approach is MOST appropriate?

A. Document the performance concerns but avoid the direct conversation since the nurse's organizational connections could create political complications for the manager

B. Ask the nursing director to deliver the performance feedback to provide a higher level of authority and reduce the potential for political backlash against the manager

C. Prepare thorough documentation of specific performance examples, deliver the feedback directly and professionally focusing on behaviors and patient care impact, and follow the same progressive process used for all staff

D. Begin by complimenting the nurse's extensive experience and contributions before introducing the performance concerns gradually to minimize defensiveness

27. A nurse manager is attempting to gain cooperation from the radiology department for a new initiative to reduce patient transport delays. The radiology director has been unresponsive to emails and has declined two meeting requests. Which approach is MOST effective?

- A. Escalate the issue to the chief nursing officer and request executive intervention to mandate radiology department cooperation with the transport initiative
- B. Implement changes on the nursing unit that work around the radiology schedule without requiring radiology cooperation and evaluate outcomes independently
- C. Send the radiology director a written summary of the transport delay data and its impact on patient outcomes with a request for a response within a specific timeframe
- D. Identify a mutual concern that radiology shares with nursing, frame the initiative as addressing a shared problem, and leverage an existing interdepartmental relationship to gain access to the radiology director

28. A nurse manager is dealing with a staff nurse who consistently documents patient education as "patient educated on diagnosis, treatment, and medications" without specifying what was taught, how the patient's understanding was assessed, or what materials were provided. Which intervention is MOST effective?

- A. Add a documentation template to the electronic health record that prompts nurses to include specific content, assessment of understanding, and materials provided with each education entry
- B. Require the nurse to rewrite all patient education documentation from the past week using the correct format as a corrective learning exercise to reinforce the expected standard
- C. Present examples of proper education documentation at the next staff meeting and allow staff to selfcorrect without targeting the individual nurse specifically
- D. Meet with the nurse to discuss documentation standards, show examples of adequate versus inadequate entries, explain the legal and clinical importance of specific documentation, and monitor subsequent charting

29. A nurse manager is responsible for a unit that frequently receives patients from a skilled nursing facility. The nurse manager has noticed that patients routinely arrive with incomplete medication reconciliation records, leading to medication errors during the transition. Which action is MOST effective?

- A. Develop a collaborative medication reconciliation process with the skilled nursing facility, establish a standardized transfer document, designate points of contact at both facilities, and implement verification procedures upon patient arrival
- B. Report the skilled nursing facility to the state health department for consistently providing inadequate medication information during patient transfers
- C. Implement a policy requiring the admitting nurse to call the skilled nursing facility for a verbal medication reconciliation before administering any medications to newly transferred patients
- D. Add a pharmacist review step to all admissions from skilled nursing facilities to ensure complete medication reconciliation before the first medication administration

30. A nurse manager is implementing a nursed-driven protocol for Foley catheter removal. The protocol allows nurses to discontinue urinary catheters based on established clinical criteria without a physician order. Before implementation, which step is MOST critical?

- A. Obtain written endorsement from every physician who admits patients to the unit confirming their agreement with the nursed-driven catheter removal criteria
- B. Ensure the protocol is approved through the medical staff governance structure, validate nursing competency for the criteria-based assessment, and establish outcome monitoring
- C. Implement the protocol on a trial basis with a small group of volunteer nurses and evaluate outcomes before seeking formal approval or expanding to the full unit
- D. Consult with the hospital's legal department to confirm that nursed-driven catheter removal does not exceed the nursing scope of practice in the state

31. A nurse manager's unit has been selected to participate in a national quality collaborative focused on reducing *Clostridium difficile* infections. Participation requires dedicated staff time, data collection, and process changes. Which action should the nurse manager take FIRST?

- A. Recruit staff volunteers to form a *C. difficile* prevention team and begin data collection activities immediately to demonstrate organizational commitment
- B. Notify the chief nursing officer about the selection and request additional resources to support the collaborative before committing the unit to participation
- C. Assess the unit's current *C. difficile* prevention practices, baseline infection rates, and available resources to determine readiness for participation and develop a realistic implementation plan

D. Delegate responsibility for the collaborative to the infection preventionist and the unit educator since they have the most relevant clinical expertise for this initiative

32. A nurse manager reviews the following quality dashboard data:

| Indicator | Unit Rate | Benchmark |

||||

| Falls with injury | 1.2/1,000 PD | 0.8/1,000 PD |

| CAUTI | 0.5/1,000 CD | 1.2/1,000 CD |

| CLABSI | 0.3/1,000 CLD | 0.8/1,000 CLD |

| HAPI Stage 2+ | 2.1/1,000 PD | 1.0/1,000 PD |

Based on this data, which quality improvement initiative should the nurse manager prioritize?

A. Falls with injury, because it is the indicator with the highest absolute rate of all four measures on the quality dashboard

B. CAUTI, because even though the rate is below benchmark, any infection represents a preventable harm that should receive continuous attention

C. CLABSI, because central line infections carry the highest individual patient mortality risk among the four indicators listed on the dashboard

D. Hospitalacquired pressure injuries, because it has the greatest gap between the unit rate and the national benchmark, indicating the largest opportunity for improvement

33. A nurse manager is responsible for ensuring compliance with the organization's workplace violence prevention program. A patient with a documented history of aggressive behavior is admitted to the unit. Which action is MOST appropriate?

A. Assign only male nursing staff to care for the patient since male nurses are less likely to be targets of patient aggression and physical violence

B. Place the patient in a room closest to the nursing station and request a security guard to be stationed outside the patient's room for the duration of the admission

C. Review the patient's behavioral history, implement a individualized safety plan, communicate the plan to all caregivers, ensure deescalation resources are available, and document the risk assessment

D. Refuse to admit the patient to the unit and request that the patient be transferred to a behavioral health unit that has specialized training in managing aggressive patients

34. A nurse manager is evaluating the unit's performance on the CMS Hospital ValueBased Purchasing Program measures. The manager needs to explain to staff how valuebased purchasing affects the unit's operations. Which explanation is MOST accurate?

A. Valuebased purchasing adjusts Medicare reimbursement based on hospital performance on quality measures, patient experience, efficiency, and safety, meaning that poor performance in these areas directly reduces the hospital's revenue

B. Valuebased purchasing provides bonus payments to hospitals that achieve quality targets but does not penalize hospitals that fail to meet the established performance standards

C. Valuebased purchasing affects only the emergency department and outpatient services and does not directly impact inpatient nursing unit operations or reimbursement levels

D. Valuebased purchasing is a voluntary program that hospitals can opt into for additional funding and does not affect base Medicare reimbursement rates

35. A nurse manager is participating in a Lean improvement event focused on reducing waste in the patient admission process. The team identifies that nurses spend an average of twelve minutes searching for admission supplies that are stored in multiple locations across the unit. Which Lean principle is MOST applicable to this problem?

A. Kaizen, because the problem requires a culture of continuous incremental improvement that engages all staff members in identifying and eliminating waste over time

B. Value stream mapping, because the team needs to analyze the entire admission process from start to finish before addressing any individual component of waste

C. 5S workplace organization, because the problem specifically involves the organization, standardization, and accessibility of supplies in the physical workspace

D. Justintime delivery, because the problem could be resolved by having supplies delivered to the patient room immediately before each individual admission occurs

36. A nurse manager is reviewing a recent Centers for Disease Control and Prevention advisory recommending changes to the personal protective equipment requirements for a specific airborne pathogen. The hospital's current infection prevention policy has not yet been updated to reflect the new CDC guidance. Which action is MOST appropriate?

A. Implement the CDC advisory recommendations immediately on the unit without waiting for the organizational policy update since the CDC represents the highest public health authority

B. Review the CDC advisory with the infection preventionist, advocate for expedited policy review, implement interim precautions as recommended by infection prevention, and educate staff on any practice changes

C. Continue following the current organizational policy until it is formally updated since deviating from hospital policy without authorization could create liability

D. Share the CDC advisory with nursing staff via email and allow individual nurses to decide whether to adopt the new PPE recommendations based on their clinical judgment

37. A nurse manager is developing the unit's annual quality improvement plan. Which approach BEST aligns with the organization's strategic quality goals?

A. Review organizational strategic priorities, identify unit-level quality metrics that contribute to those priorities, establish measurable targets based on benchmark data, assign accountability, and create a monitoring schedule

B. Select the quality metrics with the poorest performance from the previous year and develop improvement plans for each regardless of organizational strategic alignment

C. Survey the unit staff to identify their top three quality concerns and use the survey results as the basis for the annual quality improvement plan activities

D. Adopt a nationally recognized quality improvement framework and implement all recommended measures regardless of whether they align with the organization's specific strategic goals

38. A nurse manager is responsible for ensuring that the unit meets the Joint Commission's standards for patient assessment. A recent tracer activity revealed that initial nursing assessments are not consistently completed within the organization's required eight-hour timeframe. Which action is MOST effective?

A. Analyze the workflow to identify when and why assessments are delayed, redesign the admission process to prioritize the initial assessment, implement system alerts for overdue assessments, and conduct realtime monitoring

B. Require the charge nurse to verify that initial assessments are complete for all new admissions before the end of each shift and report noncompliance to the nurse manager

C. Reduce the scope of the initial nursing assessment to essential elements only so that nurses can complete it more quickly within the required timeframe

D. Assign the unit educator to reeducate all nursing staff on the eight-hour assessment completion requirement and assess knowledge retention through a written examination

39. A nurse manager is reviewing the unit's Case Mix Index and notices a decline over the past two quarters. Which interpretation is MOST appropriate?

A. The declining CMI indicates that the unit's quality of care has deteriorated and patients are experiencing worse outcomes than in previous quarters

B. The declining CMI suggests that nursing documentation has become less thorough, leading to undercoding of patient diagnoses and severity of illness

C. The declining CMI means that the unit's productivity has improved because less complex patients require fewer nursing resources and shorter lengths of stay

D. The declining CMI may reflect changes in patient population complexity, documentation accuracy, coding practices, or referral patterns, and requires investigation to determine the specific cause

40. A nurse manager is informed that the unit's thirty-day readmission rate for congestive heart failure patients is above the CMS penalty threshold. Which intervention is MOST likely to reduce readmissions?

A. Extend the average length of stay for CHF patients by one day to ensure they are more clinically stable before discharge and better prepared for selfmanagement at home

B. Implement a comprehensive transition-of-care program that includes teachback discharge education, medication reconciliation, scheduled postdischarge followup appointments, and telephone outreach within forty-eight hours

C. Restrict CHF patient discharges to weekdays only so that patients have access to outpatient followup services and are not discharged before weekend periods when support is limited

D. Request that the cardiology department develop a CHF-specific discharge protocol and take responsibility for all discharge planning decisions for this patient population

41. A nurse manager is conducting an environmental safety assessment of the unit. Which finding represents the MOST significant fire safety violation?

- A. A patient room exit door that has a decorative wreath attached to it during the holiday season in December
- B. A fire extinguisher with an inspection tag showing the last annual inspection was completed thirteen months ago
- C. A storage room containing medical supplies that has a door propped open with a rubber wedge during the daytime shift
- D. A patient room with three personal electrical devices plugged into a single power strip that is connected to the wall outlet

42. A nurse manager is developing a process to ensure that all patients receive a standardized screening for suicide risk upon admission. Several nurses express discomfort with asking patients about suicidal ideation and request additional guidance. Which action is MOST appropriate?

