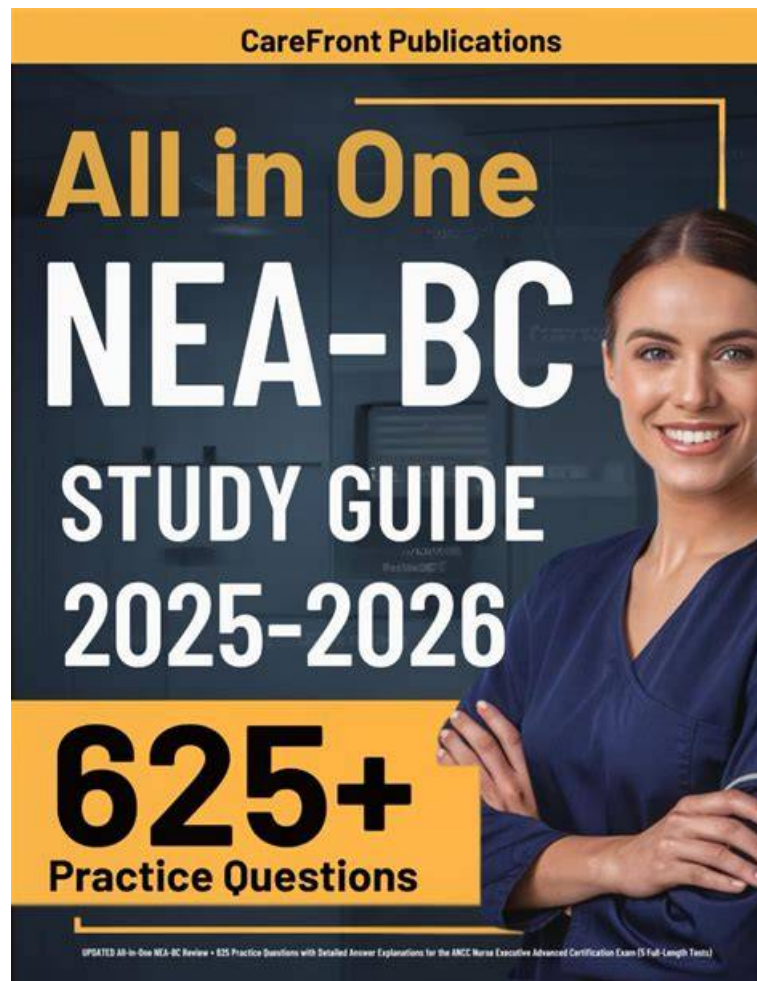


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To upgrade skills, hundreds of candidates attempt the ANCC - Nurse Executive Advanced Certification (NEA-BC) (NEA-BC) certification exam and try to be smart and more efficient than the rest. In that case, they are now finding ways by which they can get help to crack the ANCC - Nurse Executive Advanced Certification (NEA-BC) (NEA-BC) certification exams. Let's discuss the

sources that can prove to be a major help if you are planning to take the exam.

Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q115-Q120):

NEW QUESTION # 115

Those leaders who rely on organizational policies and rules to influence the behavior of their subordinates are which of the following?

- A. democratic leaders
- B. participative leaders
- C. authoritative leaders
- **D. bureaucratic leaders**

Answer: D

Explanation:

The term "bureaucratic leaders" refers to a specific style of leadership that is heavily reliant on following established rules and procedures within an organization. These leaders emphasize the importance of adhering to organizational policies as a primary method of influencing and managing the behavior of their subordinates. This leadership style is characterized by a structured approach and a clear hierarchy in decision-making processes.

Bureaucratic leadership contrasts with other leadership styles such as democratic, authoritative, and participative. Democratic leaders, for instance, encourage group participation and consensus-building before making decisions. Authoritative leaders, on the other hand, make decisions independently and expect followers to adhere without questioning. Participative leaders involve team members in the decision-making process, valuing their input and fostering a collaborative environment.

