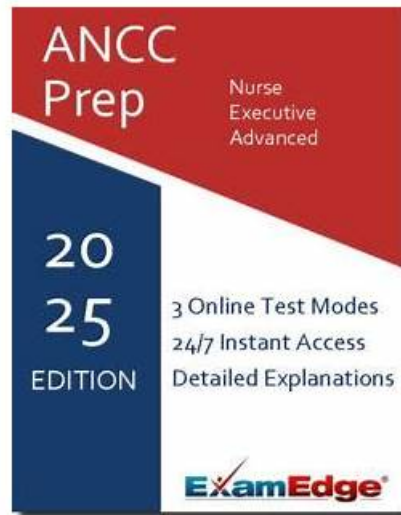


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Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q86-Q91):

NEW QUESTION # 86

A hospital spends some basic amount to light the common areas of the building, but patient rooms will have lights on only if there is a patient in the room. The cost of electricity in this example is which of the following?

- A. step-fixed costs
- B. relevant costs
- C. mixed costs
- D. significant costs

Answer: C

Explanation:

In the scenario described, the cost of electricity in a hospital, where the common areas always have lighting (regardless of the number of patients present) and patient rooms are lit only when occupied, exemplifies mixed costs. Mixed costs, as implicated in the question, are those expenses that combine elements of both fixed and variable costs.

Fixed costs are expenses that do not change with the level of activity within a certain range. In this case, the fixed component is the cost of lighting the common areas of the hospital, which remains constant regardless of the number of patients admitted to the hospital. These costs are incurred even if the hospital is empty.

On the other hand, variable costs fluctuate with the level of activity or usage. Here, the variable component is the cost of lighting the patient rooms, which varies depending on whether or not the rooms are occupied. If more rooms are occupied, the cost increases as more lights are turned on; conversely, if fewer rooms are occupied, the cost decreases.

Understanding mixed costs is crucial for budgeting and cost management in any business, including healthcare facilities. By recognizing the fixed and variable components of mixed costs, management can better predict and control expenses. For instance, knowing the fixed cost of lighting the common areas helps in budget stability, while understanding the variable costs associated with patient room lighting can aid in adjusting for fluctuations in patient numbers and related expenses.

Mixed costs pose a challenge in financial planning and accounting because they require careful analysis to determine the proportion of fixed versus variable costs. Various methods such as the high-low method, scatter plot analysis, or regression analysis can be used to break down mixed costs into their constituent parts, facilitating more accurate forecasting and budgeting.

In summary, the electricity cost in the hospital scenario is a typical example of mixed costs due to its composition of both fixed and variable elements, reflecting the necessity of constant lighting in some areas and conditional lighting in others based on occupancy.

NEW QUESTION # 87

The trait theory of leadership

- A. Attempts to define common characteristics of leaders
- B. Sees leadership as a responsibility rather than a rank
- C. Sees leadership as a collaborative effort
- D. Advocates shared decision-making

Answer: A

Explanation:

The trait theory of leadership focuses on identifying specific qualities that distinguish leaders from non-leaders. This theory posits that certain inherent personality traits and characteristics contribute to effective leadership. Here is a more detailed explanation of the theory:

The trait theory of leadership emerged from the "Great Man" theory of leadership, which suggested that leaders are born with inherent qualities that predispose them to be leaders. Over time, researchers shifted focus from the idea of predetermined leadership

to understanding the specific traits that leaders commonly possess. This led to the development of the trait theory, which attempts to systematically identify the personality traits and characteristics common among successful leaders.

The central premise of the trait theory is that effective leaders share a common set of traits, which differentiates them from non-leaders. These traits include, but are not limited to, intelligence, determination, integrity, sociability, and self-confidence. The theory suggests that these traits are relatively stable over time and across different situations, implying that they are inherent in individuals. In practice, trait theory encourages the assessment of individuals based on these key traits to determine their potential for leadership. This approach has been utilized in various settings, such as in hiring practices, where organizations use personality assessments and interviews to gauge leadership potential among candidates.

However, the trait theory has faced criticism for its limitations. Critics argue that the theory fails to account for the situational aspects of leadership. Leadership effectiveness can be highly dependent on contextual factors such as the nature of the task, the work environment, and the team dynamics. Therefore, relying solely on innate traits might not fully predict leadership success in every situation.

Moreover, the trait theory does not address the development of leadership skills over time. It tends to overlook how individuals can develop and enhance their leadership capabilities through experience, training, and feedback. This aspect is more thoroughly explored in other leadership theories, such as transformational leadership or situational leadership, which consider the dynamic and evolving nature of leadership roles.

In summary, while the trait theory of leadership provides valuable insights into the common characteristics of leaders, it also has its limitations. It is most effective when used in conjunction with other theories that consider situational variables and the potential for personal growth and development in leadership roles.

NEW QUESTION # 88

The type of access to care that is influenced by the capability and mobility of people to reach the locations where care is provided is which of the following?

