

# PRACTICE EXAM 5 — FULLLENGTH SIMULATION (115 QUESTIONS)

---

1. A nurse manager is facilitating a newly formed unit practice council. During the second meeting, two members engage in a heated argument while the remaining members sit silently. According to Tuckman's stages of group development, which stage is this team MOST likely experiencing?

- A. Forming, because the group is still establishing relationships and has not yet developed cohesion among its members
- B. Storming, because the group is experiencing interpersonal conflict as members assert their positions and test boundaries
- C. Norming, because the group is establishing ground rules through the process of working through disagreements openly
- D. Performing, because the group is engaged in productive conflict that demonstrates commitment to the council's work

2. A nurse manager receives notification that the unit's health literacy assessment data shows that fortytwo percent of patients have limited health literacy. Current patient education materials are written at a twelfthgrade reading level. Which action is MOST appropriate?

- A. Add illustrations and photographs to existing education materials to supplement the written text without changing the reading level
- B. Provide bilingual versions of all patient education materials to address the cultural and linguistic diversity of the patient population
- C. Redesign patient education materials to a fifthsixthgrade reading level using plain language principles, incorporate visual aids, and implement teachback to verify comprehension
- D. Assign a patient educator to individually review all written materials with patients who score below the health literacy threshold

3. A nurse manager oversees an interdisciplinary team that includes a respiratory therapist who consistently arrives late to team meetings, does not contribute to discussions, and leaves early. Other

team members have expressed frustration. The respiratory therapist reports to a different department director. Which action is MOST appropriate?

- A. Communicate directly with the respiratory therapist about attendance and participation expectations, discuss the impact on team effectiveness, and if the behavior continues, involve the respiratory therapy director collaboratively
- B. Report the respiratory therapist's behavior to the respiratory therapy director and request that the director address the attendance and participation issues
- C. Remove the respiratory therapist from the interdisciplinary team and request a more committed replacement from the respiratory therapy department
- D. Accept the limited participation since the nurse manager does not have direct authority over employees in other departments

4. A nurse manager is responsible for communicating the results of a peer review process that identified clinical practice concerns about a staff nurse. The peer review findings are protected under organizational policy. The staff nurse demands to know which colleagues participated in the review. Which response is MOST appropriate?

- A. Disclose the names of the peer review participants since the staff nurse has a right to know who evaluated her clinical practice
- B. Provide the names of the peer review participants but instruct the nurse not to discuss the review or retaliate against participants
- C. Explain that peer review proceedings are confidential under organizational policy and potentially state law, share the findings and recommendations without disclosing identities, and discuss an improvement plan
- D. Decline to share any findings from the peer review and instruct the nurse to contact the medical staff office for details

5. A nurse manager is leading a team where several members communicate primarily through passive-aggressive behavior including sarcastic compliance, deliberate procrastination, and intentional withholding of information. Which intervention addresses the underlying pattern?

- A. Implement a zero-tolerance policy for passive-aggressive behavior and enforce progressive discipline for each occurrence

B. Ignore the pattern and focus on documenting expectations in writing so staff cannot claim misunderstanding of requirements

C. Create an environment where direct communication is safe and valued by modeling assertive communication, addressing passiveaggressive behaviors individually with specific examples, and providing skillbuilding in constructive confrontation

D. Transfer the passiveaggressive staff members to different units where their communication style may be less disruptive

6. A nurse manager discovers that a nursing assistant has been recording conversations with nurses on a personal cell phone without their knowledge. Several nurses report feeling violated and distrustful. Which action should the nurse manager take FIRST?

A. Confiscate the nursing assistant's cell phone and review the recordings to determine whether protected health information was captured

B. Consult with human resources about the legality of recording before taking any action with the nursing assistant

C. Send a unitwide email reminding all staff that recording in the workplace is prohibited under the organization's policy

D. Immediately address the behavior with the nursing assistant, consult with human resources and legal counsel regarding applicable policies and laws, and communicate with affected staff

7. A nurse manager is attempting to influence organizational decisionmakers to invest in a nurse residency program. The manager has presented data three times to the budget committee without approval. Which influence strategy should the manager try NEXT?

A. Present the same data a fourth time with additional emphasis on the urgency of the nursing retention problem

B. Identify a senior leader who champions workforce development, secure that leader's endorsement, and present a revised proposal addressing specific objections raised in previous presentations

C. Implement an informal mentoring program using existing resources and present it as a pilot nurse residency

D. Accept that the organization is not ready to invest and redirect efforts toward other retention strategies

8. A nurse manager is coaching a charge nurse who has difficulty giving clear, concise patient status updates during safety huddles. The charge nurse includes excessive clinical detail and loses the audience's attention. Which coaching technique is MOST effective?

- A. Teach the charge nurse to use a structured reporting framework such as SBAR with a time limit, practice with real scenarios, and provide immediate feedback after each huddle
- B. Provide the charge nurse with a written script for each safety huddle and instruct her to read from it directly
- C. Assign a cofacilitator to redirect the charge nurse when she begins providing excessive detail during briefings
- D. Allow the charge nurse to develop her huddle style naturally since public speaking skills improve with experience

9. A nurse manager is working with a staff nurse who has excellent clinical skills but consistently fails to communicate patient status changes to the charge nurse promptly. Two nearmiss events have been linked to delayed communication. Which approach is MOST appropriate?

- A. Meet with the nurse to discuss the specific nearmiss events, explain the patient safety connection, establish clear expectations for reporting, document the conversation, and follow up
- B. Assign the nurse exclusively to stable patients who are less likely to experience acute status changes
- C. Require the nurse to page the charge nurse at fixed hourly intervals with a status update on all patients
- D. Place the nurse on a performance improvement plan immediately and document that further delays will result in termination

10. A nurse manager is leading a multidisciplinary team implementing a new stroke protocol. The neurology representative consistently overrides nursing input on assessment timelines. Which facilitation approach is MOST effective?

- A. Support the neurologist since neurological assessment expertise falls within the physician's specialized scope
- B. Schedule a separate meeting with the neurologist to discuss the importance of incorporating nursing perspectives
- C. Establish decisionmaking criteria requiring evidencebased justification from any discipline, ensuring nursing's patient assessment expertise is weighted equally in the collaborative process

D. Ask the chief nursing officer to contact the neurology chair and advocate for equitable nursing participation

11. A nurse manager receives a complaint from the night shift charge nurse that the evening charge nurse consistently provides an incomplete handoff and leaves before questions are answered. The evening charge nurse has been spoken to twice without improvement. Which action is MOST appropriate?

A. Reassign the evening charge nurse to a bedside role and appoint a more reliable nurse to the charge position

B. Document the pattern but allow it to continue since interpersonal conflict between charge nurses often self-resolves

C. Conduct a formal counseling session documenting the specific pattern, expectations, timeline for improvement, and consequences, and verify the handoff process through direct observation

D. Implement a standardized written handoff form that both charge nurses must complete and sign during each transition

12. A nurse manager is implementing a communication strategy to address moral distress among the nursing staff. Several nurses report feeling powerless when they disagree with treatment decisions but feel unable to speak up. Which intervention is MOST comprehensive?

A. Implement an anonymous suggestion box specifically for ethical concerns and review submissions monthly

B. Refer all nurses experiencing moral distress to the employee assistance program for individual counseling

C. Encourage nurses to document their disagreements in the patient's medical record to create a formal record

D. Establish a structured process for raising ethical concerns including ethics consultations, regular debriefings, education on assertive communication with physicians, and leadership support for speaking up

13. A nurse manager is working to improve interdepartmental communication with the laboratory. Critical lab values are called to the unit, but the receiving nurse does not always communicate the result to the provider promptly. Which system improvement is MOST effective?

A. Require the laboratory to call critical values directly to the responsible physician rather than routing through nursing

B. Implement a closedloop critical value notification system with lab notification to nursing, documented acknowledgment, provider notification, and provider readback with timestamped documentation at each step

C. Install a realtime display board showing all pending critical lab results for the unit's patient population

D. Assign the charge nurse as the sole recipient of all critical lab value calls for the unit

14. A nurse manager is addressing a situation where staff from the outgoing shift routinely remain thirty to fortyfive minutes after shift end, socializing with incoming colleagues. The overtime costs are significant. Which approach is MOST effective?

A. Implement a strict policy requiring offgoing staff to leave within fifteen minutes and enforce through the time clock

B. Allow socialization to continue since peer bonding strengthens team cohesion and the overtime cost is acceptable

C. Examine the shiftchange workflow to identify whether extended overlap reflects genuine care coordination or primarily social behavior, streamline handoff, and set clear departure expectations

D. Reduce the shift overlap period in the schedule so incoming and outgoing shifts have minimal contact time

15. A nurse manager needs to communicate that the holiday scheduling policy is changing from selfscheduling to a rotational system. Which communication principle is MOST important?

A. Delay the announcement until the closest possible date to implementation to minimize the duration of staff anxiety

B. Announce the change via email and provide a link to the new policy for staff review at their convenience

C. Communicate early with clear rationale, acknowledge the impact, provide opportunity for input on implementation details while being transparent that the core decision is final, and address questions directly

D. Ask the charge nurse team to communicate the change to their shifts to personalize the message delivery

16. A nurse manager is leading a team meeting when a staff nurse makes a derogatory comment about a transgender patient recently admitted to the unit. Several staff members laugh while others appear uncomfortable. Which response is MOST appropriate?

A. Address the situation privately with the nurse after the meeting to avoid embarrassing her and disrupting the agenda

B. Ignore the comment and move on with the agenda since addressing individual remarks during meetings is disruptive

C. Document the comment and report it to the diversity and inclusion officer for investigation and followup

D. Address the comment immediately by stating that derogatory remarks about patients are unacceptable, reinforce expectations for inclusive communication, and follow up with the nurse individually

17. A nurse manager is working with a newly hired nurse educated in another country. The nurse's clinical skills are strong, but she struggles with informal American workplace communication norms. She addresses all physicians formally and waits to be spoken to before contributing. Which approach is MOST culturally responsive?

A. Require the nurse to attend a workplace communication workshop and adopt the informal norms of the existing staff

B. Allow the nurse to maintain her communication style since forcing adaptation could be perceived as cultural insensitivity

C. Recognize the cultural context, provide orientation to unit communication expectations, offer mentoring to bridge cultural differences, and create opportunities for gradual adaptation without demanding immediate conformity

D. Pair the nurse exclusively with physicians known to be patient and inclusive with internationally educated nurses

18. A nurse manager discovers that two staff members who were previously close friends are no longer speaking due to a personal disagreement outside work. Their refusal to communicate creates patient safety risks during handoffs between them. Which action is MOST appropriate?

- A. Respect the nurses' personal boundaries and avoid intervening since the disagreement occurred outside work
- B. Transfer one nurse to a different shift to eliminate the need for direct communication between them
- C. Require both nurses to attend a mediation session through the employee assistance program to resolve the conflict
- D. Acknowledge the personal situation without requiring friendship resolution, but establish the nonnegotiable expectation that professional communication must be maintained during all patient care activities

19. A nurse manager is coaching a staff nurse identified as a potential future charge nurse. The nurse hesitates to accept the role because she fears it will damage friendships with colleagues. Which coaching response is MOST effective?

- A. Reassure the nurse that most charge nurses maintain friendships and leadership does not require sacrificing relationships
- B. Discuss the distinction between friendship and professional accountability, explore specific concerns, provide examples of how effective charge nurses manage both, and offer ongoing mentoring
- C. Recommend the nurse decline until she feels more confident about managing the dual role of leader and colleague
- D. Assign the nurse to shadow multiple charge nurses to observe how each manages the balance between roles

20. A nurse manager is responsible for a unit serving a large immigrant community. Many patients bring extended family members who wish to participate in care decisions, sometimes conflicting with visitor policy. Staff feel overwhelmed by large family groups. Which approach BEST balances cultural sensitivity with operational needs?

- A. Enforce the visitor policy strictly and limit visitors to two per patient regardless of cultural preferences
- B. Exempt all immigrant patients from the visitor policy to demonstrate cultural sensitivity

C. Arrange a dedicated family conference room and schedule family meetings with the care team outside the room

D. Develop a culturally responsive approach that accommodates family involvement, adjusts visitor guidelines when clinically appropriate, educates staff on cultural humility, and creates designated spaces for family gatherings

21. A nurse manager is tasked with improving the patient experience for deaf and hardofhearing patients. Current accommodations are inconsistent. Which approach is MOST systematic?

A. Purchase visual alert devices for patient rooms and train all staff on their use to supplement the auditory call bell system

B. Hire a fulltime ASL interpreter and station them on the unit during peak admission hours

C. Integrate hearing status into the admission assessment workflow, establish standardized accommodations based on each patient's needs, ensure access to interpreter services and assistive technology, and educate all staff

D. Post visual signage indicating that accommodations for deaf patients are available and direct patients to the charge nurse

22. A nurse manager is dealing with a physician who frequently changes orders verbally during rounds without entering them into the EHR. Nurses transcribe verbal orders, increasing transcription error risk. Which action is MOST appropriate?