The effectiveness of bureaucratic leadership can vary depending on the organization's needs and the specific context. In environments where precision, uniformity, and consistency are critical—such as in regulatory agencies or safety-critical industries—this leadership style can be particularly beneficial. By relying on established rules and policies, bureaucratic leaders help ensure that operations comply with necessary standards and regulations.

However, the bureaucratic approach can sometimes lead to inflexibility and resistance to change, especially in dynamic or innovative settings where adaptability is key. It can also stifle creativity and reduce employee motivation if individuals feel overly constrained by rules and unable to exercise autonomy.

In summary, bureaucratic leaders are defined by their reliance on organizational policies and rules to manage and influence the behavior of their subordinates. While this style has its advantages in certain contexts, it is important for leaders to recognize when a more flexible or participative approach might be more effective.

NEW QUESTION # 116

Which of these groups of nurses tends to feel more comfortable with face-to-face or written communication?

- A. The student nurse
- **B. The veteran nurse**
- C. The newbie nurse
- D. None of the above

Answer: B

Explanation:

The question of which group of nurses tends to feel more comfortable with face-to-face or written communication can be explored by examining the differing experiences and training of various generations of nurses. Among the groups listed - veteran nurses, student nurses, newbie nurses, and none of the above - the correct answer is the veteran nurse.

Veteran nurses, having been trained and worked in an era where digital communication was less prevalent, have often developed strong skills in more traditional methods of communication. This includes both written communication, such as charting by hand and writing reports, and face-to-face interactions, such as speaking directly with patients, families, and other healthcare team members. These methods have been the cornerstone of nursing communication and patient care for many years.

In contrast, newer nurses, including student nurses and those recently joining the profession (newbie nurses), are more accustomed to digital forms of communication. Their education and training likely included the use of advanced technology, electronic health records, and online communication tools. This exposure might make them more comfortable and efficient with digital communication compared to traditional methods.

Therefore, when considering comfort with face-to-face or written communication, veteran nurses generally have more experience and ease with these approaches. They have spent years mastering these skills, which were critical before the digital shift in healthcare. Moreover, their comfort with these communication methods often stems from the necessity of direct, personal interaction

in providing effective patient care, which remains a key component of nursing.

This preference does not necessarily reflect a lack of ability to use or understand new technologies but rather an affinity towards communication styles that have been tried and tested throughout their careers. Hence, the answer "The veteran nurse" is correct, as they are typically more comfortable with face-to-face and written communication compared to their younger counterparts who might lean towards digital communication platforms.

NEW QUESTION # 117

Nursing cost should consist of which of the following?

- A. Insurance cost the facility has to pay.
- B. Direct costs of patient care.
- C. Both A and C
- D. The overhead cost.

Answer: C

Explanation:

In considering the components of nursing cost, it is essential to recognize that these costs comprise various categories that collectively ensure effective patient care and operational efficiency within a healthcare facility. The correct answer to the question, "Nursing cost should consist of which of the following?" is "Both A and C," indicating that nursing costs include multiple facets, notably the overhead cost and direct and indirect costs of patient care.

Firstly, overhead costs are significant in nursing. These costs are not directly tied to patient care but are necessary for the general operation of the healthcare facility. Overhead costs can include expenses related to administration, utilities, facility maintenance, and equipment that supports the nursing staff in performing their duties. Although not directly linked to the care of a patient, these costs ensure that the environment and systems necessary for patient care are functioning effectively.

Secondly, the direct costs of patient care are those expenses that are directly associated with the treatment and care of patients. This category includes salaries of nursing staff, costs of medical supplies like bandages and syringes, and medications used in patient treatment. These are the most visible costs associated with nursing and are crucial for day-to-day patient care operations.

Thirdly, indirect costs of patient care, though less apparent, are equally vital. These costs include services and resources that support patient care indirectly. Examples might be the services of the housekeeping staff that maintain a clean and sterile environment and administrative personnel who manage patient records and billing. These costs, while not directly linked to patient treatments, support the nursing function by ensuring a well-run, efficient, and compliant healthcare operation.