- A. Assign suicide risk screening exclusively to the unit social worker or psychiatric liaison to ensure that appropriately trained professionals conduct the assessment
- B. Allow nurses who are uncomfortable with suicide screening to opt out and assign the responsibility to other nurses who are willing to perform the assessment
- C. Implement the screening requirement immediately and address any discomfort through onthejob experience since comfort will develop naturally with repeated practice
- D. Provide comprehensive education on suicide risk screening including the rationale, validated screening tools, communication techniques, appropriate responses to positive screens, and supervised practice before implementation

43. A nurse manager is reviewing the unit's compliance with the CMS Conditions of Participation for patient rights. A chart audit reveals that several patients were placed in restraints without documentation of less restrictive alternatives being attempted first. Which action is MOST appropriate?

- A. Implement immediate reeducation on restraint documentation requirements, revise the restraint documentation form to include a mandatory section for less restrictive alternatives, and establish a concurrent review process

- B. Remove restraint authority from the nurses involved in the documentation failures until they complete a restraint competency reassessment and demonstrate compliant documentation
- C. Contact the CMS regional office to selfreport the documentation deficiency before it is identified during a future survey and request guidance on corrective actions
- D. Assign the charge nurse to review all restraint orders within one hour of initiation to verify that documentation of less restrictive alternatives is complete and compliant

44. A nurse manager is participating in the hospital's disaster preparedness planning. The manager's unit has been designated as a secondary surge area that would receive overflow patients during a mass casualty event. Which planning element is MOST critical for the nurse manager to address?

- A. Identifying which patients currently on the unit could be safely discharged early to create bed capacity during a surge event activation
- B. Developing a staffing plan that identifies how many additional nurses would be needed, their sources, their roles, the competencies required for expanded patient populations, and a communication activation plan
- C. Stockpiling additional medical supplies and medications on the unit to ensure availability during a surge event when supply chain access may be disrupted
- D. Establishing relationships with other hospital units that could provide nursing staff to assist during a surge event if the nurse manager's staffing plan is insufficient

45. A nurse manager is informed that the hospital's pharmacy and therapeutics committee has added a new highalert medication to the formulary that will be administered on the unit. Which action should the nurse manager take BEFORE the medication is available for patient use?

- A. Ensure that nursing staff receive comprehensive education on the medication's indications, dosing, administration protocols, monitoring requirements, adverse effects, and emergency reversal procedures, and validate competency before administration
- B. Post the medication's prescribing information sheet at each medication preparation station and require nurses to review it before the first administration
- C. Request that the pharmacist administer the first dose of the new medication for each patient to demonstrate the proper technique for the nursing staff
- D. Add the new medication to the unit's next scheduled skills fair and require all nurses to complete a return demonstration within ninety days of formulary addition

46. A nurse manager is reviewing the unit's performance on the AHRQ Patient Safety Indicator for postoperative sepsis. The rate has increased by thirty percent over the past year. Which analysis should the nurse manager conduct FIRST?

- A. Review the clinical records of all patients who developed postoperative sepsis to identify whether providerspecific practice patterns contributed to the increase
- B. Compare the unit's postoperative sepsis rate with rates at other hospitals of similar size and acuity to determine whether the increase is consistent with national trends
- C. Implement a comprehensive sepsis prevention bundle immediately and evaluate whether the rate decreases in the next quarter before conducting further analysis
- D. Determine whether the increase reflects a true clinical increase, a change in coding or documentation practices, a shift in patient population, or a combination of factors before implementing interventions

47. A nurse manager is responsible for a unit that has been cited by the state health department for deficiencies in the storage and handling of blood products. The citation requires a corrective action plan within thirty days. Which element is MOST essential to include?

- A. A narrative explaining the circumstances that led to the deficiencies and a commitment to preventing future occurrences through improved staff education programs
- B. Specific corrective actions for each cited deficiency, responsible individuals, implementation timelines, evidence of completion, and an ongoing monitoring plan to sustain compliance
- C. A request for an extension of the thirtyday deadline to allow sufficient time for comprehensive staff retraining on all blood product handling and storage requirements
- D. A comparison of the unit's blood product handling practices with national standards to demonstrate that the cited deficiencies are minor and do not represent significant patient safety risks

48. A nurse manager is implementing a standardized screening for social determinants of health. The screening reveals that a significant percentage of patients lack reliable transportation to followup medical appointments. Which action is MOST appropriate at the unit level?

- A. Integrate transportation resources into the discharge planning workflow by partnering with case management to connect patients with transportation assistance programs and documenting referrals in the discharge plan

- B. Report the transportation barrier data to the community health department and recommend that they develop a transportation assistance program for patients in the hospital's service area
- C. Advise patients who lack transportation to use telemedicine services for their followup appointments as an alternative to inperson visits at the physician's office
- D. Present the transportation barrier data at the next hospital community benefit meeting and advocate for organizational investment in patient transportation services

49. A nurse manager is evaluating the unit's compliance with evidencebased guidelines for peripheral intravenous catheter management. Data shows that the average dwell time for peripheral IVs on the unit is six days, and the phlebitis rate is twelve percent. Which action is MOST appropriate?

- A. Implement a policy requiring routine replacement of all peripheral intravenous catheters every seventytwo hours regardless of clinical indication to reduce the phlebitis rate
- B. Present the phlebitis rate data to the staff and recommend that nurses assess IV sites more frequently to identify early signs of phlebitis before it becomes clinically significant
- C. Consult with the infection prevention department to determine whether the phlebitis rate warrants intervention or falls within acceptable parameters for the unit's patient population
- D. Review current evidencebased guidelines for peripheral IV management, assess nursing practices for compliance, implement a clinically indicated replacement approach with standardized assessment intervals, and monitor outcomes

50. A nurse manager is reviewing the unit's performance on the Leapfrog Group's Hospital Safety Grade metrics. The unit's performance on the "communication about medicines" measure is below the national average. Which intervention is MOST targeted?

- A. Implement structured bedside medication education using teachback methodology, integrate medication education into the discharge process, and audit compliance through patient feedback and direct observation
- B. Distribute medication information pamphlets to all patients upon admission and require nurses to document that the pamphlets were provided in the patient's medical record
- C. Request that the pharmacy department develop patientfriendly medication information sheets for the twenty most commonly prescribed medications on the unit

D. Add a pharmacist-led medication counseling session to the discharge process for all patients and eliminate nursing responsibility for medication education entirely

51. A nurse manager is applying situational leadership theory to manage a team with varying levels of competence and commitment. A newly hired nurse demonstrates high enthusiasm but limited clinical skills. Which leadership style is MOST appropriate for this individual?

A. Delegating — providing the nurse with autonomy and minimal supervision to encourage self-directed learning and professional growth

B. Supporting — offering encouragement and emotional support while allowing the nurse to make independent clinical decisions based on enthusiasm

C. Directing — providing clear instructions, close supervision, and specific guidance while the nurse develops foundational clinical competence

D. Coaching — sharing decisionmaking responsibility equally with the nurse and soliciting input on clinical approaches for each patient assignment

52. A nurse manager is conducting a force field analysis to evaluate a proposed change to the unit's visiting policy. The analysis reveals that the driving forces for the change include patient satisfaction data and family-centered care evidence, while restraining forces include staff concerns about workflow disruption and security risks. Which action is MOST strategic?

A. Implement the policy change immediately since the driving forces are supported by evidence and the restraining forces are based on staff perceptions rather than data

B. Abandon the proposed change since the restraining forces from frontline staff indicate that the change will not be successfully adopted in the current environment

C. Develop strategies to strengthen the driving forces while simultaneously addressing the restraining forces by working with staff to mitigate workflow and security concerns before implementation

D. Present the force field analysis to the staff and allow them to vote on whether to proceed with the change based on their assessment of the driving and restraining forces

53. A nurse manager is developing a unitspecific orientation program for newly hired experienced nurses. The current orientation follows the same timeline and content as the new graduate orientation despite the different skill levels. Which approach is MOST appropriate?

A. Require all newly hired nurses regardless of experience to complete the full new graduate orientation program to ensure standardized knowledge across the unit

B. Develop a competencybased orientation that assesses each experienced hire's existing skills, customizes the orientation focus to identified gaps, and allows for an accelerated timeline based on demonstrated competency

C. Eliminate formal orientation for experienced hires and assign them to a buddy nurse for two weeks of informal mentoring before transitioning to independent practice

D. Allow experienced hires to selfdirect their orientation by selecting which competencies they want to focus on and skipping areas where they feel confident

54. A nurse manager observes that a charge nurse consistently avoids giving constructive feedback to underperforming staff members. When asked why, the charge nurse states that she fears damaging relationships with colleagues she considers friends. Which response is MOST appropriate?

A. Discuss the distinction between professional accountability and personal friendship, roleplay constructive feedback scenarios, establish the expectation that feedback is a core charge nurse responsibility, and provide ongoing support

B. Relieve the charge nurse of performance feedback responsibilities and assign them to the nurse manager exclusively to prevent interpersonal conflict on the unit

C. Accept the charge nurse's limitation and compensate by personally monitoring the underperforming staff members and providing direct feedback on the charge nurse's behalf

D. Explain that the charge nurse role requires the ability to separate personal and professional relationships and give her thirty days to demonstrate improvement in providing feedback

55. A nurse manager is implementing bedside shift report on a unit that has historically used audiotaped report in a private report room. Staff resistance is high because nurses value the social interaction and informationsharing that occurs in the report room. Which implementation strategy is MOST likely to succeed?

- A. Mandate bedside shift report immediately and remove the audio recording equipment from the report room to eliminate the option of reverting to the previous practice
- B. Allow staff to continue using the report room method indefinitely and introduce bedside report as an optional alternative for nurses who are interested in trying the new approach
- C. Acknowledge the value staff find in the report room interaction, explain the patient safety and engagement benefits of bedside report, pilot the approach with willing volunteers, and integrate successful elements of the report room culture into the new process
- D. Present research articles on bedside shift report and require each staff nurse to submit a written response explaining how the evidence applies to the unit's patient population

56. A nurse manager is leading a quality improvement initiative using Six Sigma methodology. The team has completed the Define and Measure phases. Data analysis reveals that the primary source of variation in the medication administration process is related to interruptions during medication preparation. Which Six Sigma phase comes NEXT?

- A. Implement — deploy solutions to reduce interruptions and begin measuring the impact on medication administration accuracy and error rates
- B. Control — establish monitoring systems to ensure that any solutions implemented remain effective and sustainable over the long term
- C. Define — revisit the original problem statement to refine the scope based on the data collected during the Measure phase of the project
- D. Analyze — conduct root cause analysis of the interruption data to identify the specific types, sources, and frequency of interruptions contributing to medication administration variation

57. A nurse manager is responsible for a unit experiencing a high rate of workplace injuries among nursing staff. Workers' compensation claims have increased by forty percent in the past year, primarily for musculoskeletal injuries related to patient handling. Which intervention is MOST comprehensive?

- A. Implement a safe patient handling program that includes mechanical lift equipment, staff education on body mechanics and equipment use, a no manual lift policy, and a postinjury support process
- B. Require all nursing staff to attend a one-day body mechanics training course and pass a competency assessment on proper lifting techniques before returning to patient care duties
- C. Purchase additional mechanical lifting equipment and place it in all patient rooms to ensure accessibility during patient handling and repositioning activities

D. Implement a mandatory fitness program for all nursing staff that includes strengthening exercises designed to reduce the risk of musculoskeletal injury during patient handling

58. A nurse manager is dealing with a situation where two qualified internal candidates have been identified for a single leadership development opportunity. One candidate is a highperformer with strong clinical skills who has expressed interest in advancement. The other is a solid performer who has historically been overlooked for development opportunities and belongs to an underrepresented group. Which decisionmaking approach is MOST equitable?