A. Address the practice directly with the physician, explain the patient safety risks of transcribed verbal orders, advocate for realtime electronic order entry, and collaborate on a workflow solution

B. Require nurses to read back every verbal order and document the readback to reduce transcription errors

C. Report the physician to the medical staff office for noncompliance with CPOE requirements

D. Accept the practice and implement doubleverification where a second nurse reviews all transcribed orders

23. A nurse manager notices that the unit's scores for "did staff explain medicines before giving them" are consistently below target. Observation reveals nurses administer medications with minimal explanation during busy periods. Which intervention is MOST targeted?

A. Require nurses to document that medication education was provided before administering each dose in the MAR

B. Assign a pharmacist to the unit during peak medication times to provide bedside medication education

C. Integrate brief structured medication explanations into the administration workflow, create a standardized script for highfrequency medications, and audit compliance through patient feedback and observation

D. Present the data to staff and ask each nurse to commit to improving individual medication education practices

24. A nurse manager receives a formal hostile work environment complaint from an employee citing exclusion from team activities, receiving undesirable assignments, and overhearing negative comments. Which action should the nurse manager take FIRST?

A. Meet with the employee to review the complaint and attempt to resolve the issues informally before involving HR

B. Notify human resources immediately, cooperate with their investigation, refrain from independent investigation that could compromise the process, and protect the complainant from retaliation

C. Investigate each allegation by interviewing named colleagues and reviewing assignment records for disparate treatment

D. Ask the complainant to document additional specific incidents with dates and witnesses before initiating investigation

25. A nurse manager is introducing a new electronic patient communication portal that allows patients to message their care team. Staff nurses are concerned about being overwhelmed by messages. Which approach is MOST effective?

A. Reassure nurses that messages will not significantly increase workload since most will be routine questions

B. Implement the portal without nursing involvement and assign all messages to the unit secretary for triage

C. Delay implementation until additional staff can be hired to manage the anticipated communication volume

D. Develop a triage protocol defining response responsibilities, expected timeframes by urgency, daily workflow integration, and actual workload monitoring

26. A nurse manager is managing a conflict between two departments over a shared portable ultrasound machine needed during overlapping time periods. Which resolution approach is MOST effective?

A. Facilitate a meeting to establish a shared usage schedule based on clinical priority criteria, explore whether additional equipment is justified, and create a protocol for resolving realtime conflicts

B. Purchase a second machine to eliminate the conflict and ensure both departments have dedicated access

C. Assign the machine to the nursing unit since it is housed there and radiology should use departmental equipment

D. Escalate the conflict to both department directors for resolution at the leadership level

27. A nurse manager is coaching a preceptor who uses the "sandwich method" for feedback. Orientees report confusion about what they need to improve because the critical message is buried between positive comments. Which alternative should the manager teach?

A. Eliminate all positive feedback during orientation and focus exclusively on areas requiring improvement

B. Teach the preceptor to provide direct, specific behavioral feedback identifying the behavior, its impact, and expected change, followed by collaborative problemsolving and support

C. Instruct the preceptor to provide only written feedback so orientees can review without emotional distraction

D. Have the preceptor deliver negative feedback first and positive feedback second to end on an encouraging note

28. A nurse manager is responsible for a unit where several nurses have requested accommodations for religious observances affecting scheduling, including specific days off, modified break schedules for prayer, and dietary accommodations during celebrations. Which approach is MOST appropriate?

- A. Apply the same religious accommodation policy to all staff and deny requests that create scheduling hardships
- B. Evaluate each request individually in consultation with human resources, make reasonable accommodations balancing religious observance with operational needs, and maintain equitable treatment across all requests
- C. Approve all religious accommodation requests unconditionally to demonstrate commitment to diversity
- D. Establish a standard policy designating specific times and spaces for religious observance for all staff

29. A nurse manager is planning communication for an upcoming EHR system upgrade affecting all unit workflows for six weeks. Which communication plan element is MOST critical?

- A. A comprehensive written manual distributed thirty days before the upgrade describing every workflow change
- B. A single allstaff meeting one week before the upgrade covering all changes, training, and support resources
- C. A phased communication plan with early notification, progressive detail, multiple channels, designated superusers for realtime support, and a feedback mechanism during the transition
- D. Daily email updates from IT throughout the sixweek transition with detailed technical instructions

30. A nurse manager is implementing the IHI Triple Aim framework on the unit. Which set of objectives BEST represents the Triple Aim?

- A. Reducing hospitalacquired infections, improving nurse retention, and achieving Magnet recognition
- B. Improving the patient experience of care, improving the health of populations, and reducing the per capita cost of healthcare
- C. Enhancing patient safety, improving clinical quality outcomes, and increasing organizational revenue
- D. Achieving zero preventable harm, maximizing patient throughput, and reducing readmission rates

31. A nurse manager is evaluating the unit's performance against nursesensitive quality indicators. Which set of metrics represents indicators MOST directly influenced by nursing care?

- A. Falls, hospitalacquired pressure injuries, catheterassociated urinary tract infections, and patient satisfaction with nursing communication
- B. Surgical site infections, physician response time, pharmacy turnaround time, and patient length of stay
- C. Hospital mortality rates, thirtyday readmission rates, OR turnover time, and ED boarding hours
- D. Physician satisfaction with nursing, case mix index, average DRG weight, and hospital contribution margin

32. A nurse manager is participating in statemandated quality reporting. The unit has been asked to report HPPD, skill mix, fall rates, and infection rates. Which action is MOST important for data integrity?

- A. Assign the unit educator to collect all quality data since the educator has the most clinical knowledge
- B. Hire a dedicated data analyst for the unit to ensure accurate collection and reporting
- C. Implement standardized data collection processes with clear definitions, train staff on accurate data entry, establish validation checks, and audit data quality regularly before submission
- D. Delegate data collection to the charge nurses and require monthly reports to the nurse manager

33. A nurse manager is reviewing the AACN Healthy Work Environment standards. The unit scores lowest on "true collaboration." Which action is MOST appropriate?

- A. Assess specific barriers to collaboration, implement structured interdisciplinary activities such as joint rounds, establish expectations for collaborative practice, and measure improvement
- B. Send all nursing staff to a teamwork training course and evaluate whether collaboration scores improve
- C. Focus on authentic leadership first since leadership is foundational and enables all other healthy work environment elements
- D. Schedule interdisciplinary social events to build informal relationships between departments

34. A nurse manager is responsible for a unit with inconsistent advance directive documentation. A chart audit reveals several patients' wishes are not accurately reflected in the EHR. Which action is MOST appropriate?

- A. Implement a standardized process for verifying and documenting advance directives upon admission, educate staff on legal and ethical importance, integrate verification into the admission workflow, and audit compliance
- B. Assign the social worker to review all advance directive documentation upon admission and correct discrepancies
- C. Post a reminder at each workstation about accurate advance directive documentation with a common error tip sheet
- D. Require the admitting physician to verify advance directive accuracy since they are medical/legal documents

35. A nurse manager is implementing a new patient classification system. Staff report it underestimates time required for patient education and psychosocial support. Which action is MOST appropriate?

- A. Accept the system as designed since all classification tools have limitations for subjective care elements
- B. Abandon the new system and return to the previous one that staff perceived as more accurate
- C. Collect data on the specific activities the system underestimates, present findings to the classification committee with recommendations, and advocate for recalibration of education and psychosocial components
- D. Instruct staff to inflate acuity scores slightly to compensate for the underestimation until recalibration occurs

36. A nurse manager is informed that the hospital will participate in a CMS Bundled Payment initiative for hip and knee replacement patients. Which operational adjustment is MOST important?

- A. Increase nursing staff on surgical days to ensure postoperative patients receive the highest level of attention
- B. Focus on optimizing the entire episode of care from preadmission through postdischarge by standardizing pathways, reducing complications, coordinating postacute care, and engaging patients in recovery

- C. Reduce average length of stay by implementing earlier discharge criteria to lower per episode cost
- D. Negotiate with surgeons to use lowest cost implant options to reduce supply costs per surgical episode

37. A nurse manager is evaluating a recently implemented bedside handoff process. Patient satisfaction improved, but nurses report handoffs now take twice as long. Which adjustment is MOST appropriate?

- A. Revert to the previous handoff method since the time burden outweighs the satisfaction improvement
- B. Mandate handoffs be completed within a specific time limit and monitor compliance to prevent overruns
- C. Analyze which components consume additional time, identify elements that can be streamlined without sacrificing patient engagement, refine the process, and remeasure both time and satisfaction
- D. Hire additional staff to compensate for the increased time required for bedside handoffs

38. A nurse manager is reviewing adverse drug event data. The majority involve high alert medications during transitions of care between units. Which intervention is MOST targeted?

- A. Implement a unitwide medication safety education program covering all medication categories comprehensively
- B. Restrict high alert medication administration to experienced nurses with more than three years on the unit
- C. Implement standardized medication reconciliation during all transitions with independent double verification of high alert medications and pharmacist involvement during transfers
- D. Install additional automated dispensing cabinets to improve access and reduce time pressure during administration

39. A nurse manager is reviewing an incident where a nurse administered an oral medication intravenously. Which system level factor is MOST important to investigate?

- A. The individual nurse's medication administration competency and annual validation completion status
- B. Whether medication packaging, labeling, and storage create route of administration confusion, and whether technology safeguards such as barcode verification and smart pump libraries are functioning

- C. The nurse's workload at the time and whether excessive patient assignments contributed to the error
- D. Whether the prescribing physician ordered the medication with the correct route in the EHR

40. A nurse manager is implementing a predictive analytics tool that forecasts patient deterioration. Nurses express skepticism about accuracy. Which implementation approach is MOST effective?

- A. Mandate use for all patients and require response to every alert within fifteen minutes regardless of clinical assessment
- B. Allow voluntary use and evaluate adoption after six months to determine whether mandatory implementation is needed
- C. Present validation data, implement alongside existing clinical judgment rather than as a replacement, establish a clear response protocol, and create a feedback loop for false positives and negatives
- D. Delay implementation until the tool achieves higher accuracy since imperfect tools create alert fatigue

41. A nurse manager is participating in a root cause analysis for a medication error where a nurse administered insulin to the wrong patient after verifying identity with only one identifier. Which finding represents the MOST significant systemlevel contributing factor?

- A. The individual nurse's failure to follow the twoidentifier policy, representing a human performance issue
- B. The nurse's workload creating time pressure that led to shortcuts in identification
- C. The absence of a technology safeguard such as barcodeassisted patient identification that would have prevented the error regardless of individual compliance
- D. The proximity of the patients' rooms creating an environment increasing identification confusion

42. A nurse manager is evaluating the unit's NQFendorsed nursingsensitive quality measures. Which measure is MOST directly endorsed by NQF as a nursingsensitive indicator?

- A. Patient satisfaction with overall hospital experience as measured by HCAHPS
- B. Hospitalacquired pressure injury prevalence rates reflecting nursing skin integrity assessment and prevention effectiveness

- C. Average time from ED arrival to inpatient bed placement across all admitting units
- D. Thirtyday mortality rates for patients admitted with acute MI, heart failure, and pneumonia

43. A nurse manager is developing a plan to address high patient elopement rates. The unit serves patients with cognitive impairment, substance use disorders, and psychiatric comorbidities. Which intervention is MOST comprehensive?

- A. Implement a multifaceted elopement prevention program including risk assessment upon admission, individualized monitoring plans, environmental modifications, staff education on therapeutic engagement, and post elopement review
- B. Install electronic monitoring on all patient ID bands that trigger alarms when patients approach exits
- C. Assign a dedicated safety attendant to the unit entrance during all shifts to verify authorized departures
- D. Restrict all elopement risk patients to their rooms and require physician orders for offunit activities

44. A nurse manager is implementing a Pediatric Early Warning Score system. Which element is MOST critical for successful implementation?

- A. A comprehensive education program on pediatric vital sign interpretation that all staff must complete first
- B. Clear criteria for what PEWS score triggers each level of clinical response including bedside assessment, provider notification, and rapid response activation
- C. Establishment of a committee to review all PEWS alerts after the fact and evaluate nursing response appropriateness
- D. Integration of PEWS calculation into the EHR with automatic scoring to eliminate manual calculations

45. A nurse manager reviews data showing the unit's central line utilization ratio increased from 0.25 to 0.40 over six months without a corresponding acuity change. Which interpretation is MOST appropriate?