- A. sociocultural access
- B. temporal access
- C. physical access
- D. geographical access

Answer: C

Explanation:

Access to healthcare services is a multifaceted concept that encompasses various dimensions including geographical, physical, temporal, and sociocultural access. Each of these types plays a crucial role in determining how easily individuals can obtain needed medical services. However, when focusing on the specific aspect of access that is influenced by the capability and mobility of people to reach healthcare locations, we are chiefly concerned with physical access.

Physical access refers to the actual means and ease with which individuals can reach and enter healthcare facilities. This includes considerations such as transportation options, travel distance, physical barriers, and the availability of adequate infrastructure such as roads and public transit systems. For individuals with disabilities, physical access also encapsulates the availability of facilities equipped with ramps, elevators, and other aids that support mobility.

Contrastingly, geographical access involves the distribution of healthcare resources across a region and how that impacts access to care. It looks at whether healthcare facilities are evenly spread across an area, including rural and urban settings, affecting individuals based on where they live.

Temporal access concerns the availability of healthcare services over time. This includes factors such as operating hours of healthcare facilities, availability of appointments, and waiting times. Temporal access ensures that care is available when needed, including emergency services outside of typical business hours.

Sociocultural access addresses the influence of societal norms, cultural beliefs, and language on the ability to obtain care. This includes whether healthcare settings are culturally sensitive and whether language services are available for non-native speakers or individuals with hearing impairments.

In conclusion, while geographical, temporal, and sociocultural factors each significantly impact overall healthcare access, physical access specifically focuses on the physical ability of individuals to reach and utilize healthcare services. It is an essential aspect of ensuring that all individuals, particularly those with limited mobility or living far from healthcare facilities, have the necessary means to receive care.

NEW QUESTION # 89

An action nurses take to ensure competency in their field is to:

- A. Conduct patient satisfaction surveys.

- **B. Maintain certifications.**
- C. Network with colleagues.
- D. Review research and professional literature.

Answer: B

Explanation:

Maintain certifications. Nurses must maintain their certifications to remain competent in their fields. This involves ongoing education and periodic recertification, which ensures that they stay current with the latest medical practices, technologies, and regulatory requirements. Certifications not only affirm a nurse's expertise and specialization but also are often mandated by state boards of nursing or other regulatory bodies. By keeping these certifications up-to-date, nurses demonstrate their commitment to professional development and quality patient care.

Network with colleagues. Networking with colleagues is another important action that nurses take to ensure competency. Engaging with peers allows nurses to exchange information, learn from others' experiences, and collaborate on patient care strategies. It enhances their ability to stay informed about advancements and changes in the field, which can directly impact the quality of care provided. Furthermore, networking can often lead to opportunities for mentorship and professional growth, which are vital for maintaining competency.

Conduct patient satisfaction surveys. Conducting patient satisfaction surveys is crucial for nurses to assess and improve their practice. Through feedback obtained from these surveys, nurses can identify areas of strength and those needing improvement. This direct input from patients helps nurses to focus their professional development efforts more effectively and adapt their care practices to better meet patient needs. Improved patient satisfaction is indicative of higher competency levels among nurses, as it reflects their ability to meet or exceed patient expectations.

Review research and professional literature. Lastly, reviewing recent research and professional literature is essential for nurses to maintain competency. This practice keeps them informed about the latest evidence-based approaches and innovations in healthcare. Staying updated with current research helps nurses to apply the best practices in their patient care and ensures that their methods are based on the most recent scientific findings. Continuous learning and adaptation driven by ongoing research are key components of nursing competency.

NEW QUESTION # 90

Which model allows nurses to collaborate between units and departments?

- A. Matrix.
- B. Primary Care.
- **C. Shared governance.**
- D. Team care.

Answer: C

Explanation:

The correct answer to the question of which model allows nurses to collaborate between units and departments is "Shared Governance." Shared governance is an organizational model that empowers nurses by involving them in decision-making processes that affect their work and the care of their patients. This model is particularly effective in fostering collaboration across different units and departments within healthcare facilities.

Shared governance operates on the principle of distributive leadership, which means that leadership responsibilities are spread across various levels within the organization, rather than being centralized in a traditional management hierarchy. In a shared governance structure, nurses at all levels have the opportunity to participate in committees and councils that make policy, procedure, and practice decisions.

This inclusive approach ensures that the staff who are directly involved with patient care have a significant voice in how that care is delivered, which can lead to more effective and efficient practices. It also helps to align the goals and actions across different departments, enhancing teamwork and reducing inter-departmental conflicts. By collaborating in such a structured way, nurses from various specialties and units can share insights and innovations, thus improving patient outcomes and staff satisfaction.

Moreover, shared governance models help to foster professional growth and development. Nurses engaged in this model are often more motivated, as they feel their opinions are valued and they have a tangible impact on their work environment and patient care standards. This sense of ownership and accountability can lead to higher job satisfaction and lower turnover rates.

In summary, shared governance is a transformative model for nursing practice. It promotes collaboration, enhances professional development, and improves the quality of patient care by involving nurses in the decision-making processes that affect their daily work and interactions across different units and departments.

NEW QUESTION # 91