A. Evaluate both candidates against the same objective criteria aligned with the development opportunity's goals, consider the organization's commitment to diversity in leadership development, and make a transparent decision with documented rationale

B. Select the highperformer since leadership development opportunities should be awarded based on merit and current performance levels rather than demographic considerations

C. Split the leadership development opportunity between both candidates by offering each a partial experience to ensure neither candidate is excluded from the opportunity

D. Defer the decision to the human resources department to ensure the selection process complies with the organization's equal employment opportunity policies and avoids liability

59. A nurse manager is evaluating the effectiveness of the unit's daily safety huddle. Observation reveals that the huddle consistently runs over the allotted fifteen minutes, focuses excessively on operational logistics rather than safety, and rarely produces actionable followup. Which redesign is MOST effective?

A. Reduce the huddle frequency from daily to three times per week to allocate more time per session and reduce huddle fatigue among the participating staff

B. Assign the huddle facilitation role to a different charge nurse each day to bring fresh perspective and reduce the tendency toward routine repetition

C. Replace the safety huddle with a written safety bulletin that the charge nurse distributes at the beginning of each shift to communicate the same information more efficiently

D. Restructure the huddle with a focused agenda limited to safety-specific topics, assign a timekeeper, require each participant to identify one actionable safety concern, and implement a followup tracking system

60. A nurse manager is leading a team that has recently experienced two consecutive Joint Commission surveys with findings in the same deficiency area. The recurring deficiency suggests that the corrective actions implemented after the first survey were not sustained. Which approach is MOST likely to prevent a third occurrence?

A. Implement the same corrective actions again but with more intensive staff education to ensure comprehension and retention of the required practices

B. Analyze why the original corrective actions failed to sustain, identify whether the root cause was inadequately addressed, redesign the interventions with hardwired systemlevel changes, and implement ongoing monitoring with leadership accountability

C. Request that the quality department assume direct oversight of the deficiency area since two consecutive findings indicate that unitlevel management has been ineffective

D. Engage an external consultant to assess the deficiency area and recommend corrective actions since internal perspectives may be too close to the problem

61. A nurse manager is applying the concept of appreciative inquiry to improve the unit's culture. Which approach BEST reflects the appreciative inquiry methodology?

A. Identify the unit's peak performance moments, explore what conditions made those successes possible, envision how those conditions could be replicated and expanded, and design concrete actions to create more peak performance

B. Conduct a comprehensive assessment of all the unit's problems and deficiencies, prioritize them by severity, and develop action plans to address each issue systematically

C. Survey staff to identify their complaints and dissatisfactions, categorize the responses by theme, and create improvement plans for the three most frequently cited concerns

D. Benchmark the unit against topperforming units nationally, identify the gaps between current and best performance, and develop plans to close each gap sequentially

62. A nurse manager must decide whether to approve a nurse's request to work a permanent night shift schedule. The nurse has childcare needs that prevent her from working rotating shifts. Organizational policy requires all staff to rotate through day, evening, and night shifts. Which consideration is MOST important?

- A. The nurse's childcare situation is a personal matter that should not influence scheduling decisions, and the organizational rotation policy should be applied consistently to all staff
- B. Evaluate whether a permanent night shift assignment can be accommodated within the context of organizational policy, staffing needs, equity among team members, and the nurse's documented personal circumstances
- C. Approve the permanent night shift assignment immediately since denying the request could be perceived as discriminatory against a working parent with childcare obligations
- D. Deny the request and direct the nurse to explore alternative childcare arrangements that would allow her to comply with the organizational rotation policy

63. A nurse manager is implementing a new evidencebased wound care protocol. Two months after implementation, a chart audit reveals that compliance is only sixty percent. The manager discovers that several experienced wound care nurses have been using their own preferred techniques instead of the new protocol. Which action is MOST appropriate?

- A. Allow the experienced wound care nurses to continue using their preferred techniques since their clinical expertise may produce outcomes equal to or better than the standardized protocol
- B. Issue a formal directive requiring all nurses to follow the standardized protocol and initiate progressive discipline for noncompliant nurses beginning immediately
- C. Meet with the experienced wound care nurses to understand their concerns, present the evidence supporting the protocol, address specific objections, negotiate modifications if evidence supports them, and reinforce expectations
- D. Remove the experienced wound care nurses from wound care assignments and reassign wound care responsibilities to nurses who have demonstrated compliance with the new protocol

64. A nurse manager is developing a retention strategy for the unit. Exit interview data from the past year reveals the following reasons for departure: inadequate compensation (45%), lack of flexibility in scheduling (30%), limited career advancement (15%), and poor relationships with coworkers (10%). Which retention strategy allocation is MOST datadriven?

- A. Allocate resources equally across all four areas identified in the exit interview data to demonstrate a comprehensive approach to retention improvement
- B. Focus exclusively on compensation since it is the primary reason for departure identified by nearly half of all exiting nurses in the past year

C. Prioritize compensation and scheduling flexibility strategies since together they account for seventyfive percent of departures, while simultaneously developing advancement pathways

D. Focus on coworker relationships and career advancement since compensation and scheduling are organizationallevel issues that the unitlevel manager cannot directly influence

65. A nurse manager wants to establish a nurseled quality council as part of the unit's professional governance structure. Which charter element is MOST essential for the council's longterm effectiveness?

A. A requirement that all council members hold a minimum of a bachelor's degree in nursing to ensure that governance decisions are informed by academically prepared practitioners

B. A provision requiring unanimous consent for all council decisions to ensure that every member's perspective is fully represented in the final governance outcome

C. A clearly defined membership rotation schedule that limits each member's term to six months to maximize the number of staff who participate in governance over time

D. A clearly defined scope of authority specifying which decisions the council can make independently, which require leadership approval, and the process for implementing and evaluating council decisions

66. A nurse manager is evaluating the effectiveness of the unit's charge nurse team. Performance data reveals significant variation in how charge nurses manage the same operational situations, including patient assignments, staffing adjustments, and conflict resolution. Which action is MOST appropriate?

A. Standardize charge nurse expectations through a competency framework, provide education on evidencebased approaches to common operational situations, implement peer calibration sessions, and evaluate performance consistently

B. Accept the variation as a natural reflection of individual charge nurse strengths and leadership styles since requiring standardization would stifle professional autonomy

C. Identify the highestperforming charge nurse and require all other charge nurses to replicate her approach to patient assignments, staffing adjustments, and conflict resolution

D. Remove the charge nurses with the greatest performance variation and replace them with more consistent performers from the general nursing staff

67. A nurse manager is responsible for implementing a new policy that restricts overtime to emergencies only. Several nurses depend on overtime income to meet their financial obligations and express anger about the policy. Which communication approach is MOST appropriate?

A. Communicate the policy transparently, acknowledge the financial impact on affected staff, explain the organizational rationale, provide advance notice before implementation, and share information about financial wellness resources available through the employee assistance program

B. Implement the policy quietly without a formal announcement to avoid escalating the emotional response and allow staff to gradually adjust to the new overtime restrictions

C. Delay implementation of the policy until the next fiscal year to give staff time to adjust their financial plans and reduce the immediate emotional impact of the change

D. Present the policy as a temporary measure that will be reevaluated in ninety days to reduce resistance and buy time for staff to adapt to the reduced income

68. A nurse manager is assessing the unit's decisionmaking culture using the VroomYetton decision model. A clinical practice decision needs to be made about implementing a new wound care protocol. The manager has relevant expertise, staff acceptance is critical for implementation success, and there is adequate time for a participatory process. According to the model, which decision style is MOST appropriate?

A. Autocratic — the manager should make the decision independently based on available evidence and inform the staff of the new protocol and implementation expectations

B. Consultative — the manager should gather individual input from key staff members and then make the final decision incorporating their perspectives where appropriate

C. Groupbased — the manager should facilitate a collaborative decisionmaking process with the team, sharing the evidence and allowing the group to reach consensus on the protocol

D. Delegative — the manager should assign the decision entirely to the staff and accept whatever protocol approach the team selects through their independent process

69. A nurse manager identifies that the unit's patient throughput is being delayed because nurses are spending excessive time waiting for physician callbacks. Data shows an average wait time of fortyfive minutes for nonurgent callbacks. Which solution addresses the root cause?

- A. Implement a policy requiring physicians to return all nursing pages within fifteen minutes and report noncompliance to the chief medical officer for enforcement action
- B. Collaborate with the medical staff to implement a tiered communication system that categorizes calls by urgency, establishes expected response times for each tier, and provides alternative communication pathways for nonurgent issues
- C. Instruct nurses to document the time of each page and the physician's response time in the patient chart to create an accountability record for physician communication performance
- D. Assign all nonurgent physician communications to the charge nurse so that bedside nurses can continue patient care without waiting for callbacks during their shift assignments

70. A nurse manager is applying Maslow's hierarchy of needs to understand why staff engagement has declined. Staff surveys reveal that nurses feel physically unsafe due to recent workplace violence incidents, despite the unit having strong professional development opportunities and team recognition programs. Which need must be addressed FIRST?

- A. Safety and security, because unmet basic safety needs prevent staff from being motivated by higherlevel needs such as belonging, esteem, or selfactualization regardless of how robust those programs are
- B. Belonging and social connection, because strengthening team bonds will help staff feel more secure and supported even in an environment where workplace violence has occurred
- C. Esteem and recognition, because staff who feel valued and recognized are more resilient when facing safety challenges and more likely to engage in safety improvement efforts
- D. Selfactualization, because providing more professional development opportunities will redirect staff focus from safety concerns toward career growth and personal fulfillment

71. A nurse manager is responsible for implementing a new organizational initiative that requires significant changes to the unit's workflow. The initiative has strong evidence supporting its effectiveness, but the timeline for implementation is unrealistically aggressive. Which response is MOST professionally appropriate?

- A. Implement the initiative as directed regardless of the timeline concerns since leadership has authorized the plan and questioning the timeline may appear obstructionist
- B. Refuse to implement the initiative until the timeline is extended to a period that the nurse manager considers realistic for the scope of changes required

C. Implement the initiative on the directed timeline but document all concerns about the pace of change in an email to the direct supervisor as a record of disagreement

D. Present a counterproposal to leadership with an evidencebased alternative timeline, identify the risks of the accelerated implementation, and propose milestones that balance urgency with sustainability

72. A nurse manager is evaluating the outcomes of a leadership development program that has been in place for two years. Three participants have been promoted to charge nurse positions. However, two of the three have since resigned, citing inadequate support in their new roles. Which conclusion is MOST appropriate?

A. The leadership development program is effective at identifying and preparing candidates for promotion and the resignations reflect personal factors unrelated to the program

B. The leadership development program should be discontinued since the promotiontoresignation ratio indicates that the program is not producing sustainable leadership outcomes

C. The leadership development program should be redesigned to include more rigorous selection criteria to ensure that only candidates with high retention potential are enrolled

D. The leadership development program requires a postpromotion support component such as ongoing mentoring, coaching, and gradual role transition to sustain the leaders it develops

73. A nurse manager is leading a unit where a toxic informal leader has emerged. This nurse does not hold a formal leadership title but exerts significant influence over the team through social relationships. Staff members frequently align their behavior with this informal leader's opinions, even when those opinions contradict management directives. Which approach is MOST effective?