- A. The increased ratio suggests central lines are being maintained in patients who may not meet evidencebased criteria, warranting review of insertion practices and daily necessity assessments

- B. The increase reflects normal variation and does not require investigation unless the infection rate also increases
- C. The increase is positive indicating more patients have reliable IV access for medication and fluids
- D. The increase is solely a physician practice issue outside the nurse manager's scope of responsibility

46. A nurse manager is developing a process for managing opioid overdose patients. Staff competency in naloxone administration and postreversal monitoring varies. Which action is MOST appropriate?

- A. Ensure all staff are trained and competent in naloxone administration, postreversal monitoring, and ongoing resedation assessment, and integrate overdose response into the unit's emergency preparedness plan
- B. Assign overdose patients exclusively to naloxone-competent nurses and restrict others from caring for them
- C. Request pharmacy create a naloxone protocol and distribute it for self-directed staff review
- D. Transfer all overdose patients to the ICU since overdose management requires higher monitoring capability

47. A nurse manager is informed that three patients have tested positive for a multidrug-resistant organism in two weeks, indicating a possible healthcare-associated outbreak. Which action should the nurse manager take FIRST?

- A. Place all three patients in private rooms with contact precautions and restrict transfers off the unit
- B. Send a unitwide communication reminding staff of contact precaution protocols and hand hygiene
- C. Notify infection prevention immediately, collaborate on implementing enhanced surveillance and infection control measures, and communicate the situation to all unit staff with clear instructions
- D. Order environmental cultures of all patient rooms to identify transmission sources and outbreak scope

48. A nurse manager is implementing a discharge planning improvement initiative. Current average time from discharge order to patient departure is four hours thirty minutes. The target is two hours. Which approach is MOST likely to reduce the delay?

- A. Map the current process to identify bottlenecks, implement multidisciplinary planning beginning at admission, create a discharge readiness checklist, and coordinate transportation and medication delivery in parallel
- B. Set a strict twohour policy and hold nurses accountable through performance evaluations
- C. Request additional clerical support to process discharge paperwork and reduce the nursing administrative burden
- D. Implement a discharge lounge where patients move after the order is written to free the inpatient bed

49. A nurse manager is reviewing the unit's twoidentifier compliance for medication administration. A random audit shows ninetyone percent compliance. The target is one hundred percent. Which action is MOST appropriate?

- A. Accept ninetyone percent as clinically adequate since perfect compliance is unrealistic in highvolume settings
- B. Investigate the nine percent noncompliance to identify patterns such as shift, location, or workflow factors, implement targeted interventions, and reaudit to verify improvement
- C. Implement a punitive accountability system identifying noncompliant nurses for mandatory remediation
- D. Present audit results at staff meeting and request voluntary commitment to achieve one hundred percent

50. A nurse manager reviews cleaning protocols after a patient develops C. difficile infection. The manager suspects cleaning may be inadequate. Which action is MOST appropriate?

- A. Request infection prevention audit the cleaning process using fluorescent markers or ATP testing
- B. Instruct nurses to supplement environmental services by performing their own surface disinfection
- C. Replace current agents with bleachbased products and implement twicedaily cleaning of hightouch surfaces
- D. Collaborate with environmental services and infection prevention to review the protocol against evidencebased C. difficile guidelines, verify product efficacy, evaluate technique compliance, and implement modifications with monitoring

51. A nurse manager is applying Benner's novice-to-expert model to develop a competency-based staffing plan. Which application of the model is MOST appropriate?

- A. Assign all novice nurses to the same shift so they can support each other and experienced nurses are not burdened by mentoring responsibilities
- B. Create staffing assignments that pair novice nurses with expert or proficient nurses during high-risk periods and assign experienced nurses to complex patients
- C. Match patient assignments to each nurse's Benner level, assigning the unit's most complex patients exclusively to nurses who have achieved the expert level
- D. Use Benner levels to determine which nurses qualify for promotion to charge nurse, limiting advancement to those rated at the proficient or expert level

52. A nurse manager is developing a strategy to address the Quadruple Aim on the unit. The Quadruple Aim adds a fourth element to the IHI Triple Aim. Which element does the Quadruple Aim ADD to the original Triple Aim framework?

- A. Achieving zero preventable harm through implementation of evidence-based safety practices across the care continuum
- B. Reducing healthcare disparities through equitable access to care for underserved patient populations in the community
- C. Improving population health outcomes through community-based prevention and wellness programming partnerships
- D. Improving the work life of healthcare providers including clinician and staff wellbeing, satisfaction, and prevention of burnout

53. A nurse manager is conducting a stakeholder analysis before implementing a major workflow change on the unit. The analysis identifies a senior physician who has high influence within the organization but is currently opposed to the change. According to stakeholder management principles, which approach is MOST strategic?

- A. Avoid the physician and proceed with the change without seeking his input since his opposition may slow the process
- B. Inform the physician about the change through a written communication and address any concerns he raises reactively

C. Minimize the physician's influence by building a coalition of supporters who can override his opposition during the implementation

D. Engage the physician early through individual meetings to understand his specific objections, address legitimate concerns through modification where appropriate, and seek to convert him from opponent to supporter

54. A nurse manager is implementing a PlanDoStudyAct cycle to reduce patient wait times for pain medication. The first test cycle reduced wait time from fortyfive minutes to thirty minutes. The target is twenty minutes. Which action is MOST appropriate for the NEXT PDSA cycle?

A. Implement the changes from the first cycle permanently and begin a new PDSA cycle addressing a different quality issue

B. Analyze the results of the first cycle to identify remaining barriers, develop a refined intervention targeting those barriers, test the refined intervention on a small scale, and evaluate the results

C. Expand the first cycle's changes to the entire unit immediately since they demonstrated a thirtythree percent improvement

D. Conclude that the twentyminute target is unrealistic based on the first cycle results and revise the target to thirty minutes

55. A nurse manager is assessing the unit's compliance with the AONL Nurse Manager Competencies in the domain of business skills. Which activity BEST demonstrates competency in financial management?

A. Reviewing the unit's monthly financial report and forwarding it to the director of nursing without analysis or commentary

B. Ensuring that all supply orders are processed through the appropriate procurement channels and within the approved budget

C. Analyzing budget variances, identifying root causes, developing corrective action plans, monitoring spending trends against projections, and adjusting resource allocation based on patient volume and acuity changes

D. Delegating all budget management responsibilities to the charge nurse team and focusing the manager's time on clinical quality improvement

56. A nurse manager is using the ThomasKilman Conflict Mode Instrument to assess how conflicts are managed on the unit. The manager identifies that the predominant conflict style is "avoiding." Which consequence is MOST likely?

- A. The unit will experience fewer visible conflicts since avoidance prevents disagreements from escalating into confrontation
- B. Staff will develop stronger independent problemsolving skills since avoidance forces individuals to resolve issues on their own
- C. Patient care decisions will be expedited since avoiding conflict eliminates the timeconsuming process of deliberation and debate
- D. Unresolved issues will accumulate, resentment will build, problems will persist beneath the surface, and communication breakdowns will eventually manifest as larger crises

57. A nurse manager is implementing a new nursing care delivery model on a thirtysixbed unit. The model transitions from total patient care to a primary nursing model with care partners. Which implementation risk is MOST critical to address?

- A. Physicians may resist communicating with a single primary nurse and prefer to give orders to whichever nurse is available at the bedside
- B. Nursing assistants may feel devalued in the care partner role if their scope of responsibilities is not clearly defined and respected
- C. Some patients may prefer to have multiple nurses rather than a single primary nurse assigned for the duration of their hospitalization
- D. Staff may resist the change because primary nursing requires higher accountability and continuity than total patient care, necessitating comprehensive education, clear role definition, and gradual transition with leadership support

58. A nurse manager is reviewing a concept called "structural empowerment" as part of the Magnet Recognition Program. Which action BEST demonstrates structural empowerment at the unit level?

- A. The nurse manager personally recognizes each staff member's contributions during annual performance reviews and celebrations
- B. Staff nurses have access to professional development resources, participate in governance councils that make practice decisions, and are supported in pursuing certification, education, and evidencebased practice projects

C. The nurse manager delegates all operational decisions to the charge nurse team to maximize the manager's availability for strategic planning

D. The unit maintains adequate staffing levels and provides competitive compensation packages that attract and retain qualified nursing professionals

59. A nurse manager is developing a plan to reduce moral injury among nurses on a highacuity unit. Moral injury differs from moral distress in that it involves lasting psychological harm from events that violate a person's moral code. Which intervention is MOST targeted?

A. Implement a peer support program staffed by trained nurse peers who provide emotional first aid after morally challenging events

B. Increase the unit's nursetopatient ratio to reduce the frequency of situations where nurses feel they cannot provide adequate care

C. Create a culture that acknowledges the reality of moral injury, provide access to specialized psychological support beyond EAP, implement structured afteraction reviews following morally challenging events, and advocate for systemic changes that reduce exposure to moral violations

D. Rotate nurses off the highacuity unit periodically to prevent prolonged exposure to morally challenging situations

60. A nurse manager is applying the concept of "high reliability" to the unit. Which set of principles MOST accurately represents the characteristics of a high reliability organization?

A. Preoccupation with failure, reluctance to simplify explanations, sensitivity to operations, commitment to resilience, and deference to expertise

B. Zero tolerance for errors, strict adherence to protocols without deviation, centralized decisionmaking, and standardization of all clinical practices

C. Focus on blamefree reporting, elimination of all hierarchy in clinical decisionmaking, and technologydriven error prevention systems

D. Continuous quality improvement through PDSA cycles, benchmarking against national standards, and quarterly performance reporting

61. A nurse manager is implementing a new nurse scheduling technology that uses artificial intelligence to optimize shift assignments based on patient acuity predictions, nurse competency profiles, and

historical staffing patterns. Several nurses express discomfort with being assigned by an algorithm. Which approach is MOST appropriate?

- A. Implement the technology immediately since AI-driven scheduling has been demonstrated to produce better outcomes than traditional methods
- B. Allow nurses to override any algorithm-generated assignment without explanation to maintain their autonomy and professional satisfaction
- C. Delay implementation until all nurses are comfortable with the concept of algorithmic scheduling to ensure universal buy-in before launch
- D. Explain how the algorithm works transparently, maintain human oversight of all final assignments, establish a process for nurses to raise concerns about specific assignments, and evaluate both efficiency and staff satisfaction during a pilot period

62. A nurse manager is preparing to lead a team through a significant organizational change. According to the Bridges transition model, which phase of transition typically requires the MOST leadership attention and support?

- A. The neutral zone, which is the period between the old and the new where people feel disoriented, confused, and uncertain about what lies ahead
- B. The ending phase, which requires people to let go of the old way and grieve what is being lost before they can embrace the new reality
- C. The new beginning phase, which requires people to commit to new roles, responsibilities, and identities within the changed organization
- D. The planning phase, which requires leaders to develop a comprehensive implementation timeline before communicating the change to staff

63. A nurse manager is assessing the unit's readiness for change using a validated organizational change readiness assessment tool. The assessment reveals high readiness among newer nurses but low readiness among experienced nurses who hold informal leadership influence. Which strategy is MOST effective?

- A. Engage the resistant experienced nurses early by involving them in the change planning process, addressing their specific concerns with data, leveraging their institutional knowledge to strengthen the change plan, and positioning them as coleaders of the implementation

- B. Proceed with the change using the newer nurses as champions and allow experienced nurses to adapt at their own pace after observing positive results
- C. Postpone the change until the experienced nurses can be convinced of its value through additional education and evidence presentation sessions
- D. Transfer the most resistant experienced nurses to other units and replace them with nurses who are supportive of the proposed change

64. A nurse manager is developing a business case for creating a dedicated discharge coordinator position on the unit. The position would require an annual investment of seventyfive thousand dollars. Which outcome metric would provide the **STRONGEST** justification for the investment?

- A. Improvement in patient satisfaction scores related to the discharge experience as measured by HCAHPS survey responses
- B. Reduction in the nurse manager's time spent on discharge related activities, freeing the manager for other leadership responsibilities
- C. Positive feedback from nursing staff about reduced workload related to discharge planning activities on each shift
- D. Measurable reduction in average length of stay and thirty day readmission rates that produce cost savings exceeding the seventy-five-thousand-dollar position investment

65. A nurse manager is evaluating whether the unit's current care delivery model supports the organization's strategic objective of reducing preventable harm. Data shows that the unit's nursesensitive indicator performance is stagnant despite multiple quality improvement initiatives. Which analysis is **MOST** appropriate?