In summary, nursing costs encompass a comprehensive range of expenses that contribute to both the direct and indirect care of patients and the overall functionality of healthcare services. Understanding the full scope of these costs helps in better management and allocation of resources in healthcare facilities, ensuring both quality patient care and operational efficiency. The correct answer, "Both A and C," encapsulates this broad spectrum of costs, highlighting the multifaceted nature of financial planning in nursing services.

NEW QUESTION # 118

Nursing practice acts are determined on which level?

- A. State.
- B. Federal.
- C. Local.
- D. City.

Answer: A

Explanation:

Nursing practice acts, which define the scope of nursing practice and establish the rules for the profession, are determined at the state level. This means that each state in the United States has its own set of laws and regulations that govern nursing practices within its jurisdiction. The reason for state-level determination is to allow customization and flexibility to address the specific healthcare needs and legal environments of each state.

The state-specific nature of these acts ensures that the nursing standards are tailored to the unique demographics, health challenges, and resources of the state. For example, a state with a large rural population might have different regulations concerning the distribution of medical resources or telehealth than a state with a predominantly urban population.

Each state has a Board of Nursing or a similar regulatory body responsible for creating and enforcing these laws. These boards set standards for safe nursing care, determine the requirements for obtaining and retaining a nursing license, and take disciplinary actions if necessary. They also oversee the educational standards for nursing programs within the state to ensure that the training meets the

state's health care needs.

By having nursing practice acts determined at the state level rather than at a federal or local level, it ensures a more uniform and regulated approach within that state while still allowing for significant variation across different states. This system can adapt to local needs and changes in the healthcare environment more dynamically than if governed at a federal level. Furthermore, since healthcare facilities often operate under state jurisdiction, aligning nursing regulations with state laws facilitates smoother management and compliance.

Thus, when considering the regulations that impact nursing practice, it is important for nurses and nursing students to be familiar with their specific state's nursing practice act. This knowledge is crucial not only for compliance but also for providing the best possible care within the legal framework of their respective states.

NEW QUESTION # 119

In the planning process, patients:

- A. Can object to anything in the planning process regarding their treatment.
- B. Can choose and implement treatment options, even if they are not recommended by medical professionals.
- C. Cannot object to anything in the planning process regarding their treatment.
- D. Can decide on their own diagnosis.

Answer: A

Explanation:

In the realm of medical treatment and healthcare, the planning phase is critically important. This phase involves outlining the proposed course of treatment based on the patient's diagnosis, health status, and medical history. The process should be inherently collaborative, involving both medical professionals and the patient.

The active involvement of the patient in the planning process is essential. It is during this phase that the healthcare provider explains the various aspects of the proposed treatments, including their benefits, risks, alternatives, and any other relevant information. This detailed discussion is crucial to ensure that the patient fully understands what the proposed treatment entails and the implications it carries.

One of the fundamental rights of patients during this phase is the ability to object to any part of the treatment plan. This right is rooted in the principle of patient autonomy, a cornerstone of medical ethics. Patient autonomy emphasizes the patient's right to make informed decisions about their own health care. If a patient feels uncomfortable with any aspect of the proposed plan, they have the right to express their objections. This can lead to a re-evaluation of the treatment plan, adjustments to better suit the patient's preferences, or even consideration of alternative treatments.

It is vital for healthcare providers to not only present all necessary information but also to listen to and respect the patient's views, concerns, and objections. This interactive process helps ensure that the treatment plan is not only medically sound but also aligns with the patient's values and desires. Moreover, a plan that has the patient's buy-in is more likely to be successful, as the patient is more likely to adhere to a treatment they understand and agree with.

In summary, during the planning process of their treatment, patients have the right to object to any part of their care plan. This right supports the broader principles of patient autonomy and informed consent, ensuring that patients remain central to the decision-making process regarding their health. This approach not only respects the patient's rights but also fosters a therapeutic alliance between the patient and healthcare providers, potentially leading to better health outcomes.

NEW QUESTION # 120

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