A. Transfer the informal leader to another unit to remove her influence from the team and create space for the nurse manager's leadership to take hold

B. Engage the informal leader by understanding her concerns, acknowledging her influence, involving her in formal decisionmaking where appropriate, and addressing any behaviors that undermine team goals directly

C. Ignore the informal leader's influence and focus on building direct relationships with each individual staff member to gradually reduce her power over the group

D. Publicly challenge the informal leader's opinions during staff meetings to demonstrate that the nurse manager's authority supersedes the informal leader's social influence

74. A nurse manager is creating a dashboard to track the unit's performance against the AONL Nurse Manager Competencies. Which competency domains should be included for the MOST comprehensive assessment?

- A. Clinical quality indicators and patient satisfaction scores only, since these metrics most directly reflect the nurse manager's impact on patient care delivery
- B. Financial performance metrics and staffing efficiency ratios only, since business acumen is the competency domain where nurse managers are most frequently evaluated
- C. Communication and relationship management, knowledge of the healthcare environment, leadership, professionalism, and business skills and principles
- D. Staff satisfaction scores and retention rates only, since workforce management is the nurse manager's primary responsibility and the strongest predictor of unit success

75. A nurse manager is responsible for integrating a newly acquired outpatient surgical center's nursing team into the hospital's culture and operations. The outpatient team has a strong team identity and different clinical practices. Which integration approach is MOST effective?

- A. Require the outpatient team to immediately adopt all hospital policies, procedures, and clinical protocols to ensure standardization across the organization
- B. Allow the outpatient team to maintain their existing practices indefinitely and operate as an independent unit within the hospital's organizational structure
- C. Assign a hospital nurse manager to oversee the outpatient team exclusively for the first year and gradually introduce hospital standards as the team adjusts
- D. Assess both teams' strengths and practices, develop a phased integration plan that preserves the outpatient team's effective elements, provides orientation to hospital systems, and builds crossteam relationships

76. A nurse manager is applying the concept of resilience to help the unit recover from a period of significant change, loss of key staff members, and declining morale. Which combination of actions BEST promotes team resilience?

- A. Hire replacement staff quickly and implement a teambuilding retreat to restore morale and replace the departed colleagues as soon as possible

B. Foster open communication about the challenges, celebrate small wins, provide access to wellness resources, strengthen supportive team relationships, and help staff find meaning in their work despite the difficulties

C. Minimize discussion of the changes and losses to prevent dwelling on negative events and redirect the team's attention toward future goals and new opportunities

D. Increase the frequency of staff meetings to allow nurses to process their feelings about the changes and create a formal support group for affected team members

77. A nurse manager is developing a plan to address a pattern of missed nursing care on the unit. Research defines missed nursing care as any aspect of required patient care that is omitted or significantly delayed. Unit data shows that ambulation, patient education, and mouth care are the most frequently missed interventions. Which approach is MOST effective?

A. Assign missed nursing care categories to specific staff members on each shift and hold those individuals personally accountable for ensuring the assigned care is completed

B. Analyze the reasons for missed care including staffing levels, skill mix, workflow design, and competing priorities, develop targeted interventions for each contributing factor, and monitor outcomes

C. Implement a mandatory documentation requirement for all ambulation, education, and mouth care activities and audit compliance with the documentation standard weekly

D. Request additional nursing assistants to assist with ambulation and mouth care activities so that registered nurses can focus their time on patient education and clinical assessments

78. A nurse manager is creating a succession plan and realizes that no current staff member possesses the combination of skills needed to assume the nurse manager role. Which action is MOST appropriate?

A. Accept that internal succession is not feasible for this position and plan to recruit an external candidate when the nurse manager role becomes vacant

B. Identify two or three staff members with complementary strengths, develop individualized plans to build each person's missing competencies, provide crossfunctional exposure, and reassess readiness annually

C. Promote the most senior charge nurse into the role since seniority and institutional knowledge are the most important qualifications for a nurse manager position

D. Develop a comprehensive leadership development plan for the single staff member who has the strongest existing skill set and invest all development resources in preparing that individual

79. A nurse manager is implementing an interprofessional bedside rounding model that includes nursing, medicine, pharmacy, and case management. Physicians express concern that the rounding model will take too long and delay their ability to see all patients. Which response is MOST effective?

- A. Defer to the physicians' concerns and revert to the traditional physicianled rounding model supplemented by individual nursing updates outside of formal rounds
- B. Mandate participation in the interprofessional rounding model and report physician noncompliance to the chief medical officer for enforcement
- C. Present evidence linking interprofessional rounding to reduced length of stay and improved patient outcomes, pilot the model with a structured timeefficient format, and refine based on feedback from all disciplines
- D. Implement the interprofessional rounding model on a voluntary basis and allow physicians to opt out if they believe the time investment is not justified for their patient panel

80. A nurse manager is informed that a staff nurse has filed a complaint with the Equal Employment Opportunity Commission alleging that the nurse manager discriminated against her based on race when making a recent promotion decision. Which action should the nurse manager take FIRST?

- A. Notify the human resources department and the direct supervisor immediately, refrain from retaliatory actions, cooperate fully with any investigation, and avoid discussing the complaint with other staff members
- B. Prepare a detailed written response documenting the objective criteria used in the promotion decision and submit it to the EEOC directly to expedite the investigation
- C. Meet with the complaining nurse to discuss the promotion decision rationale and attempt to resolve the concern before the EEOC investigation formally begins
- D. Contact the organization's legal counsel independently to seek personal legal representation in the event that the EEOC investigation results in personal liability

81. A nurse manager discovers that a nursing student assigned to the unit has been performing procedures independently without the clinical instructor present, which violates the nursing school's clinical agreement. The student states that the precepting nurse authorized the independent practice. Which action is MOST appropriate?

- A. Report the student to the nursing school's dean since the student bears primary responsibility for knowing and following the rules of the clinical placement agreement
- B. Document the incident and submit it to the risk management department for investigation since unauthorized student practice creates organizational liability exposure
- C. Address the situation with the precepting nurse about the clinical agreement requirements, notify the clinical instructor, ensure the student understands the supervision parameters, and verify that all parties understand the terms of the agreement
- D. Remove the nursing student from the unit immediately and contact the nursing school to report the violation and request a replacement student for the clinical rotation

82. A nurse manager is asked to participate in a focus group evaluating a new nursing informatics platform. The vendor hosting the focus group offers each participant a twohundreddollar honorarium for their time and feedback. Which response is MOST appropriate?

- A. Accept the honorarium since it represents fair compensation for professional time and expertise provided during the focus group evaluation session
- B. Consult the organization's conflict of interest and vendor interaction policies before accepting, disclose the invitation to the supervisor, and follow organizational guidance
- C. Decline the honorarium but agree to participate in the focus group since providing professional expertise to vendors benefits the nursing informatics community at large
- D. Decline both the honorarium and the focus group participation since any vendor interaction creates an inherent conflict of interest for a practicing nurse manager

83. A nurse manager observes that a staff nurse is providing competent clinical care but consistently fails to introduce herself to patients, make eye contact, or address patients by their preferred name. Patient experience data confirms that this nurse's patients report lower satisfaction with interpersonal interactions. Which approach is MOST appropriate?

- A. Address the specific interpersonal behaviors with the nurse, explain the connection between these behaviors and patient experience, roleplay introductions and patient interactions, establish expectations, and follow up
- B. Assign the nurse to a nonpatientfacing role such as triage telephone screening where interpersonal warmth is less visible to patients during care interactions

C. Accept that not all nurses have naturally warm interpersonal styles and focus feedback on the nurse's clinical strengths rather than interpersonal behaviors that may be personalitybased

D. Require the nurse to shadow a colleague who excels in patient interactions for two shifts to observe effective interpersonal behaviors and selfidentify areas for personal improvement

84. A nurse manager is navigating a situation where two staff members are engaged in a romantic relationship. The relationship is not prohibited by organizational policy, but both nurses work the same shift, and other staff members are concerned about favoritism in patient assignments and break scheduling. Which approach is MOST appropriate?

A. Transfer one of the nurses to a different shift or unit to eliminate the perception of favoritism and prevent workplace relationship dynamics from affecting team cohesion

B. Ignore the relationship since it is not prohibited by policy and intervene only if specific evidence of favoritism is documented through formal complaints

C. Meet with both nurses to discuss professional boundaries, review expectations for equitable patient assignments and break scheduling, and monitor for any actual favoritism while maintaining respect for their personal relationship

D. Implement a formal policy prohibiting romantic relationships between staff members who work the same shift to prevent future occurrences of the same situation

85. A nurse manager is evaluating whether the unit's nursing practice reflects current evidencebased standards. The manager discovers that several nurses are using outdated catheter insertion techniques that were taught during their original nursing education programs. Which action is MOST appropriate?

A. Issue a memo informing all nurses that the catheter insertion technique has been updated and require them to review the new procedure on the organization's learning management system

B. Conduct a practice assessment to determine the scope of the knowledge gap, provide updated evidencebased education with return demonstration, update unit protocols, and verify competency for all staff

C. Schedule a catheter insertion skills station at the next annual skills fair and require all nurses to demonstrate the updated technique at that time

D. Assign the unit educator to observe catheter insertions on the unit and provide individual feedback to nurses who are using the outdated technique during their regular clinical practice

86. A nurse manager attends a leadership conference and realizes that several of the management practices used on the unit do not align with current best practices in nursing leadership. Which response BEST demonstrates professional accountability?

- A. Conduct a selfassessment of current management practices against the best practices learned, prioritize areas for improvement, develop an action plan, and share relevant insights with the leadership team
- B. Implement all best practices learned at the conference immediately upon returning to the unit to bring management practices into alignment with current standards
- C. Present the conference highlights at the next leadership meeting and recommend that the organization mandate adoption of the best practices across all nursing units
- D. File the conference materials for future reference and gradually incorporate new practices as opportunities arise naturally during the course of unit management

87. A nurse manager is responsible for a nurse who has disclosed a diagnosis of clinical depression. The nurse's performance has been adequate, but she has been using FMLA intermittent leave more frequently in recent months. Several staff members have begun complaining about the nurse's frequent absences. Which response is MOST appropriate?

- A. Share the nurse's diagnosis with the complaining staff members to help them understand the reason for the absences and foster empathy within the team
- B. Maintain the nurse's medical confidentiality, address the staffing impact of the absences through contingency planning, and redirect complaints by reinforcing that medical leave is a protected right
- C. Meet with the nurse and suggest that she consider transitioning to a parttime position if her health condition prevents her from maintaining a fulltime schedule reliably
- D. Contact the employee health department and request a fitnessforduty evaluation to determine whether the nurse can safely continue performing her clinical duties

88. A nurse manager is facing a situation where a staff nurse has refused to care for a patient based on the patient's political beliefs expressed through items displayed in the patient room. The nurse states that caring for this patient would violate her personal values. Which response is MOST appropriate?

- A. Support the nurse's right to refuse the assignment based on personal values and reassign the patient to another nurse who does not share the same concerns

B. Counsel the nurse that personal political disagreements do not constitute a valid basis for refusing a patient assignment and remind her that nurses have an ethical obligation to provide nondiscriminatory care

C. Allow the nurse to switch patients this one time but document that future refusals based on patient political beliefs will not be accommodated on the unit

D. Explain to the nurse that the ethical obligation to provide nondiscriminatory care supersedes personal political disagreements, the refusal is not justified under professional standards, and the assignment must be accepted

89. A nurse manager is preparing for a meeting with the state board of nursing regarding a complaint filed against a nurse on the unit. The complaint alleges that the nurse practiced below the standard of care during a patient emergency. Which preparation is MOST appropriate?