- A. Evaluate whether the care delivery model itself creates structural barriers to consistent evidencebased practice, including staffing patterns, role design, supervision models, and workflow organization, and determine whether model redesign is needed
- B. Increase the number and intensity of quality improvement initiatives to create greater momentum for change across all nursesensitive indicators simultaneously
- C. Replace the current quality improvement team with new members who may bring fresh perspectives and higher energy to the stagnant improvement efforts
- D. Benchmark the unit's nursesensitive indicator performance against national data and accept that current performance may represent the unit's realistic ceiling

66. A nurse manager is managing the transition of a veteran charge nurse into a newly created assistant nurse manager role. The charge nurse was highly effective in her previous role but is struggling with the expanded scope of the new position, particularly in areas requiring strategic thinking and financial management. Which support strategy is MOST appropriate?

- A. Reassign the former charge nurse back to the charge nurse role since the expanded responsibilities appear to exceed her current capabilities
- B. Allow the assistant nurse manager six months to selfdevelop in the weaker areas before evaluating whether additional support is needed
- C. Assign the assistant nurse manager to shadow the nurse manager during all strategic planning and budget meetings to learn through observation
- D. Develop a targeted development plan addressing the specific competency gaps in strategic thinking and financial management through education, mentoring, progressive assignments, and regular feedback

67. A nurse manager is leading a unit where staff members have expressed a desire for more autonomy in clinical decisionmaking. The unit's patient population is highacuity, and the manager has concerns about the risk of expanding decisionmaking authority too quickly. Which approach BEST balances autonomy with safety?

- A. Maintain current decisionmaking authority levels until the unit's quality metrics demonstrate that staff are ready for expanded autonomy
- B. Define specific clinical decisions that can be made autonomously based on established protocols, provide competency validation, implement decisionsupport tools, and expand authority incrementally as staff demonstrate safe independent practice
- C. Grant full clinical decisionmaking autonomy immediately to demonstrate trust in the nursing staff's professional judgment and clinical expertise
- D. Create a shared governance council to evaluate each individual clinical decision before it is implemented to ensure appropriate oversight

68. A nurse manager is responsible for a unit that has been in a continuous state of change for the past eighteen months. Staff report feeling overwhelmed, exhausted, and unable to absorb any additional changes. This phenomenon is BEST described as:

- A. Organizational burnout resulting from inadequate staffing levels and excessive workload demands placed on the nursing team
- B. Compassion fatigue resulting from prolonged exposure to patient suffering and emotional depletion among the caregiving staff
- C. Change fatigue resulting from an excessive volume or pace of change that depletes the team's adaptive capacity and willingness to engage with new initiatives
- D. Role ambiguity resulting from unclear expectations about how staff responsibilities have shifted across the multiple change implementations

69. A nurse manager is evaluating the effectiveness of a clinical ladder program on the unit. The program has been in place for three years, and thirtyfive percent of eligible nurses have advanced at least one level. Which evaluation finding would provide the STRONGEST evidence that the clinical ladder is achieving its intended purpose?

- A. Nurses who have advanced on the clinical ladder demonstrate measurably higher clinical competency scores, greater engagement in evidencebased practice, and lower turnover rates compared to nonadvanced peers
- B. Thirtyfive percent participation represents an acceptable enrollment rate for a voluntary professional development program
- C. Nurses who have advanced on the clinical ladder report higher satisfaction with their compensation compared to their nonadvanced colleagues
- D. The unit has seen an overall improvement in patient satisfaction scores since the clinical ladder program was implemented

70. A nurse manager is developing a plan to foster innovation on the unit. Currently, staff members rarely suggest new ideas, and those who do often see their suggestions dismissed or forgotten without followup. Which approach MOST effectively builds an innovation culture?

- A. Create a transparent process for submitting, evaluating, and implementing ideas that includes feedback at every stage, resources for testing promising concepts, celebration of both successful and unsuccessful experiments, and visible leadership support for risktaking
- B. Establish an innovation committee with rotating membership and require the committee to implement at least one new idea per quarter

C. Offer a cash bonus to the staff member who submits the best new idea each quarter to incentivize creative thinking among the team

D. Share examples of innovations from other units and ask staff to adapt those ideas rather than developing entirely new concepts from scratch

71. A nurse manager is applying the Donabedian model to evaluate the quality of care on the unit. Which set of measures BEST represents the three components of the Donabedian model?

A. Process measures, financial performance indicators, and regulatory compliance metrics reflecting the unit's overall organizational contribution

B. Structure measures (staffing ratios, equipment availability), process measures (adherence to protocols, assessment completion), and outcome measures (infection rates, fall rates, patient satisfaction)

C. Input measures (budget allocation, supply costs), throughput measures (patient flow, bed turnover), and output measures (discharges per day, revenue per patient)

D. Leading indicators (nearmiss events, compliance rates), lagging indicators (adverse events, mortality rates), and balancing measures (staff satisfaction, cost per case)

72. A nurse manager is managing a situation where the organization has implemented a new EHR system that significantly changes nursing documentation workflows. Two months after go-live, nurses report spending an average of two additional hours per shift on documentation compared to the previous system. Which action is MOST appropriate?

A. Reassure nurses that documentation efficiency will improve with continued practice and experience with the new system

B. Request that the organization revert to the previous EHR system since the documentation burden increase is unsustainable

C. Hire additional nurses to compensate for the time lost to documentation so that direct patient care hours are maintained

D. Quantify the documentation burden through time studies, identify specific workflow inefficiencies, collaborate with the informatics team to optimize templates and workflows, advocate for system modifications, and remeasure

73. A nurse manager is leading a unit where several nurses have requested flexible work arrangements including compressed work weeks, remote work for documentation days, and jobsharing partnerships. Which approach is MOST appropriate?

- A. Deny all flexible work requests since inpatient nursing requires onsite presence and consistency for safe patient care delivery
- B. Approve all flexible work requests to demonstrate organizational commitment to worklife balance and employee satisfaction
- C. Implement a trial period for all requested arrangements simultaneously and evaluate the impact on patient care quality after six months
- D. Evaluate each request individually against patient care needs, operational requirements, and equity considerations, pilot feasible arrangements with clear performance metrics, and make decisions based on outcomes

74. A nurse manager is developing a succession plan for the unit. The manager has identified three potential successors but realizes that all three share similar leadership styles and backgrounds. Which action is MOST important to ensure a robust succession pipeline?

- A. Broaden the successor pool to include candidates with diverse leadership approaches, backgrounds, and skill sets to ensure the unit's future leadership can adapt to changing organizational needs
- B. Select the strongest of the three candidates and invest all development resources in preparing that individual for the role
- C. Maintain the current three candidates and provide identical development opportunities to all of them simultaneously
- D. Recruit external candidates with different leadership styles to add diversity to the succession pipeline without investing further in internal development

75. A nurse manager is implementing a just culture algorithm to classify a medication error event. The nurse deviated from the barcode scanning protocol because the scanner was malfunctioning and she did not want to delay the patient's timesensitive medication. She scanned the medication after administration. Which classification is MOST appropriate under just culture?

- A. Human error, since the nurse did not intend to deviate from protocol and the malfunctioning equipment contributed to the deviation

B. Reckless behavior, since the nurse consciously chose to bypass a critical safety system and knowingly accepted the risk

C. A system failure requiring no individual accountability since the malfunctioning scanner forced the nurse into a situation where deviation was the only option

D. At-risk behavior, since the nurse made a conscious choice to deviate from the protocol based on a perceived time benefit, and the behavior should be addressed through coaching and system improvement for scanner reliability

76. A nurse manager is applying the concept of distributed leadership on the unit. Which description BEST captures the essence of distributed leadership?

A. The nurse manager delegates specific leadership functions to designated individuals based on their formal positions within the unit hierarchy

B. Leadership responsibilities are assigned exclusively to the charge nurse team, freeing the nurse manager for strategic work

C. A single charismatic leader inspires the team through vision and personal influence that motivates staff to exceed expectations

D. Leadership is shared among multiple individuals at all levels based on their expertise, with leadership roles shifting dynamically based on the situation and the knowledge required

77. A nurse manager is evaluating the unit's approach to onboarding internationally educated nurses. The current orientation treats all new hires identically regardless of cultural background or educational preparation. Which improvement is MOST important?

A. Extend the orientation period for internationally educated nurses by an additional four weeks to account for cultural adjustment

B. Develop a culturally responsive orientation that addresses communication norms, healthcare system differences, scope of practice clarification, cultural mentoring, and social integration support in addition to clinical competency

C. Assign internationally educated nurses exclusively to preceptors who have experience working with nurses from similar cultural backgrounds

D. Require internationally educated nurses to complete a bridge program at a local university before beginning their unit orientation

78. A nurse manager is applying the concept of "psychological capital" to improve unit performance. Psychological capital includes the four components of self-efficacy, optimism, hope, and resilience. Which leadership behavior MOST effectively builds psychological capital across the team?

- A. Provide opportunities for mastery experiences, help staff reframe setbacks as learning opportunities, set meaningful and achievable goals that build momentum, and model resilience during organizational challenges
- B. Offer financial incentives for high performance to boost staff motivation and reinforce positive behaviors consistently
- C. Send staff to resilience training workshops offered by external consultants who specialize in healthcare workforce development
- D. Shield staff from organizational challenges and negative information to maintain optimism and prevent discouragement

79. A nurse manager is developing a dashboard to monitor the unit's overall health using a balanced scorecard approach. Which combination of perspectives BEST represents the balanced scorecard framework?

- A. Financial perspective, quality perspective, safety perspective, and regulatory compliance perspective
- B. Financial perspective, customer perspective, internal process perspective, and learning and growth perspective
- C. Clinical quality perspective, patient experience perspective, staff satisfaction perspective, and operational efficiency perspective
- D. Input perspective, throughput perspective, output perspective, and outcome perspective

80. A nurse manager is informed that a staff nurse has been blogging about challenging patient care situations using enough detail that colleagues can identify the patients, even though no names are used. The blog also contains unflattering descriptions of physicians. Which action is MOST appropriate?

- A. Address the behavior directly with the nurse, explain the privacy and professionalism violations, require removal of identifiable content, reinforce organizational social media policy, document the conversation, and follow progressive discipline
- B. Report the blog to the organization's compliance department and allow them to handle the investigation and any disciplinary actions

- C. Send a unitwide reminder about the social media policy without identifying the nurse since addressing the issue publicly could embarrass the employee
- D. Consult with the legal department to determine whether the blog posts constitute a HIPAA violation before taking any action with the nurse

81. A nurse manager is evaluating the unit's compliance with the ANA Scope and Standards of Practice. The manager identifies that several nurses do not participate in any professional development activities beyond the mandatory organizational requirements. Which approach is MOST appropriate?

- A. Mandate that all nurses complete a minimum number of voluntary professional development hours each year as a condition of continued employment
- B. Create a professional development culture by providing accessible learning opportunities, recognizing professional growth achievements, connecting development to career advancement, and discussing individual goals during performance reviews
- C. Accept that not all nurses will pursue voluntary development and focus resources on those who demonstrate intrinsic motivation for professional growth
- D. Assign mandatory reading of professional nursing journals and require staff to submit written summaries as evidence of professional development engagement

82. A nurse manager discovers that a charge nurse has been routinely authorizing early departures for a specific group of nurses while requiring others to remain for the full shift. The pattern appears to be based on personal favoritism rather than legitimate operational reasons. Which action is MOST appropriate?

- A. Address the inequitable practice with the charge nurse, review the specific instances, reinforce the expectation that all staffing decisions must be based on operational criteria applied consistently, document the conversation, and monitor future practices
- B. Transfer the charge nurse to a bedside nursing position since the favoritism has compromised her credibility as a fair and impartial leader
- C. Send a unitwide email clarifying the policy for early departures and the criteria that must be applied equitably without mentioning the charge nurse
- D. Allow the charge nurse to continue the practice since early departures are a minor issue that does not significantly affect patient care delivery

83. A nurse manager is addressing a situation where a seasoned nurse openly questions evidencebased guidelines during staff meetings, stating that her thirty years of experience are more reliable than published research. This behavior influences newer nurses to disregard protocol updates. Which approach is MOST appropriate?

A. Acknowledge the nurse's clinical experience as valuable while affirming that evidencebased practice integrates research with clinical expertise and patient preferences

B. Request that the nurse present her experiencebased approach alongside the evidencebased guideline at the next staff meeting for the team to compare

C. Validate the experienced nurse's perspective publicly, explain how EBP integrates clinical expertise with research evidence and patient preferences, engage her in evaluating how her expertise can strengthen protocol implementation, and address the undermining behavior directly

D. Remove the nurse from staff meetings to prevent her from influencing newer nurses and communicate protocol updates through individual meetings

84. A nurse manager is responsible for ensuring that the unit's nursing practice complies with the state Nurse Practice Act. A new organizational policy allows registered nurses to delegate medication administration to licensed practical nurses in certain circumstances. The state's Nurse Practice Act is ambiguous on this issue. Which action is MOST appropriate?

A. Follow the organizational policy since the organization's legal department presumably reviewed the Nurse Practice Act before developing the delegation policy

B. Prohibit the delegation on the unit until the nurse manager can personally verify that the delegation is permissible under the state's Nurse Practice Act

C. Allow each nurse to make individual decisions about delegation based on their personal interpretation of the Nurse Practice Act and their comfort level with the practice

D. Seek clarification from the state board of nursing regarding the permissibility of the delegation, consult with organizational legal counsel, and implement the policy only after confirming compliance with state law

85. A nurse manager is navigating a situation where organizational financial pressures have resulted in reduced staffing levels that the manager believes compromise patient safety. The manager has escalated the concern through the chain of command without resolution. Which action BEST demonstrates professional advocacy?

- A. Document specific patient safety concerns with supporting data, escalate through organizational channels including the chief nursing officer and the board quality committee if needed, and explore external reporting options if the concern remains unaddressed
- B. Accept the staffing levels as a leadership decision beyond the manager's authority and focus on optimizing care delivery within the available resources
- C. Encourage individual nurses to file complaints with the state health department to create external pressure for staffing improvements
- D. Resign from the position to avoid personal liability for patient outcomes that may result from the inadequate staffing levels

86. A nurse manager is evaluating the ethical implications of implementing a patientfacing artificial intelligence chatbot that triages nursing questions from patients on the unit's portal. Which ethical consideration is MOST significant?

- A. Whether the chatbot's recommendations are accurate enough to be trusted by patients without human nursing review
- B. Whether patient consent is obtained and patients understand they are interacting with AI rather than a human nurse
- C. Whether the chatbot will reduce nursing workload sufficiently to justify the investment in the technology platform
- D. Whether patients who are not comfortable with technology will have equitable access to nursing support through alternative channels, and whether the AI introduces bias in clinical recommendations

87. A nurse manager is mentoring a nurse who aspires to a leadership role. The mentee tends to avoid all conflict and makes decisions based primarily on maintaining group harmony rather than best evidence. Which developmental focus is MOST important?

- A. Building the mentee's capacity for constructive conflict engagement, distinguishing between relational harmony and clinical best practice, and developing the skill of making evidencebased decisions that may be unpopular
- B. Affirming the mentee's conflictavoidant style as an asset since collaborative leaders who maintain harmony are valued in nursing management
- C. Assigning the mentee to a highconflict unit rotation to develop conflict tolerance through direct exposure to challenging interpersonal dynamics

D. Delaying the mentee's advancement until she naturally develops comfort with conflict through additional years of clinical experience

88. A nurse manager is informed that a physician has filed a complaint alleging that a staff nurse was "insubordinate" when she questioned the physician's order for a medication dose that exceeded the recommended range. The nurse consulted the pharmacist and followed the chain of command before administering the medication at the adjusted dose. Which response is MOST appropriate?

A. Apologize to the physician for the nurse's behavior and counsel the nurse about maintaining respectful communication

B. Support the physician's complaint and discipline the nurse for challenging a physician's medical judgment

C. Forward the complaint to the chief medical officer and allow the medical staff to determine whether the nurse's behavior was appropriate

D. Support the nurse's actions as consistent with professional standards and the obligation to ensure patient safety, address the complaint through the collaborative communication process, and reinforce that questioning orders is a professional expectation

89. A nurse manager is evaluating the unit's approach to managing impaired colleagues. The current process relies on voluntary selfreporting, which has not identified any impaired nurses in five years despite national prevalence data suggesting the unit should have at least one affected nurse. Which action is MOST appropriate?

A. Accept that the unit does not currently have impaired nurses since the absence of identified cases may simply reflect the unit's healthy work culture

B. Audit the unit's controlled substance discrepancy records, review sick call patterns, conduct peer awareness education, and strengthen the process for recognizing and responding to signs of impairment

C. Implement mandatory random drug testing for all nursing staff to identify impaired nurses who are not selfreporting

D. Implement mandatory random drug testing for all nursing staff to supplement the voluntary reporting process and provide objective evidence of impairment

90. A nurse manager is developing a framework for ethical decisionmaking on the unit. Which approach provides the MOST comprehensive ethical decisionmaking framework?

- A. Follow organizational policies and procedures exclusively since they have been developed to address ethical situations encountered in clinical practice
- B. Defer all ethical decisions to the ethics committee since they have the expertise and authority to resolve ethical dilemmas objectively
- C. Implement a structured ethical decisionmaking model that identifies the ethical dilemma, gathers relevant facts, considers stakeholder perspectives, applies ethical principles, evaluates alternatives, and includes a process for reflection and evaluation after the decision
- D. Train all nursing staff in the four bioethical principles of autonomy, beneficence, nonmaleficence, and justice and instruct them to apply these principles independently

91. A nurse manager is addressing a situation where a senior nurse has been providing clinical advice to colleagues through a private group chat, including recommendations that contradict established unit protocols. The nurse views herself as a clinical resource but has no formal role authorizing clinical guidance. Which action is MOST appropriate?

- A. Encourage the nurse's role as an informal clinical resource since peertopeer knowledge sharing strengthens the team's clinical practice
- B. Monitor the group chat content and intervene only if the nurse's advice results in an actual clinical error or patient harm
- C. Prohibit all clinical discussions on private messaging platforms and restrict clinical guidance to formal channels only
- D. Acknowledge the nurse's clinical knowledge while clarifying that clinical guidance must align with established protocols, channel her expertise through formal roles such as precepting or council membership, and address the contradictory recommendations directly

92. A nurse manager is evaluating whether to support a nurse's request to pursue a Doctor of Nursing Practice degree while working fulltime. The nurse's academic program requires clinical practicum hours that may conflict with scheduled shifts. Which approach is MOST appropriate?

- A. Deny the request since fulltime employment and doctoral studies are incompatible and the scheduling conflicts will negatively affect the unit
- B. Evaluate the specific scheduling impacts, explore accommodations such as shift adjustments during practicum rotations, consider organizational tuition policies, and develop a plan that supports the nurse's education while maintaining unit operations

C. Approve the request unconditionally and absorb any scheduling disruptions since investing in advanced nursing education benefits the profession

D. Defer the decision to human resources since academic scheduling accommodations involve employment policy determinations beyond the manager's scope

93. A nurse manager is addressing a complaint from a nurse who alleges that a colleague has been spreading rumors about her personal life in the workplace. The nurse reports feeling anxious and unable to concentrate during shifts. Which action is MOST appropriate?

A. Meet separately with both nurses to investigate the allegation, address the behavior if confirmed as a violation of professional conduct standards, reinforce expectations for respectful workplace behavior, and offer support resources to the affected nurse

B. Tell the complaining nurse that personal conflicts between colleagues are not a management issue and suggest she address the rumorspreading directly with the colleague

C. Send a unitwide communication about professional conduct expectations without investigating the specific allegation or identifying the involved parties

D. Transfer the complaining nurse to a different shift to separate her from the colleague and eliminate the source of workplace anxiety

94. A nurse manager is reviewing the unit's performance on a measure of nursing professional practice. Which finding MOST strongly indicates a mature professional practice environment?

A. All nurses on the unit hold current specialty certification and participate in at least one professional nursing organization

B. The unit has a low turnover rate and high patient satisfaction scores compared to organizational and national benchmarks

C. Nurses on the unit independently identify clinical practice questions, access and appraise evidence, implement practice changes through governance councils, and evaluate outcomes of their practice innovations

D. The unit has comprehensive written policies and procedures that address every clinical scenario nurses may encounter during their shifts

95. A nurse manager is preparing for an organizational restructuring that will merge two nursing units under a single manager. The manager will assume responsibility for a second unit whose staff she does not know. Which action is MOST important during the first thirty days?

- A. Implement changes immediately on both units to establish authority and demonstrate that the restructuring will bring improvements
- B. Focus exclusively on the new unit to build relationships and learn the culture before returning attention to the original unit
- C. Meet individually with staff on the new unit to learn about their work, concerns, and strengths, maintain visible presence on both units, avoid immediate changes, and communicate openly about the transition process
- D. Distribute a written communication introducing herself to the new unit staff and schedule a group meeting after sixty days once she has had time to observe operations

96. A nurse manager is analyzing the unit's skill mix. The current staffing model uses a mix of seventy percent registered nurses and thirty percent unlicensed assistive personnel. The national benchmark for the unit type is seventyfive percent RN to twentyfive percent UAP. Which analysis is MOST important before proposing a skill mix change?

- A. Compare the unit's current quality outcomes at the seventythirty mix to benchmark outcomes at the seventyfivetwentyfive mix to determine whether the skill mix change is likely to improve patient care
- B. Calculate the cost differential between the two skill mix models and present the higher RN cost as the primary consideration for leadership
- C. Survey the nursing staff to determine whether they prefer working with more RNs or more UAPs on their assigned shifts
- D. Evaluate whether the current skill mix is contributing to quality or safety deficiencies by correlating nursesensitive indicators with staffing patterns and comparing against benchmark data from similar units

97. A nurse manager reviews the following data:

Total unit revenue: \$5,000,000

Total unit expenses: \$4,750,000

What is the unit's operating margin?

- A. 4.5%
- B. 5.0%
- C. 5.5%
- D. 10.0%

98. A nurse manager is developing a proposal to add a clinical nurse specialist position to the unit. Which financial justification strategy is MOST compelling to organizational decisionmakers?

- A. Present a comprehensive ROI analysis showing the CNS position's projected impact on reducing complications, length of stay, and readmissions, translated into dollar savings that exceed the position's total compensation cost
- B. Compare the unit's quality outcomes with units that have clinical nurse specialists to show the potential improvement if the position is added
- C. Present the CNS job description and explain how the role addresses gaps in the unit's current clinical support structure
- D. Gather written endorsements from physicians and staff nurses supporting the creation of the CNS position on the unit

99. A nurse manager is responsible for a unit that has been consistently operating above its budgeted patient days. The higher volume has generated additional revenue but has also required overtime and agency staffing to maintain safe ratios. Which financial analysis is MOST important?

- A. Determine whether the additional revenue from higher volume exceeds the incremental costs of overtime and agency staffing to calculate the true contribution margin of the additional patient days
- B. Request a budget adjustment to increase the budgeted patient days to reflect actual volume and eliminate the favorable census variance
- C. Reduce staffing to the budgeted level regardless of actual census to bring expenses in line with the original budget assumptions

D. Present the favorable census variance to leadership as evidence of the unit's success and request a performance bonus for the staff

100. A nurse manager is evaluating the financial impact of a nurseled chronic disease management program that was implemented one year ago. Which set of metrics provides the MOST comprehensive financial evaluation?

A. Patient satisfaction scores and staff engagement metrics related to the chronic disease management program activities

B. The total program costs compared to the total revenue generated by the chronic disease management clinic visits

C. The number of patients enrolled in the program and the percentage who completed all recommended followup appointments

D. Program costs, revenue from clinic visits, estimated savings from reduced ED visits and hospitalizations, payer mix analysis, and comparison of total cost of care for enrolled versus nonenrolled patients

101. A nurse manager is preparing a justification for a new bariatric patient room renovation that will accommodate patients weighing over five hundred pounds. The renovation cost is two hundred thousand dollars. Which data is MOST essential to include in the justification?

A. Published research on the healthcare needs of the morbidly obese patient population and national trends in bariatric admissions

B. The number of bariatric patients who were turned away or transferred due to inadequate facilities, associated revenue loss, staff injury data from caring for bariatric patients in nonadapted rooms, and projected volume trends

C. Architect drawings and equipment specifications for the proposed bariatric room renovation with vendor pricing comparisons

D. Patient experience survey data from bariatric patients who were admitted to standard rooms and their reported satisfaction levels

102. A nurse manager is analyzing the unit's performance on CMS valuebased purchasing metrics. The unit's Total Performance Score places it in the seventyfifth percentile nationally. Which interpretation is MOST accurate?

- A. The unit is performing above the national median and should continue current practices to maintain its ranking position
- B. The unit is performing well but should identify specific domains within the TPS where improvement opportunities exist to move into the top quartile
- C. The unit's performance is adequate and additional improvement efforts should be directed toward other organizational priorities
- D. The unit's score should be analyzed by individual domain (clinical outcomes, patient experience, efficiency, safety) to identify specific areas of strength and opportunity, since the composite score may mask individual domain weaknesses

103. A nurse manager is responsible for developing the unit's annual education budget. Which approach to budget development is MOST strategic?

- A. Align education spending with the unit's strategic priorities and identified competency gaps, allocate resources to mandatory requirements first, invest remaining funds in professional development that supports quality improvement goals, and track the impact of education investments on measurable outcomes
- B. Distribute education funds equally among all staff members to ensure equitable access to professional development opportunities
- C. Base the education budget on the previous year's spending plus an inflation adjustment to maintain consistent programming levels
- D. Survey staff about their education preferences and allocate the budget based on the most frequently requested topics and conferences

104. A nurse manager is participating in a contract negotiation for a patient monitoring system. The vendor offers a lower purchase price but charges higher annual maintenance fees compared to a competitor whose purchase price is higher but includes five years of maintenance. Which analysis is MOST appropriate?