A. Prepare a defense of the nurse's actions during the emergency to present to the board and protect the nurse's licensure status and professional reputation

B. Review the nurse's clinical documentation from the event but allow the organization's legal department to handle all communication with the board of nursing

C. Contact the nurse who is the subject of the complaint and discuss the board's allegations to help the nurse prepare her own defense and response

D. Gather all relevant documentation including the medical record, incident reports, and witness statements, consult with the organization's legal and compliance departments, and cooperate with the board's investigation process

90. A nurse manager is evaluating the unit's compliance with the American Nurses Association's Nursing: Scope and Standards of Practice. Which finding represents the MOST significant departure from the standards?

A. Nurses are delegating tasks to unlicensed assistive personnel without verifying that the UAP has demonstrated competency for the specific delegated task

B. The unit's policy manual has not been updated to reflect the most recent edition of the ANA Scope and Standards published within the last year

C. Several nurses have not attended a continuing education program in the past six months despite maintaining current licensure and certification status

D. The unit does not have a formal journal club or evidencebased practice committee despite having access to electronic library resources for individual research

91. A nurse manager is reviewing the unit's approach to endoflife care. Family members of recently deceased patients have reported feeling that endoflife discussions were initiated too late and that nursing staff seemed uncomfortable with death and dying conversations. Which action is MOST appropriate?

A. Request that the palliative care team assume responsibility for all endoflife conversations on the unit to ensure that discussions are conducted by appropriately trained specialists

B. Implement a policy requiring nurses to initiate endoflife conversations within twentyfour hours of admission for all patients meeting specified highrisk criteria

C. Provide nursing staff with education on endoflife communication, integrate palliative care screening into the admission assessment, establish a process for timely goalsofcare discussions, and offer emotional support resources for staff

D. Survey the nursing staff to determine their comfort level with endoflife conversations and assign endoflife patients exclusively to nurses who report high comfort levels with the topic

92. A nurse manager is informed that a staff nurse has been using her work email address to register for personal online shopping accounts, political advocacy mailing lists, and social networking platforms. Which action is MOST appropriate?

A. Ignore the behavior since personal use of work email is common practice and the activity does not directly impact patient care or clinical operations

B. Report the nurse to the information technology security department for misuse of organizational technology resources and potential security vulnerabilities

C. Forward the nurse's personal email activity log to human resources for investigation and potential disciplinary action for misuse of organizational resources

D. Discuss the organization's acceptable use policy with the nurse, explain the security risks associated with using work email for personal registrations, and establish expectations for compliance

93. A nurse manager is facing an ethical dilemma involving resource allocation during a period of critical supply shortages. The unit has limited ventilators, and two patients of similar acuity require ventilatory support. Which ethical principle is MOST central to guiding the allocation decision?

- A. Beneficence — the obligation to act in the best interest of each individual patient receiving care on the unit during the shortage period
- B. Autonomy — the right of each patient to participate in the decision about whether they receive ventilatory support during the shortage
- C. Nonmaleficence — the obligation to do no harm by ensuring that the allocation decision does not intentionally disadvantage either patient
- D. Justice — the fair and equitable distribution of limited healthcare resources based on established clinical criteria applied consistently to all patients

94. A nurse manager discovers that a newly graduated nurse has been falsifying her clinical experience on her resume to appear more qualified. The nurse is currently in her orientation period and has demonstrated acceptable clinical performance. Which action is MOST appropriate?

- A. Overlook the resume discrepancy since the nurse's current clinical performance is acceptable and the falsification occurred before she was hired
- B. Address the falsification with the nurse as a professional integrity issue, consult with human resources regarding the organization's policy on application fraud, and follow the established process
- C. Extend the nurse's orientation period to ensure that any gaps in the clinical experience she claimed on her resume are addressed through additional supervised training
- D. Report the nurse to the state board of nursing for misrepresenting her qualifications on a professional document used to obtain employment

95. A nurse manager is evaluating whether the unit's patient advocacy practices are adequate. Which scenario represents the MOST significant failure of patient advocacy?

- A. A nurse who documents a patient's concerns about a treatment plan in the medical record but does not verbally communicate those concerns to the attending physician
- B. A nurse who follows a physician's order for a medication that the patient has expressed a preference to discontinue without questioning the order or advocating for the patient's stated preference
- C. A nurse who provides education about treatment options but allows the patient to make a decision without offering a personal recommendation about the best course of action
- D. A nurse who administers an ordered medication to a patient who has expressed concerns about the medication's side effects despite the nurse knowing that the patient's concerns have clinical merit and have not been communicated to the prescriber

96. A nurse manager is preparing the unit's annual operating budget. The unit's patient volume is projected to increase by eight percent over the current year. Which budget adjustment is MOST appropriate?

- A. Increase the variable expense categories proportionally to the projected volume increase while maintaining fixed expenses at the current year's level
- B. Increase all budget line items by eight percent across the board to align with the projected patient volume increase for the upcoming fiscal year
- C. Maintain the current budget without adjustments since the projected volume increase has not yet materialized and budget changes should reflect actual rather than projected data
- D. Increase only the salary and supply expense categories and reduce other budget lines to offset the additional labor and material costs associated with higher patient volumes

97. A nurse manager reviews the following financial data:

Total nursing salary expense: \$2,400,000

Total patient days: 10,000

What is the nursing salary cost per patient day?

- A. \$200
- B. \$240
- C. \$280
- D. \$320

98. A nurse manager is evaluating the unit's financial performance and discovers that the unit's contribution margin has declined despite stable patient volumes. Which factor is MOST likely responsible?

- A. A decrease in the number of nursing FTEs funded on the unit during the fiscal year resulting in lower total salary expenses and reduced labor costs

B. An increase in patient satisfaction scores that has not yet translated into increased reimbursement under the valuebased purchasing program

C. A shift in the payer mix toward managed care contracts that have recently been renegotiated at lower reimbursement rates compared to previous contracts

D. A decline in the unit's contribution margin is most likely caused by either increased costs or decreased revenue, requiring investigation of both expense trends and reimbursement changes

99. A nurse manager is developing a proposal to implement a clinical nurse leader role on the unit. The role would be a new position requiring a budget allocation of ninetyfive thousand dollars annually. Which justification is MOST compelling?

A. A comparison of the unit's outcomes with units at other organizations that have implemented clinical nurse leader roles showing that those units achieve better results

B. A projected return on investment showing that the clinical nurse leader role will reduce costs through decreased length of stay, fewer complications, and improved care coordination that exceeds the ninetyfivethousanddollar investment

C. A description of the clinical nurse leader role's responsibilities and how they align with the organization's mission statement and strategic vision for patientcentered care

D. Letters of support from physicians and staff nurses endorsing the creation of the clinical nurse leader position and confirming that they believe it would improve patient care

100. A nurse manager is responsible for managing the unit during a period of significant financial constraint. The chief financial officer has requested that all nurse managers identify areas for potential cost savings. Which approach is MOST responsible?

A. Eliminate all professional development funding for the fiscal year since education is a discretionary expense that can be restored when financial conditions improve

B. Analyze all expense categories to identify waste and inefficiency, prioritize cost reductions that do not compromise patient care quality, engage staff in identifying savings opportunities, and protect investments linked to quality outcomes

C. Reduce the total number of budgeted FTEs by eliminating positions through attrition and distributing the remaining work across the existing staff without backfilling vacancies

D. Request an exemption from the costsavings directive based on the unit's patient acuity level and the potential impact of cost reductions on clinical quality outcomes

101. A nurse manager is analyzing the unit's overtime utilization data. The analysis reveals that eighty percent of overtime hours are incurred by fifteen percent of the nursing staff. Which action is MOST appropriate?

- A. Implement an overtime cap that limits each nurse to a maximum number of overtime hours per pay period regardless of staffing needs or individual circumstances
- B. Counsel the fifteen percent of nurses individually about their overtime utilization and require them to reduce their overtime hours to align with the unit average
- C. Investigate the underlying causes of concentrated overtime including scheduling patterns, individual preferences, staffing gaps, and whether the overtime reflects voluntary or mandatory hours, then implement targeted solutions
- D. Redistribute overtime opportunities equally among all staff members to ensure equitable access to additional compensation and prevent concentrated utilization by a small group

102. A nurse manager is participating in the hospital's annual strategic planning process. The organization is considering expanding into ambulatory surgery services. Which contribution from the nurse manager is MOST valuable?

- A. A detailed analysis of the current inpatient surgical volume with projections for how ambulatory conversion would affect the nurse manager's unit census and staffing needs
- B. A recommendation to proceed with the expansion based on the manager's observation that outpatient surgery centers in the community appear to be successful and profitable
- C. An assessment of the nursing workforce implications including staffing model requirements, competency development needs, recruitment strategy, and the impact on existing surgical unit operations
- D. A financial analysis comparing the revenue potential of ambulatory surgery services versus maintaining the current inpatient-focused surgical service line model exclusively

103. A nurse manager is responsible for onboarding new staff members. The average time from job posting to a new nurse's first independent patient assignment is currently fourteen weeks. The organization's target is ten weeks. Which process improvement is MOST likely to reduce the timeline?

- A. Streamline the recruitment and credentialing process, implement a competency-based orientation that allows accelerated progression for experienced hires, reduce redundant training modules, and create standardized onboarding checklists

- B. Lower the competency assessment standards for new hires to allow earlier transition to independent practice and reduce the overall orientation period length
- C. Eliminate the preceptor model and assign new nurses to independent practice after a oneweek classroom orientation to significantly reduce the onboarding timeline
- D. Hire only experienced nurses who require less orientation time and stop recruiting new graduate nurses until the onboarding timeline has been reduced to the target

104. A nurse manager is reviewing the unit's patient satisfaction data and notices that scores for "responsiveness of hospital staff" have declined for two consecutive quarters. Staffing levels have remained constant during this period. Which analysis is MOST appropriate?

- A. Attribute the decline to patient expectations that have increased beyond what current staffing levels can reasonably meet and advocate for additional positions
- B. Implement a patient rounding program immediately and evaluate whether scores improve in the next quarter without conducting further investigation
- C. Compare the unit's responsiveness scores with organizational peers to determine whether the decline is a unitspecific issue or a hospitalwide trend
- D. Investigate the specific aspects of responsiveness that are driving the decline through patient comment analysis, staff workflow observation, and comparison of highperforming and lowperforming shifts to identify targeted interventions

105. A nurse manager is developing a business case for implementing a rapid response nurse position on the unit. The position would be dedicated to monitoring highrisk patients and responding to early warning system triggers. Which financial metric is MOST important to include?

- A. The projected salary and benefit cost of the rapid response nurse position compared to the cost of hiring a nurse practitioner to fill the same monitoring role
- B. The average cost of an intensive care unit transfer compared to the cost of early intervention, projected reduction in code blue events, and estimated savings from prevented ICU admissions
- C. The projected reduction in nurse overtime that would result from having a dedicated rapid response nurse available to assist with patient deterioration events during each shift
- D. A comparison of the unit's current code blue rate with national benchmarks to demonstrate that the unit's rate justifies the investment in a dedicated rapid response nurse position

106. A nurse manager is asked to reduce the unit's supply costs by ten percent. The manager identifies that a significant portion of supply waste occurs because preassembled procedure kits contain items that are frequently discarded unused. Which approach is MOST effective?

- A. Work with the supply chain department to customize procedure kit contents based on actual utilization data, eliminate frequently unused items, and offer supplemental items separately for cases that require them
- B. Require nurses to return all unused items from procedure kits to the supply room for restocking after each procedure is completed
- C. Switch to the lowestcost vendor for all procedure kits regardless of the contents or quality of the individual items included in each kit
- D. Eliminate preassembled procedure kits entirely and require nurses to assemble their own supplies for each procedure from individually stocked items

107. A nurse manager is evaluating the unit's staffing model effectiveness. The current model uses a fixed staffing grid that does not adjust for patient acuity. Censusbased adjustments are made only when the patient count drops below a predetermined threshold. Which limitation of this model is MOST significant?

- A. The model does not account for the experience level of individual nurses assigned to each shift when determining staffing adequacy for patient care
- B. The model cannot accurately predict the need for specialtytrained nurses for specific patient populations admitted to the unit on any given shift
- C. The model fails to account for variations in patient acuity, meaning that two patients occupying beds may require vastly different levels of nursing care that the fixed grid does not recognize
- D. The model does not incorporate the preferences of individual nurses for shift assignments, which may affect job satisfaction and ultimately impact patient care quality

108. A nurse manager is preparing for a budget meeting and needs to explain why the unit's average cost per discharge has increased compared to the previous year. Which factor would MOST directly increase cost per discharge?

- A. An increase in the average patient acuity resulting in higher resource utilization including more nursing hours, medications, and supplies per patient admission

- B. An increase in patient satisfaction scores resulting in higher HCAHPS performance ratings that have not yet translated into reimbursement adjustments
- C. A decrease in the unit's average length of stay that has distributed fixed costs across fewer patient days per individual admission episode
- D. An increase in the number of patients discharged to skilled nursing facilities rather than home, requiring additional discharge coordination resources

109. A nurse manager is developing performance targets for the upcoming fiscal year. Which approach to targetsetting is MOST effective?

- A. Set targets at the national benchmark level for all indicators to demonstrate commitment to toptier performance across every measured dimension
- B. Set targets that represent incremental improvement over the previous year's performance, calibrated to the unit's specific opportunities and resource constraints
- C. Set targets at the current performance level to ensure that the unit meets its goals and staff morale is not negatively affected by unrealistic expectations
- D. Establish stretch targets for each indicator based on the highest performance achieved by any unit in the organization to drive competitive improvement across all nursing units

110. A nurse manager is analyzing the unit's staffing efficiency and calculates the following:

Productive hours worked: 8,000

Total paid hours (including nonproductive): 9,200

What is the unit's productive hour percentage?

- A. 82%
- B. 85%
- C. 87%
- D. 90%

111. A nurse manager is tasked with improving the unit's revenue capture. An analysis reveals that nursing documentation does not consistently capture the severity of patient conditions, leading to lower diagnosis-related group assignments and reduced reimbursement. Which action is MOST appropriate?

- A. Request that the medical coding department assign higher DRG codes based on the nurse manager's verbal description of patient acuity rather than relying solely on documented clinical information
- B. Implement a physician query program to address documentation gaps and improve the accuracy of diagnosis coding for reimbursement purposes
- C. Educate nursing staff on how their clinical documentation affects coding accuracy and reimbursement, integrate documentation improvement prompts into the clinical workflow, and collaborate with clinical documentation improvement specialists
- D. Hire additional coders specifically assigned to the unit to review all discharges and maximize reimbursement through more thorough analysis of existing documentation

112. A nurse manager is responsible for a unit that has been consistently under budget for the past three quarters. Senior leadership has praised the unit for fiscal responsibility. However, the nurse manager is concerned that the underbudget performance may reflect understaffing, deferred maintenance, and inadequate supply levels. Which action BEST demonstrates financial stewardship?

- A. Present a transparent analysis to leadership showing the potential risks associated with the underbudget trend including specific areas where patient care or staff wellbeing may be compromised by the spending shortfall
- B. Continue operating under budget since senior leadership has recognized the unit's fiscal performance and changing the approach may result in loss of organizational support
- C. Quietly increase spending in the areas of concern to bring the budget closer to the allocated amount without formally raising the issue with senior leadership
- D. Request a budget reduction for the next fiscal year since the consistent underbudget performance indicates that the current allocation exceeds the unit's actual needs

113. A nurse manager is negotiating with a medical device vendor for new infusion pump technology. The vendor offers a significant discount in exchange for a five-year exclusive purchasing commitment. Which factor is MOST important to evaluate before accepting the offer?

- A. Whether the discount represents the lowest price available among all competing vendors in the current marketplace for equivalent infusion pump technology
- B. The vendor's financial stability and market reputation to ensure the company will remain in business and provide support throughout the fiveyear commitment
- C. The clinical performance, safety record, and compatibility of the technology with existing systems, the total cost of ownership including maintenance and training, and the organizational risk of being locked into a single vendor for five years
- D. Whether other hospitals in the region have purchased the same infusion pump technology and their reported satisfaction with the vendor's product and service

114. A nurse manager is developing a proposal to convert the unit from twelvehour shifts to eighthour shifts. The primary motivation is concern about fatiguerelated errors during the final hours of twelvehour shifts. Which data is MOST essential to include in the proposal?

- A. Staff preference survey results showing what percentage of nurses prefer eighthour versus twelvehour shift schedules on the unit
- B. Analysis of the unit's medication error and safety event data by hour of shift to determine whether errors are concentrated in the final hours of twelvehour shifts, combined with staffing cost implications and recruitment impact
- C. Published research on the general relationship between shift length and nursing fatigue without analysis of the specific unit's error patterns and operational data
- D. A comparison of eighthour and twelvehour shift models at other hospitals in the region including their reported satisfaction levels and quality outcome data

115. A nurse manager is reviewing the unit's financial report and notices that the unit generated a positive operating margin this quarter for the first time in three years. Which action is MOST appropriate?

- A. Analyze the factors that contributed to the positive margin, determine whether they are sustainable or onetime occurrences, develop strategies to maintain positive performance, and communicate the achievement to staff while identifying areas for continued improvement
- B. Request a budget increase for the next quarter to invest the surplus into unit improvement projects before the positive margin is absorbed by the organization

C. Celebrate the achievement with the staff and reduce the focus on financial performance monitoring since the unit has demonstrated the ability to achieve profitability

D. Present the positive margin to senior leadership and advocate for performance bonuses for the nursing staff who contributed to the improved financial result

Answer Key – Exam 4 (with Full Answer Explanations)

1. C — The family member complaint should be addressed first because it may indicate an active patient care or safety issue requiring immediate assessment. Physician and scheduling concerns, while important, are operational matters that can be addressed shortly after. Prioritization in nursing leadership follows the same principle as clinical triage: patient-related concerns take precedence.

2. C — Acknowledging the concern professionally, committing to review it against the collective bargaining agreement, and offering a private meeting demonstrates respect for both the union process and the staff audience. Public debate risks escalation, while dismissal or total deferral damages the manager's credibility. Labor relations require calm, factual responses.

3. D — FMLA is a federally protected entitlement that cannot be denied based on operational convenience. The nurse manager's role is to direct the employee to HR for the formal process while simultaneously developing a staffing contingency plan. Asking an employee to delay FMLA leave or find their own coverage violates the law.

4. C — The Americans with Disabilities Act requires employers to engage in an interactive process to identify reasonable accommodations that allow the employee to perform essential job functions. Collaboration with HR and the nurse ensures compliance while preserving the nurse's ability to contribute. Blanket reassignment or continued leave may violate ADA requirements.

5. B — Describing specific behaviors without character judgment, explaining impact, listening to the nurse's perspective, and establishing expectations with consequences follows the evidence-based framework for crucial conversations. Public correction humiliates the individual, while avoiding the conversation allows patient care to be affected by unprofessional behavior.

6. C — A joint meeting co-developing a standardized perioperative handoff addresses the root cause: both teams need input into defining what information is essential and when it should be communicated.

Unilateral solutions designed by one department rarely address the other department's workflow realities.

7. D — Purposeful rounding with documented intervals, bundled care activities, and education on the psychosocial impact of isolation targets the specific problem identified by patient and family feedback. Isolation patients require intentional attention because the physical barriers of PPE naturally reduce spontaneous staff visits.

8. C — Plain language, visual data displays, patient stories, and benchmark comparisons make clinical quality data accessible and meaningful to non-clinical audiences. Board members need to understand the significance of the data without requiring medical expertise. Effective communication adapts to the audience's knowledge base.

9. B — Bringing representatives from both departments together to analyze workflows and co-develop a coordinated schedule addresses the scheduling conflict through collaborative problem-solving. Interdepartmental scheduling conflicts require mutual accommodation rather than one department imposing its priorities on another.

10. D — A structured template reduces cognitive demand, practice sessions build skill in a safe environment, coaching develops confidence, and gradual transition prevents overwhelming the learner. Communication anxiety in new leadership roles is best addressed through scaffolded support rather than avoidance or forced immediate performance.

11. C — Meeting with the CNO to understand the context and collaboratively establish a communication process addresses both the bypass pattern and its potential root cause. Staff bypassing the manager may indicate that their concerns are not being heard at the unit level, which requires self-assessment in addition to process correction.

12. C — Engaging frontline nurses in developing standardized education content based on evidence while allowing individualization balances consistency with patient-centered care. Scripted education eliminates individualization, while delegating exclusively to specialists removes bedside nurses from a core nursing responsibility. Staff-developed standards create both ownership and practical relevance.

13. B — Speaking privately about specific behaviors and their impact, then collaboratively developing strategies, addresses the issue directly while preserving the nurse's dignity. Public correction or

structural changes like formal agendas may be needed later, but the first step is a direct private conversation about the observed behavior.

14. B — A data-driven proposal linking requests to quality outcomes, financial impact, and strategic alignment with projected ROI speaks the language of organizational decision-makers. Resource requests that demonstrate measurable return on investment are significantly more likely to be approved than emotional appeals or peer pressure.

15. A — Beginning with low-risk decisions, demonstrating that input is valued by acting on it, progressively expanding scope, and celebrating success builds participatory engagement incrementally. Staff conditioned to top-down management need evidence that their input matters before they will risk contributing.

16. B — Advocating for nurses' concerns with workflow impact data, negotiating modifications, and escalating if patient care is at risk demonstrates the nurse manager's role as the bridge between clinical operations and technology implementation. Accepting workflow problems or unilaterally postponing go-live are both inappropriate responses.

17. D — Reviewing assignment data for the referenced dates and observing the charge nurse's practices provides objective evidence before taking action. Anonymous complaints with specific details warrant investigation through data review rather than immediate confrontation or dismissal.

18. A — Acknowledging feelings, explaining the rationale transparently, identifying an alternative opportunity, and maintaining communication rebuilds the relationship through genuine engagement. Immediate appointment to the next committee may appear reactive rather than thoughtful, while silence signals indifference.

19. B — A multipronged approach combining technology, recruitment, education, and workflow integration provides a comprehensive solution to a multifaceted language access problem. Single interventions like tablets or volunteer interpreters address one dimension but leave other gaps in the communication system.

20. D — Redirecting from blame to shared accountability, jointly analyzing data, identifying system-level factors, and co-developing processes transforms an adversarial dynamic into collaborative improvement. Blame-based conversations between departments reinforce silos rather than building the partnerships needed for care continuity.