- A. Compare the monthly payment options from both vendors since cash flow management is more important than total cost for operational budgets
- B. Select the vendor with the lower purchase price to minimize the capital budget impact in the current fiscal year
- C. Select the vendor with included maintenance since predictable costs are easier to budget than variable maintenance fees
- D. Calculate the total cost of ownership for both options over the expected useful life of the equipment, including purchase price, maintenance, training, consumables, and endoflife costs

105. A nurse manager is evaluating the unit's performance using a balanced scorecard approach. The financial perspective shows positive operating margin, the customer perspective shows improving patient satisfaction, and the internal process perspective shows strong protocol compliance. However, the learning and growth perspective shows declining staff competency assessment scores and low professional development participation. Which interpretation is MOST appropriate?

- A. The unit is performing well overall since three of four perspectives are positive, and the learning and growth concerns can be addressed in the next fiscal year
- B. The unit's current performance is sustainable because strong financial and quality results demonstrate effective management regardless of learning metrics
- C. The declining competency scores should be investigated to determine whether they reflect an actual skill gap or a measurement issue before taking action
- D. The declining learning and growth metrics are a leading indicator that may predict future deterioration in the other three perspectives if the workforce is not developing, and should be addressed as a strategic priority

106. A nurse manager is developing a staffing plan for a newly opening twentybed observation unit. The unit will operate twentyfour hours per day, seven days per week, with a target nursetopatient ratio of one to four. Which calculation component is MOST critical to ensure adequate staffing coverage?

- A. The projected patient volume based on historical emergency department observation admissions data
- B. The number of FTEs needed including a replacement factor that accounts for nonproductive time, ensuring the unit can maintain the required ratio even when nurses are on vacation, sick leave, or orientation

C. The salary budget required to fund the necessary positions based on the average RN hourly rate in the local labor market

D. The shift length preference of the nursing staff who will be recruited to the new observation unit

107. A nurse manager is reviewing a proposal to outsource the unit's wound care management to a specialized wound care company. Which factor is MOST important to evaluate?

A. The impact on nursing staff wound care competency development and the potential loss of institutional knowledge if wound care expertise is externalized

B. The cost comparison between the outsourced wound care service and the current inhouse wound care expenses including staff training

C. The wound care company's reputation and references from other hospitals that have used their services successfully

D. Whether the wound care company's staff meet the same credentialing and background check requirements as internal employees

108. A nurse manager is evaluating the return on investment of a staff wellness program that was implemented eighteen months ago. The program includes fitness resources, stress management workshops, and mental health support. Which metric provides the MOST direct evidence of financial return?

A. Changes in staff absenteeism, workers' compensation claims, turnover rates, and associated costs compared to the program's operating expenses

B. Staff participation rates in wellness program activities and their selfreported satisfaction with the program offerings

C. Changes in staff engagement survey scores specifically related to questions about organizational support for employee wellbeing

D. Comparison of the unit's wellness program costs to national benchmarks for healthcare worker wellness program investments

109. A nurse manager is negotiating the annual contract renewal with a temporary staffing agency. The current contract rate is sixtyfive dollars per hour. The agency proposes increasing the rate to seventytwo dollars per hour. Which negotiation strategy is MOST effective?

- A. Accept the rate increase since temporary staffing agencies set their rates based on market conditions beyond the hospital's ability to negotiate
- B. Present data on the unit's agency utilization trends, compare the proposed rate with competing agency rates, negotiate volumebased discounts, and explore contract terms that incentivize quality and consistency of staff
- C. Reject the rate increase outright and threaten to contract with a competing agency that offers lower hourly rates
- D. Accept the rate increase but negotiate a reduction in the minimum shift guarantee to offset the higher hourly cost

110. A nurse manager is developing a proposal for implementing bedside ultrasoundguided peripheral IV insertion by specially trained nurses. The training program costs fifteen thousand dollars for equipment and education. Which financial justification is MOST compelling?

- A. Calculate the projected reduction in failed IV insertion attempts, eliminated need for PICC line placements for difficultaccess patients, decreased physician consult costs, and improved patient satisfaction, translating these outcomes into estimated cost savings and comparing them to the training investment
- B. Present published research on the clinical benefits of ultrasoundguided IV insertion without translating the findings into financial terms specific to the unit
- C. Compare the training program cost to the cost of hiring a dedicated IV therapy team to manage all difficult IV access patients
- D. Survey patients about their willingness to wait longer for ultrasoundguided IV insertion versus receiving a traditional IV attempt immediately

111. A nurse manager is reviewing the unit's labor cost data and identifies that benefit costs represent thirtytwo percent of total labor costs. The organizational average is twentyeight percent. Which factor is MOST likely contributing to the higher benefit cost percentage?

- A. The unit's staff is predominantly fulltime employees in higher age brackets who utilize more healthcare benefits than younger staff populations
- B. The unit has a larger proportion of parttime staff who receive prorated benefits at a higher perhour cost than fulltime employees
- C. The unit's overtime rate is lower than the organizational average, which reduces total labor costs and makes benefits represent a larger proportion
- D. The unit has more staff members enrolled in the organization's premium health insurance plan compared to the organizational average

112. A nurse manager is preparing for a meeting with the CFO to discuss the unit's financial performance. The unit has met all quality targets but has a two percent unfavorable labor cost variance. Which presentation approach is MOST effective?

- A. Lead with the unfavorable variance and request a budget increase to cover the additional labor costs experienced during the reporting period
- B. Present only the quality achievement data and avoid discussing the labor variance unless the CFO raises the topic during the meeting
- C. Present both the quality achievements and the labor variance together, show the correlation between staffing investments and quality outcomes, explain the specific drivers of the variance, and outline the plan for managing labor costs going forward
- D. Attribute the labor variance to factors beyond the manager's control such as agency rates and sick call volumes and request the CFO adjust expectations

113. A nurse manager is developing key performance indicators for a nurse practitionerstaffed fasttrack area within the emergency department. Which KPI set provides the MOST balanced evaluation?

- A. Patient volume per hour and average time from checkin to discharge for all fasttrack patients seen during each shift
- B. Patient satisfaction scores and physician satisfaction with the fasttrack area's performance and communication
- C. Doortoprovider time, average length of visit, patient satisfaction, return visit rate within seventytwo hours, cost per visit, and provider productivity metrics
- D. Financial performance including revenue per visit, cost per visit, and contribution margin compared to the main emergency department

114. A nurse manager is evaluating whether to implement a predictive staffing model that uses machine learning to forecast patient volume and acuity forty-eight hours in advance. Which evaluation criterion is MOST important for determining the model's value?

- A. The technology vendor's reputation and the number of other hospitals currently using the predictive staffing platform
- B. The model's accuracy in predicting actual staffing needs compared to the current scheduling method, measured by the frequency of understaffing and overstaffing events and their impact on quality and cost
- C. The cost of implementing the predictive model compared to the current cost of the scheduling coordinator's salary
- D. Staff satisfaction with the predictive model compared to their satisfaction with the current scheduling process

115. A nurse manager is conducting a cost-benefit analysis of implementing a falls prevention technology system that includes bed sensors, wearable monitors, and predictive analytics. The system costs one hundred fifty thousand dollars annually. Which outcome would provide the STRONGEST evidence justifying the investment?

- A. A survey showing that nursing staff feel more confident in their ability to prevent falls with the technology system in place
- B. A measurable reduction in fall rates and fall-related injuries that produces cost savings from avoided injuries, reduced litigation exposure, and decreased length of stay that exceeds the annual system cost
- C. A reduction in the number of one-to-one sitter hours required for fall-risk patients resulting from the enhanced monitoring capability
- D. Positive patient experience data showing that patients feel safer with the wearable monitoring technology during their hospitalization

## **Answer Key – Exam 5 (with Full Answer Explanations)**

1. B — Tuckman's storming stage is characterized by interpersonal conflict, power struggles, and boundary testing as group members assert their positions. Conflict during early meetings is a predictable developmental phase, not a sign of failure. Effective facilitation during storming establishes the norms that enable the group to progress to norming and performing.

2. C — Redesigning materials to a fifth to sixth grade reading level using plain language, adding visual aids, and implementing teachback directly addresses the mismatch between material complexity and patient literacy levels. Health literacy research consistently demonstrates that simplified materials with comprehension verification improve patient understanding and outcomes.
  
3. A — Direct communication with the respiratory therapist about expectations and impact is the appropriate first step since the nurse manager can set expectations for team participation regardless of reporting structure. Escalating to the RT director before a direct conversation skips the most effective initial intervention. Collaborative involvement of the director comes if direct communication fails.
  
4. C — Peer review proceedings are typically protected under organizational policy and state peer review privilege statutes. Disclosing participant identities would undermine the confidentiality that encourages honest peer evaluation. The nurse is entitled to know the findings and recommendations but not the identities of reviewers.
  
5. C — Creating safety for direct communication, modeling assertiveness, addressing passive-aggressive behaviors with specific examples, and building constructive confrontation skills addresses the root cause. Passive-aggressive communication thrives in environments where direct expression feels unsafe. The intervention must change the environment, not just punish the behavior.
  
6. D — Immediately addressing the behavior, consulting HR and legal regarding policies and applicable recording consent laws, and communicating with affected staff addresses all dimensions of the situation. Recording laws vary by jurisdiction, and the organizational response must be legally informed before disciplinary action is taken.
  
7. B — Securing a senior champion's endorsement and revising the proposal to address previous objections applies the principle of organizational influence through coalition building. Repeating the same presentation expecting different results is ineffective. Successful organizational influence requires identifying and leveraging key decisionmakers who can advance the initiative.
  
8. A — A structured framework like SBAR with time limits, realworld practice, and immediate feedback develops the specific communication skill the charge nurse lacks. Scripts create dependence while observation alone does not build personal competence. Structured practice with feedback is the most effective skillbuilding approach.

9. A — Discussing specific nearmiss events, explaining the safety connection, establishing clear reporting expectations, documenting, and following up addresses both the knowledge gap and the accountability gap. Nearmiss events provide compelling evidence of the realworld consequences of delayed communication that theoretical discussions cannot replicate.

10. C — Evidencebased decisionmaking criteria applied equally to all disciplines ensures that protocol elements are justified by evidence rather than professional hierarchy. This approach validates nursing expertise while maintaining an objective standard that all team members must meet. Collaborative protocols require equitable contribution from all disciplines.

11. C — Formal counseling with documented specifics, expectations, improvement timeline, consequences, and direct observation escalates appropriately after two informal conversations have failed. Progressive accountability requires documentation and clear consequences when informal interventions do not produce behavior change.

12. D — A structured process including ethics consultations, regular debriefings, assertive communication education, and leadership support for speaking up addresses moral distress comprehensively. Moral distress requires both systemic channels for raising concerns and individual skillbuilding for assertive communication with physicians.

13. B — A closedloop system with timestamped documentation at each step (lab notification, nurse acknowledgment, provider notification, provider readback) creates accountability at every handoff point. Closedloop communication eliminates the gaps where critical information is lost between the laboratory and the responsible provider.

14. C — Examining the workflow to distinguish genuine care coordination from social behavior, streamlining handoff, and setting departure expectations addresses the root cause. The overtime costs suggest the extended overlap is not clinically necessary. Effective intervention requires understanding what is happening before implementing restrictions.

15. C — Early communication with clear rationale, acknowledged impact, input opportunity on implementation details, transparency about the finality of the core decision, and direct questionanswering follows evidencebased change communication principles. People accept unwelcome changes more readily when they understand why, feel heard, and retain some control over implementation.

16. D — Addressing derogatory comments immediately establishes the behavioral standard in the moment when it matters most. Delayed private correction allows other staff to interpret silence as tacit approval. Individual followup after the public correction addresses the behavior's root cause and prevents recurrence.

17. C — Recognizing cultural context, providing orientation to expectations, offering mentoring, and creating opportunities for gradual adaptation balances respect for cultural differences with integration into the unit's communication norms. Forced immediate conformity is culturally insensitive while permanent accommodation prevents professional integration.

18. D — Acknowledging the personal situation without requiring friendship resolution while establishing nonnegotiable professional communication expectations separates personal from professional obligations. The nurse manager's authority extends to professional behavior, not personal relationships. Patient safety requires reliable communication regardless of interpersonal dynamics.

19. B — Discussing the distinction between friendship and accountability, exploring concerns, providing examples, and offering mentoring addresses the specific developmental barrier. Effective coaching for emerging leaders must directly address the fear that leadership and collegiality are incompatible rather than dismissing or avoiding the concern.