21. D — Addressing staff directly, acknowledging impact, sharing permissible information, providing honest answers within confidentiality bounds, and outlining work redistribution meets the remaining team's informational and emotional needs. Avoiding the topic or delegating to HR increases anxiety and erodes trust.

22. A — Exploring the source of intimidation, validating clinical judgment, practicing through physician-specific role-play, and providing supportive follow-up builds the nurse's assertive communication skills in the specific context where they are needed. Generic reassurance does not develop competence.

23. A — Immediate prohibition with risk explanation, combined with collaborative identification of an approved secure platform, addresses both the compliance violation and the underlying workflow need. Staff adopted the unauthorized tool because an approved alternative was not meeting their communication needs.

24. B — Sharing specific feedback, acknowledging clinical strengths, discussing the impact of communication behaviors, and collaboratively developing strategies addresses the gap without dismissing the nurse's competence. High clinical performers with poor interpersonal skills need targeted coaching on the specific behaviors patients identify.

25. B — A joint communication protocol with notification, care coordination, and collaborative problem-solving creates a systematic process that addresses both departments' needs. Unilateral restrictions or access limitations create adversarial relationships that undermine the collaborative care environment.

26. C — Thorough documentation, direct professional delivery, focus on behaviors and patient care impact, and consistent application of progressive discipline demonstrates leadership integrity regardless of the employee's organizational connections. Political considerations cannot exempt staff from performance accountability.

27. D — Identifying a mutual concern and framing the initiative as addressing a shared problem leverages common ground to gain access and cooperation. When direct outreach fails, relationship-building through shared interests is more effective than escalation, which damages the long-term working relationship.

28. D — Meeting with the nurse, showing examples of adequate versus inadequate documentation, explaining legal and clinical importance, and monitoring creates a comprehensive coaching intervention. Documentation standards require both understanding of expectations and accountability for compliance.

29. A — A collaborative medication reconciliation process with the skilled nursing facility addresses the root cause: inconsistent information transfer between facilities. Transition-of-care medication errors require system-level solutions that standardize communication between sending and receiving facilities.

30. B — Medical staff governance approval, nursing competency validation, and outcome monitoring provide the organizational authorization, clinical foundation, and accountability framework required for nurse-driven protocols. Nurse-driven protocols that bypass medical staff approval lack the institutional authority needed for sustainable implementation.

31. C — Assessing current practices, baseline rates, and available resources determines readiness and enables realistic planning before committing to participation. Quality collaboratives require sustained organizational investment, and unprepared participation wastes resources and produces poor outcomes.

32. D — Hospital-acquired pressure injuries have the greatest gap between unit rate (2.1) and benchmark (1.0), representing 2.1 times the benchmark. Falls with injury are 1.5 times benchmark. Prioritization should target the indicator with the largest improvement opportunity relative to benchmark performance.

33. C — Reviewing behavioral history, implementing an individualized safety plan, communicating to all caregivers, ensuring de-escalation resources, and documenting the risk assessment provides a systematic, patient-specific approach. Workplace violence prevention requires individualized planning rather than generic responses.

34. A — Value-based purchasing adjusts Medicare reimbursement based on quality, experience, efficiency, and safety performance. Hospitals earn or lose a percentage of their base operating DRG payment based on their Total Performance Score. Poor performance directly reduces revenue, making quality a financial imperative.

35. C — 5S (Sort, Set in Order, Shine, Standardize, Sustain) directly addresses workspace organization, standardization, and accessibility of supplies. The twelve-minute search time represents waste caused by disorganized supply storage, which is precisely the problem 5S methodology is designed to solve.

36. B — Reviewing the advisory with infection prevention, advocating for expedited policy review, implementing interim precautions as recommended, and educating staff balances the need for updated practice with organizational coordination. Unilateral implementation without infection prevention coordination risks inconsistency across the organization.

37. A — Reviewing organizational strategic priorities, identifying aligned unit-level metrics, establishing measurable targets, assigning accountability, and creating a monitoring schedule ensures that unit quality efforts contribute to organizational goals. Quality improvement that is not strategically aligned may produce improvements that leadership does not value or resource.

38. A — Analyzing the workflow to identify when and why delays occur, redesigning the admission process, implementing system alerts, and conducting real-time monitoring addresses the root cause of the assessment timing failures. Process redesign eliminates systemic barriers that education alone cannot overcome.

39. D — A declining Case Mix Index may reflect changes in patient complexity, documentation thoroughness, coding accuracy, or referral patterns. Each cause requires a different intervention. Investigation is necessary before concluding whether the decline represents a clinical, documentation, or operational issue.

40. B — A comprehensive transition-of-care program including teach-back education, medication reconciliation, follow-up appointments, and forty-eight-hour telephone outreach addresses the multiple factors that drive CHF readmissions. CMS penalizes excess readmissions, and evidence consistently shows that multifaceted transition programs reduce thirty-day return rates.

41. B — A fire extinguisher with an expired inspection tag (thirteen months since last annual inspection) represents a direct fire safety compliance violation. Fire extinguishers require annual inspection to ensure functionality. This finding would be cited during a fire marshal or accreditation survey.

42. D — Comprehensive education including rationale, validated tools, communication techniques, appropriate responses, and supervised practice before implementation addresses staff discomfort through skill-building. Suicide risk screening discomfort stems from lack of training, not personality. Competency must precede the expectation.

43. A — Immediate re-education, form revision to include mandatory documentation of less restrictive alternatives, and concurrent review address both the knowledge gap and the system gap that allowed the

documentation failures. CMS Conditions of Participation require documented evidence that alternatives were considered before restraints are applied.

44. B — A staffing plan identifying nurse requirements, sources, roles, competencies, and an activation communication plan addresses the critical operational element of surge preparedness. Without a staffing plan, beds cannot be safely staffed even if they are physically available during a surge event.

45. A — Comprehensive education on indications, dosing, administration, monitoring, adverse effects, and reversal procedures with competency validation must occur before the first patient administration. High-alert medications carry elevated risk, and nursing competency must be demonstrated before independent administration is permitted.

46. D — Determining whether the increase reflects a true clinical change, coding variation, documentation shift, or population change is essential before implementing interventions. Patient Safety Indicators are sensitive to coding practices, and increases may represent improved capture rather than worsened clinical performance.

47. B — Specific corrective actions for each deficiency, responsible individuals, timelines, evidence of completion, and ongoing monitoring constitute the essential elements of a regulatory corrective action plan. Regulatory agencies evaluate whether corrective actions are specific, measurable, and sustainable.

48. A — Integrating transportation resources into discharge planning, partnering with case management, and documenting referrals addresses the identified social determinant at the unit level within the nurse manager's scope. Social determinants screening is only valuable if it leads to actionable interventions embedded in the care delivery workflow.

49. D — Reviewing current evidence-based guidelines, assessing nursing practices, implementing clinically indicated replacement with standardized assessment intervals, and monitoring outcomes applies current evidence to the identified problem. Current evidence supports clinically indicated replacement over routine scheduled replacement for peripheral IVs.

50. A — Structured bedside medication education using teach-back, integration into discharge, and compliance auditing directly targets the "communication about medicines" measure. Teach-back methodology is the evidence-based approach for verifying patient understanding of medication information.

51. C — Situational leadership theory prescribes a directing style (high task, low relationship) for individuals with low competence and high commitment. New enthusiastic nurses need clear instructions and close supervision to develop foundational skills safely. As competence grows, the leader shifts to coaching, supporting, and eventually delegating.

52. C — Force field analysis identifies both driving and restraining forces, and the strategy is to strengthen drivers while simultaneously weakening restrainers. Implementing without addressing restraining forces leads to resistance, while abandoning the change surrenders evidence-based improvement to staff perception.

53. B — A competency-based orientation that assesses existing skills, customizes focus to identified gaps, and allows accelerated timelines respects the experienced hire's existing competence while ensuring unit-specific readiness. One-size-fits-all orientations waste experienced nurses' time and delay their productive contribution.

54. A — Discussing the distinction between professional accountability and friendship, role-playing feedback scenarios, and establishing expectations addresses the root cause: role confusion between collegial and supervisory relationships. Charge nurses who avoid feedback due to friendship concerns need reframing of the accountability obligation.

55. C — Acknowledging the value staff find in report room interaction, explaining benefits, piloting with volunteers, and integrating successful cultural elements addresses resistance by honoring what staff value while advancing the evidence-based practice. Change is most successful when it preserves valued elements of the current state.

56. D — In the Six Sigma DMAIC sequence, Analyze follows Define and Measure. The Analyze phase conducts root cause analysis of the data collected during Measure to identify the specific sources of variation. Solutions cannot be developed until the root causes are thoroughly understood through rigorous analysis.

57. A — A comprehensive safe patient handling program including mechanical lifts, education, no-manual-lift policy, and post-injury support addresses musculoskeletal injuries through multiple complementary strategies. The ANA endorses elimination of manual patient handling as the primary prevention strategy for nursing musculoskeletal injuries.

58. A — Evaluating both candidates against objective criteria, considering organizational diversity commitments, and documenting the rationale ensures an equitable, defensible process. Leadership development decisions should balance merit with the organization's commitment to developing diverse leadership pipelines.

59. D — A focused safety-specific agenda, timekeeper, requirement for actionable concerns, and follow-up tracking system transforms the huddle from an unfocused meeting into a structured safety tool. Effective safety huddles are brief, focused, and produce accountable follow-up actions.

60. B — Analyzing why original corrective actions failed, determining whether the root cause was inadequately addressed, redesigning with hardwired system changes, and implementing ongoing monitoring with leadership accountability addresses the sustainability failure. Recurring survey findings indicate that previous corrective actions did not address the root cause or were not sustained.

61. A — Appreciative inquiry begins by identifying peak performance moments, exploring the conditions that made them possible, envisioning replication, and designing actions. Unlike deficit-based approaches that focus on problems, appreciative inquiry builds on existing strengths to create positive change.

62. B — Evaluating the request within the context of policy, staffing needs, equity, and documented circumstances balances multiple legitimate considerations. Blanket approval or denial ignores the complexity. Schedule accommodations require case-by-case analysis that considers both individual needs and operational impact.

63. C — Meeting with the experienced nurses to understand concerns, presenting evidence, addressing objections, negotiating evidence-supported modifications, and reinforcing expectations combines respect for expertise with accountability for evidence-based practice. Experienced clinicians who resist protocols often have valid insights that can improve the protocol.

64. C — Compensation and scheduling flexibility account for seventy-five percent of departures and should receive the greatest resource allocation. Simultaneously developing advancement pathways addresses the fifteen percent who leave for career growth. Data-driven retention strategies allocate resources proportionally to the identified drivers.

65. D — A clearly defined scope of authority specifying independent decisions, decisions requiring approval, and implementation processes provides the structural foundation for effective governance.

Without defined authority boundaries, councils either overstep into management territory or function as advisory bodies without real power.

66. A — A competency framework, evidence-based education, peer calibration sessions, and consistent evaluation standardizes charge nurse performance while preserving professional judgment within defined parameters. Variation in how operational situations are managed creates inequity and unpredictability for staff.

67. A — Transparent communication, acknowledgment of financial impact, organizational rationale, advance notice, and financial wellness resources demonstrates respect for staff while implementing a necessary policy. Overtime restrictions affect staff income, and leaders who acknowledge this impact build more trust than those who minimize it.

68. C — The Vroom-Yetton model recommends a group-based decision style when the leader has expertise, staff acceptance is critical, and time permits. Clinical practice decisions that require frontline adoption are most successful when the team participates in the decision-making process.

69. B — A tiered communication system categorizing calls by urgency, establishing response time expectations, and providing alternative pathways for non-urgent issues addresses the root cause: lack of differentiation between urgent and non-urgent communications. Not all nursing-physician communications require the same response urgency.

70. A — Maslow's hierarchy establishes that safety and security needs must be met before higher-level needs can motivate behavior. Staff who feel physically unsafe cannot be effectively motivated by recognition programs or professional development opportunities. Addressing workplace violence is the prerequisite for engagement.

71. D — Presenting an evidence-based counter-proposal with alternative timeline, identified risks, and proposed milestones demonstrates professional advocacy while respecting organizational authority. Leaders who silently comply with unrealistic timelines risk implementation failure, while those who refuse outright damage their credibility.

72. D — The post-promotion resignations indicate that the program develops candidates to the point of promotion but does not support them through the transition. Adding ongoing mentoring, coaching, and gradual role transition addresses the gap between development and sustained performance in the new role.

73. B — Engaging the informal leader by understanding concerns, acknowledging influence, involving her in formal decision-making, and directly addressing undermining behaviors transforms a potential adversary into an ally. Informal leaders possess social capital that can either support or sabotage formal leadership depending on how they are engaged.

74. C — The AONL Nurse Manager Competencies encompass five domains: communication and relationship management, healthcare environment knowledge, leadership, professionalism, and business skills. A comprehensive dashboard should reflect all five domains to provide a complete picture of nurse manager performance.

75. D — Assessing both teams' strengths, developing a phased plan that preserves effective elements, providing orientation, and building cross-team relationships respects the acquired team's identity while achieving integration. Forced immediate adoption destroys morale and institutional knowledge.

76. B — Open communication, celebrating small wins, wellness resources, supportive relationships, and helping staff find meaning promotes team resilience. Resilience research identifies social connection, meaning-making, and incremental positive experiences as key factors in recovery from organizational adversity.

77. B — Analyzing the reasons for missed care including staffing, skill mix, workflow, and competing priorities, then developing targeted interventions for each factor, addresses missed nursing care systemically. Missed care research by Kalisch identifies that multiple system-level factors contribute to care omissions.

78. D — When no single candidate possesses all required competencies, developing a comprehensive plan for the strongest candidate while building complementary skills addresses the gap most efficiently. Succession planning requires development investment in the candidate with the strongest foundation.

79. C — Presenting evidence linking interprofessional rounding to improved outcomes, piloting with a time-efficient format, and refining based on feedback addresses physician concerns with data while demonstrating practical feasibility. Physicians respond to evidence and efficient processes rather than mandates.

80. A — Immediately notifying HR and the supervisor, refraining from retaliation, cooperating with the investigation, and maintaining confidentiality are the required first steps when an EEOC complaint is

filed. Retaliation against a complainant is itself a federal violation. The nurse manager should not attempt to resolve the complaint independently.

81. C — Addressing the precepting nurse about clinical agreement requirements, notifying the clinical instructor, ensuring the student understands supervision parameters, and verifying all parties' understanding corrects the violation at its source. The precepting nurse authorized the unsupervised practice, making her the primary party to address.

82. B — Consulting organizational conflict of interest policies, disclosing the invitation to the supervisor, and following organizational guidance ensures compliance with institutional standards. Vendor honoraria may be permissible or prohibited depending on organizational policy, and the manager should not make independent determinations.

83. A — Addressing specific interpersonal behaviors, explaining the connection to patient experience, role-playing interactions, establishing expectations, and following up provides a concrete coaching intervention. Interpersonal behaviors such as introductions and eye contact are coachable skills, not fixed personality traits.

84. C — Meeting with both nurses, discussing professional boundaries, reviewing equitable expectations, and monitoring maintains respect for their personal relationship while addressing the legitimate team concerns. The relationship itself is not the problem; the perception of favoritism in professional decisions is the issue to manage.

85. B — Practice assessment to determine scope, evidence-based education with return demonstration, protocol updates, and competency verification for all staff provides a systematic approach. Outdated clinical techniques represent a system-wide competency gap that requires structured assessment and re-education rather than individual observation alone.

86. A — Self-assessment against best practices, prioritized improvement areas, an action plan, and sharing with the leadership team demonstrates the professional accountability to translate conference learning into practice change. Professional growth requires translating knowledge into action through deliberate planning.

87. B — Maintaining medical confidentiality, addressing staffing impact through contingency planning, and redirecting complaints by reinforcing protected leave rights fulfills both the legal obligation to

protect the nurse's privacy and the operational obligation to manage staffing. Sharing a diagnosis violates confidentiality regardless of the intent.

88. D — The ethical obligation to provide nondiscriminatory care supersedes personal political disagreements. The ANA Code of Ethics requires nurses to provide care with respect for human dignity regardless of personal attributes. Political beliefs do not constitute a valid basis for refusing a patient assignment under professional standards.

89. D — Gathering all relevant documentation, consulting legal and compliance departments, and cooperating with the investigation process is the appropriate organizational response. Board of nursing investigations require careful coordination with organizational resources rather than independent advocacy or delegation.

90. A — Delegating tasks to unlicensed assistive personnel without verifying competency violates the ANA standard requiring the registered nurse to ensure that the delegatee is competent for the specific task. Delegation without competency verification creates direct patient safety risk and represents a significant departure from professional standards.

91. C — Education on end-of-life communication, palliative care screening integration, a process for timely goals-of-care discussions, and staff support resources addresses all dimensions identified in the family feedback: timing, staff comfort, and systematic identification of patients who need these conversations.

92. D — Discussing the acceptable use policy, explaining security risks, and establishing compliance expectations addresses the behavior through education while protecting organizational systems. Using work email for personal registrations creates phishing and malware vulnerabilities that could compromise the organization's network.

93. D — Justice — the fair and equitable distribution of limited resources — is the central ethical principle in allocation decisions. When resources are insufficient for all patients, allocation must follow established clinical criteria applied consistently. Justice ensures that decisions are made on clinical grounds rather than arbitrary factors.

94. B — Addressing resume falsification as a professional integrity issue and consulting HR regarding application fraud policy follows the appropriate process. Resume falsification is a character and integrity

concern that predates employment and requires organizational-level evaluation regardless of current performance.

95. D — Administering a medication to a patient who has expressed clinically valid concerns that have not been communicated to the prescriber represents a failure to advocate for the patient's expressed wishes and clinical interests. Patient advocacy requires the nurse to communicate patient concerns to the prescriber before proceeding with the order.

96. A — Variable expenses such as supplies and some labor costs fluctuate with patient volume and should be adjusted proportionally to projected volume increases. Fixed expenses such as management salaries and lease costs remain constant regardless of volume. Applying an across-the-board increase overstates fixed costs.

97. B — Nursing salary cost per patient day = $\$2,400,000 \div 10,000$ patient days = \$240 per patient day. This metric allows comparison of labor costs against benchmarks and budget targets. It is a fundamental financial indicator that nurse managers must be able to calculate and interpret.

98. D — Contribution margin decline with stable volumes could result from either increased costs or decreased revenue, and both must be investigated. The question tests understanding that margin analysis requires examination of both sides of the equation. Jumping to a single conclusion without investigating both is analytically incomplete.

99. B — A projected ROI demonstrating that cost reductions from decreased length of stay, fewer complications, and improved coordination exceed the position's cost provides the quantitative business justification that decision-makers require. New position proposals must demonstrate financial return, not just clinical value.

100. B — Analyzing all expense categories, prioritizing reductions that protect quality, engaging staff in identifying savings, and protecting quality-linked investments demonstrates responsible cost management. Effective cost reduction targets waste and inefficiency rather than applying uniform cuts across all categories.

101. C — Investigating underlying causes including scheduling patterns, preferences, staffing gaps, and voluntary versus mandatory hours identifies the specific drivers of concentrated overtime. Concentrated overtime in a small group typically has structural causes such as scheduling preferences, vacancy coverage, or skills-based assignment requirements.

102. C — An assessment of workforce implications including staffing models, competency needs, recruitment strategy, and impact on existing operations addresses the nurse manager's unique area of expertise. Strategic planning contributions should leverage the manager's operational knowledge to inform organizational decisions.

103. A — Streamlining recruitment, implementing competency-based orientation with accelerated progression for experienced hires, reducing redundancies, and standardizing checklists targets the specific process inefficiencies extending the timeline. Onboarding improvement requires identifying which segments of the fourteen-week process can be compressed without compromising quality.

104. D — Investigating specific aspects driving the decline through patient comments, workflow observation, and shift-level comparison identifies targeted interventions rather than making assumptions. Responsiveness decline with constant staffing suggests workflow or behavioral factors rather than resource insufficiency.

105. C — Average ICU transfer cost compared to early intervention cost, projected reduction in code blue events, and estimated savings from prevented ICU admissions quantify the financial return. The business case must demonstrate that prevented deterioration saves more than the position costs.

106. A — Customizing kit contents based on actual utilization data, eliminating frequently unused items, and offering supplemental items separately targets the specific source of waste. Supply chain optimization requires data-driven decisions about what should be included in standardized kits versus stocked separately.

107. C — Failure to account for acuity variations is the most significant limitation because two patients with dramatically different care needs are treated identically by the staffing grid. Acuity-blind staffing models risk both overstaffing low-acuity periods and dangerously understaffing high-acuity periods.

108. A — Increased patient acuity directly increases resource utilization per patient including nursing hours, medications, and supplies, which raises the average cost per discharge. When more resources are consumed per patient episode, the cost per discharge rises even if volume and length of stay remain stable.

109. D — Stretch targets based on the highest performance in the organization set unrealistic expectations that may demoralize staff. Incremental improvement calibrated to the unit's specific

opportunities and constraints produces achievable targets that build momentum and confidence. Targets set at current performance eliminate the improvement imperative.

110. C — Productive hour percentage = 8,000 productive hours ÷ 9,200 total paid hours = 86.96%, rounded to 87%. This metric measures what proportion of paid hours are spent in direct or indirect patient care activities versus nonproductive time such as orientation, education, and benefit hours.

111. C — Educating nursing staff on how documentation affects coding, integrating improvement prompts into workflows, and collaborating with CDI specialists addresses the documentation-to-reimbursement connection at the nursing level. Nurses' clinical assessments and documentation directly influence the accuracy of diagnosis coding.

112. A — Presenting a transparent analysis showing potential risks associated with under-budget performance demonstrates financial stewardship beyond simply spending less. True stewardship includes identifying when under-spending may harm patients, staff, or long-term sustainability, even when the numbers appear favorable.

113. C — Clinical performance, safety record, system compatibility, total cost of ownership, and single-vendor lock-in risk provide the comprehensive evaluation needed for a multi-year commitment. Exclusive purchasing agreements require analysis beyond price to ensure the technology meets clinical needs and organizational risk tolerance.

114. B — Unit-specific medication error and safety event data by hour of shift, combined with staffing cost implications and recruitment impact, provides the evidence needed for a scheduling model change. Shift length decisions must be driven by the unit's own safety data rather than general research or staff preference alone.

115. A — Analyzing contributing factors, determining sustainability, developing maintenance strategies, and communicating while identifying continued improvement areas demonstrates mature financial management. A single positive quarter requires analysis of whether the contributing factors are structural or temporary before declaring the problem solved.