20. D — A culturally responsive approach accommodating family involvement, adjusting guidelines when appropriate, educating staff on cultural humility, and creating designated spaces balances cultural sensitivity with operational needs. Rigid policy enforcement ignores cultural values, while blanket exemptions create operational chaos. The solution requires flexibility within a framework.

21. C — Integrating hearing status into admission assessment, establishing standardized accommodations, ensuring interpreter and technology access, and educating all staff creates a systematic rather than ad hoc approach. Consistent accommodation requires systemlevel integration into workflows rather than dependence on individual nurse awareness.

22. A — Directly addressing the practice with the physician, explaining safety risks, advocating for electronic order entry, and collaborating on a workflow solution follows the professional expectation for interprofessional communication about patient safety. Verbal order transcription introduces error risk that CPOE was designed to eliminate.

23. C — Integrating brief structured explanations into the administration workflow, creating standardized scripts, and auditing through feedback and observation targets the specific gap without creating unsustainable additional requirements. Workflow integration makes the behavior automatic rather than dependent on individual motivation during busy periods.

24. B — Immediately notifying HR, cooperating with investigation, refraining from independent investigation, and protecting against retaliation follows the required organizational process for hostile work environment complaints. Independent investigation by the manager could compromise the formal process and create legal liability.

25. D — A triage protocol with defined responsibilities, urgency-based timeframes, workflow integration, and actual workload monitoring addresses staff concerns with structure rather than dismissal. New communication channels require operational planning to prevent unmanaged workload increases that degrade both staff satisfaction and response quality.

26. A — Facilitating a meeting with shared scheduling based on clinical priority, exploring additional equipment, and creating a realtime conflict resolution protocol addresses the immediate problem and prevents future occurrences. Collaborative scheduling with clear criteria is more sustainable than purchasing duplicate equipment or escalating to directors.

27. B — Direct, specific behavioral feedback identifying the behavior, its impact, and the expected change, followed by collaborative problem-solving, provides clarity that the sandwich method obscures. Research on feedback effectiveness consistently shows that direct, specific feedback produces faster improvement than softened or indirect approaches.

28. B — Evaluating each request individually with HR consultation, making reasonable accommodations, and maintaining equitable treatment follows Title VII requirements for religious accommodation. Blanket approval or denial ignores the legal requirement for individualized evaluation of each accommodation request.

29. C — A phased plan with early notification, progressive detail, multiple channels, superusers, and a feedback mechanism addresses the communication needs of a complex multiweek technology transition. Single-event communications cannot sustain awareness across a sixweek period of continuous change.

30. B — The IHI Triple Aim comprises improving the patient experience of care, improving the health of populations, and reducing the per capita cost of healthcare. These three interdependent objectives

form the foundational framework for healthcare system optimization. All three must be pursued simultaneously since improving one at the expense of others is not true system improvement.

31. A — Falls, hospital-acquired pressure injuries, CAUTIs, and patient satisfaction with nursing communication are recognized nurse-sensitive indicators directly influenced by nursing care processes and decisions. Nurse-sensitive indicators are those where nursing practice has the most direct impact on outcomes, distinguishing them from indicators driven primarily by physician or system factors.

32. C — Standardized data collection processes, clear definitions, staff training on accurate entry, validation checks, and regular audits ensure that reported quality data accurately reflects actual performance. Data integrity is the foundation of meaningful quality measurement; flawed data produces misleading conclusions regardless of how sophisticated the analysis.

33. A — Assessing specific barriers, implementing structured interdisciplinary activities, establishing expectations, and measuring improvement targets the "true collaboration" dimension directly. The AACN Healthy Work Environment standards require intentional organizational effort to create conditions for genuine interdisciplinary collaboration rather than parallel practice.

34. A — A standardized verification and documentation process upon admission, staff education, workflow integration, and compliance auditing creates a reliable system for accurate advance directive documentation. Advance directive accuracy is both a legal requirement and an ethical imperative since inaccurate documentation may result in care that contradicts the patient's wishes.

35. C — Collecting data on underestimated activities, presenting findings with recommendations, and advocating for recalibration addresses the tool's deficiency through evidence-based feedback. Patient classification systems require periodic validation against actual nursing workload, and frontline data is essential for identifying measurement gaps.

36. B — Bundled payment models require optimization of the entire episode from preadmission through postdischarge. The financial risk encompasses all care costs within the episode, making complication reduction, care coordination, and patient engagement across the continuum the most impactful strategies for success.

37. C — Analyzing which components consume additional time, streamlining without sacrificing engagement, refining, and remeasuring both time and satisfaction optimizes the process rather than abandoning it or imposing artificial constraints. Process improvement requires identifying the specific elements that can be made more efficient.

38. C — Standardized medication reconciliation during transitions with independent double verification of high-alert medications and pharmacist involvement targets the specific risk intersection identified in the data: high-alert medications during care transitions. Targeted interventions addressing the precise failure point are more effective than broad educational programs.

39. B — Packaging, labeling, storage design, and technology safeguards are the system-level factors that either prevent or enable route-of-administration errors. Wrong-route errors typically result from look-alike packaging, inadequate labeling, or failure of barcode/smart pump verification systems rather than individual knowledge deficits.

40. C — Presenting validation data, implementing alongside clinical judgment, establishing response protocols, and creating a feedback loop for accuracy assessment builds trust through transparency and positions the tool as a supplement rather than a replacement. New predictive technologies succeed when clinicians understand their role and retain professional autonomy.

41. C — The absence of a technology safeguard that would have prevented the error regardless of individual compliance represents the most significant system-level factor. High reliability organizations design systems that prevent errors even when humans deviate from protocol. Technology barriers are more reliable than human vigilance alone.

42. B — Hospital-acquired pressure injury prevalence is a nationally endorsed nurse-sensitive quality indicator recognized by NQF. Pressure injury prevention is directly within nursing's scope through assessment, repositioning, nutrition support, and skin care. This indicator directly reflects the effectiveness of nursing's skin integrity prevention practices.

43. A — A multifaceted program including risk assessment, individualized monitoring, environmental modifications, staff education on engagement, and post-elopement review addresses elopement through multiple complementary strategies. Patients elope for different reasons requiring different interventions; no single strategy addresses all elopement risk factors.

44. B — Clear criteria defining what PEWS score triggers each response level is the most critical implementation element because it translates the scoring system into actionable clinical responses. Without standardized escalation criteria, the PEWS score is a number without a defined pathway to intervention.

45. A — Increased central line utilization without corresponding acuity changes suggests that lines are being maintained in patients who may no longer meet evidencebased criteria. Each unnecessary catheterday increases CLABSI risk. Daily necessity assessment is the evidencebased strategy for reducing utilization and preventing associated infections.

46. A — Ensuring all staff are trained and competent in naloxone administration, postreversal monitoring, and resedation assessment integrates overdose response into the unit's standard capabilities. Opioid overdose can occur on any unit, and competency cannot be limited to a subset of nurses. Universal competency is a patient safety requirement.

47. C — Immediate notification of infection prevention, collaborative implementation of enhanced surveillance and control measures, and clear staff communication addresses the outbreak response priorities in proper sequence. Infection prevention has the epidemiological expertise to guide the investigation and containment strategy.

48. A — Mapping the current process, implementing multidisciplinary planning from admission, creating a readiness checklist, and coordinating activities in parallel identifies and eliminates the specific bottlenecks causing the fourandahalfhour delay. Sequential processes that could occur simultaneously are the most common cause of discharge delays.

49. B — Investigating the nine percent noncompliance to identify specific patterns enables targeted interventions that address the actual causes of the gap. Nearperfect compliance gaps often concentrate in specific shifts, locations, or workflow scenarios that require different solutions than broad reeducation.

50. D — Collaborating with environmental services and infection prevention to review protocols against evidencebased C. difficile guidelines, verify product efficacy, evaluate technique compliance, and implement modifications with monitoring provides a comprehensive assessment. C. difficile requires specific sporicidal agents and cleaning techniques that standard protocols may not include.

51. C — Benner's model recognizes that nurses at different developmental stages require different levels of support and appropriate patient complexity. Pairing novice nurses with expert or proficient mentors during highrisk periods provides safety coverage while supporting development. Assigning complex patients to experienced nurses matches competency to clinical demand.

52. D — The Quadruple Aim adds improving the work life of healthcare providers to the original Triple Aim. Berwick and colleagues recognized that the Triple Aim cannot be sustainably achieved without

addressing clinician wellbeing, burnout prevention, and provider satisfaction. The fourth aim acknowledges that the workforce is both the means and a beneficiary of healthcare improvement.

53. D — Engaging a highinfluence opponent early through individual meetings to understand objections, address concerns through modification, and seek conversion from opponent to supporter is the highestvalue stakeholder management strategy. Converting a highinfluence opponent to a supporter creates a powerful champion, while ignoring or circumventing them risks active sabotage.

54. B — In PDSA methodology, each cycle builds on the previous one. Analyzing firstcycle results to identify remaining barriers, developing a refined intervention, testing on a small scale, and evaluating results applies the iterative improvement principle. The thirtyminute result shows progress but not target achievement, warranting another targeted cycle.

55. C — Analyzing variances, identifying root causes, developing corrective plans, monitoring trends, and adjusting allocation based on volume and acuity demonstrates active financial management competency. The AONL business skills domain requires nurse managers to manage budgets proactively rather than passively reviewing reports.

56. D — The ThomasKilmann model identifies that an avoiding conflict style leads to accumulated unresolved issues, growing resentment, persistent problems, and eventual crises. Avoidance creates a false sense of peace while allowing underlying tensions to build. The consequences are predictably destructive to team function and patient care.

57. D — Staff resistance due to higher accountability and continuity requirements is the most critical implementation risk because it threatens the entire initiative. Primary nursing fundamentally changes the nursepatient relationship and accountability structure. Without comprehensive education, role clarity, and gradual transition, resistance can derail the entire model change.

58. B — Structural empowerment in the Magnet model means that nurses have access to professional development, participate in governance that makes real practice decisions, and are supported in pursuing certification and EBP. Magnet evaluates whether the organization's structures genuinely empower nursing practice rather than merely delegating operational tasks.

59. C — Moral injury differs from moral distress in that it involves lasting psychological harm requiring interventions beyond standard EAP counseling. A comprehensive approach including cultural

acknowledgment, specialized support, structured reviews, and systemic advocacy addresses both the individual healing and the organizational conditions creating moral violations.

60. A — Weick and Sutcliffe's five principles of high reliability organizations are preoccupation with failure, reluctance to simplify, sensitivity to operations, commitment to resilience, and deference to expertise. These principles emphasize vigilance, complexity awareness, frontline attention, recovery capability, and expertisebased rather than hierarchybased decisionmaking.

61. D — Transparent explanation of the algorithm, human oversight of final assignments, a process for raising concerns, and evaluation of both efficiency and satisfaction during a pilot balances technology benefits with professional autonomy. AI-driven tools succeed when they augment rather than replace human judgment and when staff understand and trust the technology.

62. A — Bridges identifies the neutral zone as the most challenging transition phase because people have let go of the old but have not yet fully embraced the new. This inbetween period produces anxiety, confusion, and reduced productivity. Leaders who provide extra support, temporary structures, and clear direction during the neutral zone enable successful transitions.

63. A — Engaging resistant experienced nurses early by involving them in planning, addressing concerns with data, leveraging their knowledge, and positioning them as coleaders transforms resistance into ownership. Experienced nurses with informal influence can either accelerate or destroy a change initiative depending on whether they are engaged or marginalized.

64. D — A measurable reduction in length of stay and readmissions producing cost savings exceeding the position investment demonstrates quantifiable financial return. Business cases for new positions must translate clinical benefits into financial outcomes. Cost savings from prevented readmissions and shortened stays are directly attributable to discharge coordination.

65. A — Evaluating whether the care delivery model itself creates structural barriers to evidencebased practice addresses the possibility that stagnant outcomes despite multiple QI initiatives indicate a fundamental model problem rather than initiative deficiencies. When multiple interventions fail, the underlying system structure may be the root cause.

66. D — A targeted development plan addressing specific competency gaps through education, mentoring, progressive assignments, and feedback provides the structured support needed for role

transition. Effective succession requires identifying and developing specific competency gaps rather than expecting natural adaptation or reverting to the previous role.

67. B — Defining specific autonomous decisions based on protocols, validating competency, implementing decisionsupport tools, and expanding incrementally provides a structured framework for safe empowerment. Autonomy without competency validation creates risk, while refusing autonomy undermines professional development. The balance lies in graduated expansion with demonstrated readiness.

68. C — Change fatigue occurs when the volume or pace of change depletes adaptive capacity. It is distinct from burnout (workload-driven) and compassion fatigue (patientsuffering-driven). Organizations experiencing change fatigue must prioritize changes, extend timelines, consolidate initiatives, and allow recovery periods between major transformations.

69. A — Measurably higher competency scores, greater EBP engagement, and lower turnover among advanced nurses compared to nonadvanced peers provides the strongest evidence that the clinical ladder achieves its purpose: developing clinical expertise, professional engagement, and retention. Participation rates and satisfaction scores are process measures, not outcome measures.

70. C — A transparent process for submitting, evaluating, and implementing ideas with feedback at every stage, resources for testing, celebration of outcomes (including failures), and visible leadership support creates the psychological safety and organizational infrastructure innovation requires. Innovation cultures must reward experimentation, not just successful outcomes.

71. B — Donabedian's model evaluates quality through structure (resources and organization), process (clinical activities and care delivery), and outcome (results of care). This framework recognizes that quality depends on having the right resources, using them through evidencebased processes, and achieving measurable results for patients.

72. D — Quantifying the burden through time studies, identifying specific inefficiencies, collaborating with informatics on optimization, advocating for modifications, and remeasuring provides an evidencebased approach to EHR documentation burden. Two additional hours per shift represents a significant patient care impact that requires systematic analysis and systemlevel solutions.

73. D — Individual evaluation against patient care needs, operational requirements, and equity, piloting with metrics, and outcomebased decisions applies a rigorous analytical framework. Flexible work

arrangements in inpatient settings require careful evaluation because patient care is continuous and scheduling consistency affects safety.

74. A — Broadening the successor pool to include diverse leadership approaches and backgrounds ensures adaptability to future organizational needs. Homogeneous succession pools create vulnerability to changing environments. Leadership diversity in style, background, and perspective strengthens the unit's capacity to respond to diverse challenges.

75. D — At-risk behavior involves a conscious choice to deviate from protocol based on a perceived benefit (time-sensitive medication), distinguishing it from human error (unintentional) and reckless behavior (conscious disregard of substantial risk). Just culture addresses at-risk behavior through coaching to recalibrate risk perception and system improvement to eliminate the conditions that incentivize shortcuts.

76. D — Distributed leadership shares leadership responsibilities across multiple individuals based on expertise, with roles shifting dynamically based on situational needs. This model recognizes that no single leader possesses all the expertise needed for every situation. Leadership emerges from knowledge and capability rather than positional authority.

77. B — A culturally responsive orientation addressing communication norms, healthcare system differences, scope clarification, cultural mentoring, and social integration goes beyond clinical competency to address the comprehensive adjustment internationally educated nurses experience. Standard orientations miss the cultural, communication, and system navigation challenges these nurses face.

78. A — Mastery experiences build self-efficacy, reframing setbacks builds optimism, meaningful achievable goals build hope, and modeling resilience during challenges builds team resilience. Luthans' psychological capital research identifies these four components as developable through specific leadership behaviors rather than personality traits.

79. B — Kaplan and Norton's balanced scorecard comprises financial, customer, internal process, and learning and growth perspectives. This framework ensures that organizational performance is evaluated across multiple dimensions rather than through a single lens. Each perspective represents a critical success factor that must be balanced against the others.

80. A — Directly addressing the behavior, explaining privacy and professionalism violations, requiring content removal, reinforcing policy, documenting, and following progressive discipline addresses all dimensions of the violation. Even without patient names, identifiable details constitute a privacy breach. Unflattering physician descriptions create professional conduct concerns.

81. B — Creating a professional development culture through accessible opportunities, recognition, career linkage, and individual goal discussion builds intrinsic motivation. Professional development beyond mandatory requirements is a professional obligation under the ANA Scope and Standards, but mandating it creates compliance behavior rather than genuine growth.

82. A — Addressing the inequitable practice, reviewing specific instances, reinforcing consistent criteria application, documenting, and monitoring corrects the behavior through direct accountability. Favoritism in staffing decisions damages team trust and morale. The charge nurse must understand that operational criteria, not personal relationships, govern all staffing decisions.

83. C — Validating experience publicly, explaining EBP integration of research with expertise and preferences, engaging the nurse in strengthening protocol implementation, and directly addressing undermining behavior combines respect with accountability. The nurse's expertise is genuinely valuable when channeled constructively, but undermining evidencebased protocols creates patient safety risk.

84. D — Seeking state board clarification and consulting organizational legal counsel before implementing the delegation ensures compliance with the Nurse Practice Act. Ambiguous scope of practice questions require authoritative clarification. Implementing a delegation practice that may violate the NPA creates legal liability for both the nurse and the organization.

85. A — Documenting safety concerns with data, escalating through organizational channels including the CNO and board quality committee, and exploring external reporting demonstrates the professional advocacy obligation. The ANA Code of Ethics requires nurses to advocate for safe patient care even when it conflicts with organizational financial decisions.

86. D — Equitable access for technologyaverse patients and AI bias in clinical recommendations represent the most significant ethical concerns because they directly affect care equity. Patientfacing AI must not create disparities between technologycomfortable and technologyaverse populations, and algorithmic bias can perpetuate healthcare inequities.

87. A — Building capacity for constructive conflict, distinguishing harmony from best practice, and developing evidencebased decisionmaking skills addresses the specific leadership gap. Leaders who

avoid all conflict and prioritize harmony over evidence make decisions that feel good but may compromise patient care quality.

88. D — Supporting the nurse's actions as consistent with professional standards and patient safety obligations, addressing the complaint collaboratively, and reinforcing that questioning orders is a professional expectation validates the nurse's professional judgment. Questioning potentially unsafe orders is a core nursing responsibility, not insubordination.

89. D — Auditing controlled substance discrepancies, reviewing sick call patterns, conducting peer awareness education, and strengthening recognition and response processes addresses the gap between national prevalence data and the unit's zero identification rate. Five years without identification in a population where prevalence data predicts cases suggests detection failure rather than absence.

90. C — A structured model identifying the dilemma, gathering facts, considering stakeholders, applying principles, evaluating alternatives, and reflecting postdecision provides a comprehensive repeatable framework. Ethical decisionmaking requires a systematic process rather than ad hoc application of principles or blanket deferral to committees.

91. D — Acknowledging clinical knowledge, clarifying that guidance must align with protocols, channeling expertise through formal roles, and addressing contradictory recommendations directly respects the nurse's competence while ensuring clinical consistency. Informal clinical guidance that contradicts protocols creates confusion and potential patient safety risk.

92. B — Evaluating scheduling impacts, exploring accommodations, considering tuition policies, and developing a plan that supports education while maintaining operations demonstrates balanced support. Advanced nursing education benefits both the nurse and the organization. Accommodation decisions should be casespecific rather than categorical.

93. A — Meeting separately with both nurses, investigating the allegation, addressing confirmed violations, reinforcing expectations, and offering support follows the appropriate process for workplace interpersonal complaints. Workplace rumors that cause anxiety and concentration impairment are professional conduct issues within the manager's scope.

94. C — Nurses independently identifying practice questions, accessing and appraising evidence, implementing changes through governance, and evaluating outcomes represents the highest level of

professional nursing practice. This behavior pattern reflects autonomous, evidenced-driven professional practice that defines a mature practice environment.

95. C — Meeting individually with new staff, maintaining presence on both units, avoiding immediate changes, and communicating openly during the transition establishes the foundation for trust and understanding. The first thirty days of managing a new team should prioritize listening and learning over action. Premature changes signal disregard for existing culture.

96. D — Evaluating whether the current skill mix contributes to quality or safety deficiencies by correlating nursesensitive indicators with staffing patterns and comparing benchmark data determines whether change is clinically justified. Skill mix decisions must be driven by outcome data, not benchmarks alone. The current mix may be appropriate if quality outcomes are strong.

97. B — Operating margin =  $(\text{Revenue} - \text{Expenses}) \div \text{Revenue} = (\$5,000,000 - \$4,750,000) \div \$5,000,000 = \$250,000 \div \$5,000,000 = 0.05 = 5.0\%$ . Operating margin measures the percentage of revenue remaining after operating expenses, indicating the unit's financial efficiency.

98. A — A comprehensive ROI analysis projecting the CNS position's impact on complications, length of stay, and readmissions translated into dollar savings provides the quantitative justification decisionmakers require. New position proposals must demonstrate that the position pays for itself through measurable cost avoidance or revenue enhancement.

99. A — Determining whether additional revenue exceeds incremental overtime and agency costs calculates the true contribution margin of the additional volume. Higher volume is only financially beneficial if the marginal revenue exceeds the marginal cost. This analysis determines whether the increased volume is generating profit or loss.

100. D — Program costs, clinic revenue, estimated savings from reduced ED visits and hospitalizations, payer mix analysis, and total costofcare comparison provides the comprehensive financial picture. Chronic disease management programs generate value primarily through downstream cost avoidance, which must be quantified alongside direct revenue.

101. B — Patient diversion/transfer data, associated revenue loss, staff injury data from inadequate facilities, and volume projections demonstrate both the current cost of inadequacy and the projected demand. Capital projects require evidence of both the problem's financial impact and the expected return on the investment.

102. D — Analyzing by individual domain (clinical outcomes, patient experience, efficiency, safety) identifies specific strengths and weaknesses that the composite seventyfifth percentile score may mask. Composite scores can hide poor performance in one domain behind strong performance in others, making domainlevel analysis essential for targeted improvement.

103. A — Aligning with strategic priorities and competency gaps, allocating to mandatory requirements first, investing remaining funds in qualitysupporting development, and tracking impact ensures education spending produces measurable organizational value. Education budgets should be strategic investments, not equal distributions or inflationadjusted carryforwards.

104. D — Total cost of ownership over the equipment's useful life including purchase, maintenance, training, consumables, and endoflife costs provides the only valid comparison. Lower purchase price with higher maintenance may cost more over five to seven years than higher purchase price with included maintenance. Shortterm cost optimization often produces longterm overspending.

105. D — Declining learning and growth metrics are a leading indicator predicting future deterioration in financial, customer, and process perspectives. The balanced scorecard positions learning and growth as the foundation supporting all other perspectives. A workforce that is not developing will eventually produce declining quality, satisfaction, and financial results.

106. B — The number of FTEs including a replacement factor for nonproductive time is the most critical calculation because it determines whether the unit can maintain the required nursetopatient ratio when nurses are on vacation, sick leave, or orientation. Without the replacement factor, the unit will be chronically understaffed.

107. A — Impact on nursing wound care competency development and loss of institutional knowledge is the most important factor because outsourcing clinical expertise reduces the unit's internal capability. Competency development and knowledge retention are longterm strategic assets that, once outsourced, are difficult to rebuild if the vendor relationship ends.

108. B — Changes in absenteeism, workers' compensation claims, turnover rates, and associated costs compared to program expenses provide direct financial evidence. These metrics translate wellness program benefits into quantifiable cost savings that demonstrate return on investment in terms leadership can evaluate.

109. B — Presenting utilization data, comparing with competitors, negotiating volume discounts, and exploring quality incentives uses an evidencebased negotiation strategy. Effective contract negotiation requires data on the organization's purchasing power, market alternatives, and the ability to structure terms that incentivize both cost efficiency and quality.

110. A — Calculating reductions in failed attempts, eliminated PICC placements, decreased consult costs, and improved satisfaction translated into estimated savings provides the quantitative justification. The financial case must demonstrate that avoided costs from the training investment exceed the fifteen-thousand-dollar program expense.

111. B — A higher proportion of parttime staff receiving prorated benefits at a higher perhour cost is the most likely contributor to an aboveaverage benefit cost percentage. Parttime employees often cost more per productive hour in benefits than fulltime employees because certain benefits (e.g., health insurance) do not scale proportionally with hours worked.

112. C — Presenting quality achievements and the labor variance together, showing the staffingquality correlation, explaining specific variance drivers, and outlining the management plan demonstrates integrated financial and clinical leadership. CFOs respect managers who can articulate the relationship between resource investment and quality outcomes.

113. C — Doortoprovider time, visit length, satisfaction, return visit rate, cost per visit, and productivity metrics provide a balanced view spanning access, efficiency, quality, safety, and financial performance. Fasttrack areas must be evaluated across all dimensions since optimizing speed alone may compromise quality or increase bounceback visits.

114. B — The model's accuracy in predicting actual needs compared to current methods, measured by understaffing and overstaffing frequency and their quality and cost impact, directly measures the technology's value proposition. Predictive staffing technology is justified only if it produces better staffing decisions than the existing approach.

115. B — A measurable reduction in falls and injuries producing savings from avoided injuries, reduced litigation, and decreased length of stay exceeding the annual system cost demonstrates positive ROI. Technology investments require evidence that the financial benefits of prevented adverse outcomes justify the ongoing system expense.