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## **Nursing ANCC - Nurse Executive Advanced Certification (NEA-BC) Sample Questions (Q217-Q222):**

### NEW QUESTION # 217

Brainstorming and multivoting are types of which quality management/data analysis tool?

- A. relational charts
- B. data analysis charts
- C. decision-making tools
- D. evaluative charts

**Answer: C**

Explanation:

Brainstorming and multivoting are categorized as decision-making tools, which are essential in the field of quality management and data analysis. These tools are distinct from data analysis charts, relational charts, and evaluative charts, as they primarily focus on facilitating decision-making processes within teams or groups.

Brainstorming is a creative group activity designed to generate a broad range of ideas for solving a particular problem. During a brainstorming session, all participants are encouraged to voice any idea that comes to mind, no matter how unconventional. The key principle is to defer judgment, which promotes a free flow of ideas and can lead to innovative solutions. This technique leverages the diverse perspectives of all team members to enhance the depth and breadth of the ideas produced.

Multivoting, on the other hand, is a technique used to prioritize or narrow down a large list of ideas, issues, or solutions. After a brainstorming session, there may be an overwhelming number of possibilities to consider. Multivoting allows team members to vote on options that they believe should be prioritized, usually by allocating a limited number of votes per person. This process helps teams focus on the most important or popular items, making it easier to decide which ideas to implement or explore further.

Both brainstorming and multivoting are employed to enhance participatory decision-making and are particularly useful in managing complex issues where multiple stakeholders are involved. These tools not only facilitate the generation of solutions and strategies but also foster team collaboration and consensus-building. As decision-making tools, they play a crucial role in organizational settings where collective agreement and innovative solutions are vital for success.

In conclusion, while data analysis charts are used to visually represent data for easier interpretation and relational charts help in understanding relationships among different variables, decision-making tools like brainstorming and multivoting are specifically geared towards helping teams make informed decisions by generating and refining a variety of options. These tools are vital in ensuring that decisions are well-considered and supported by the entire team, leading to more effective and sustainable outcomes.

### NEW QUESTION # 218

The primary purpose of a state nurse practice act is to

- A. Recruit more nurses
- B. Accredits schools of nursing
- C. Set ethical standards for the nursing profession
- D. Protect the public

**Answer: D**

Explanation:

The primary purpose of state nurse practice acts is to protect the public. This objective is achieved through several key mechanisms that are outlined in these legislative frameworks. Each state in the U.S. has its own Nurse Practice Act (NPA) which establishes the guidelines under which nurses must operate. These acts are crucial for ensuring that the healthcare delivered by nurses is safe, competent, and ethical.

One of the primary functions of the Nurse Practice Act is to set the minimum qualifications required to become a nurse in that state. This includes the educational and licensure requirements necessary to practice nursing. By setting these standards, the NPA ensures that only individuals who are adequately trained and capable of providing high-quality care can enter the nursing profession. This helps to safeguard the public from unqualified practitioners.

Moreover, the Nurse Practice Act defines the scope of nursing practice within the state. It clearly delineates what actions are permissible for nurses to perform, which varies from one state to another. This precise definition helps to prevent nurses from overstepping their boundaries and performing tasks for which they are not trained, further protecting patient safety.

It is important to note what the Nurse Practice Act does not do. These acts are not involved in recruiting nurses. While workforce development may be a concern for health systems and governing bodies, the NPA itself does not deal directly with the recruitment of nurses. Its focus remains on setting standards for those entering the field.

Additionally, the Nurse Practice Act does not accredit nursing schools. Accreditation of educational institutions is typically handled by separate educational boards and accreditation bodies. These organizations evaluate nursing programs to ensure they meet certain educational standards necessary to adequately prepare students for the nursing profession.

Finally, while ethical considerations are certainly a component of nursing education and licensure, the setting of ethical standards per

se is not a primary function of the Nurse Practice Act. Ethical standards are generally overseen by professional nursing organizations and ethical boards that may influence but are separate from the legislative frameworks set out by the NPA.

In summary, the primary purpose of state nurse practice acts is to protect the public. This is accomplished by setting minimum qualifications for entering the profession, defining what constitutes safe and legal nursing practice, and outlining the responsibilities and limits of nurses within the state. These acts play a crucial role in maintaining the integrity of the nursing profession and ensuring that patient care is conducted safely and competently.

#### NEW QUESTION # 219

In a capitated system, providers benefit economically if patients

- A. Are hospitalized
- B. Leave the system
- C. Require extensive services
- D. Stay healthy

**Answer: D**

Explanation:

In a capitated healthcare system, the economic dynamics between healthcare providers and patients function quite differently compared to traditional fee-for-service systems. In a capitated arrangement, healthcare providers, such as physicians or hospitals, receive a set amount of money per patient per unit of time (usually per month or year) from a health insurance plan. This payment is made regardless of whether the patient seeks medical care or not during that period.

The primary economic benefit for providers in a capitated system lies in the health status of their patients. When patients remain healthy and require fewer medical services, providers can retain a larger portion of the fixed payment as they spend less on medical supplies, treatments, and procedures. This system, therefore, incentivizes providers to focus on preventive care and effective management of chronic conditions to keep patients healthy. For instance, providers might invest more in health education, routine check-ups, vaccinations, and early detection screenings to prevent illnesses and costly interventions down the line.

Conversely, if patients require extensive services or frequent hospitalizations, the costs to the provider can quickly exceed the fixed payment received under capitation. This scenario would economically disadvantage providers, as they must cover the excess costs, potentially leading to financial losses. Hence, providers in a capitated system generally do not economically benefit when patients need more extensive medical services.

This model also impacts how patients interact with the healthcare system. Since providers benefit financially from having healthier patients, they may be more motivated to ensure that patients receive comprehensive, proactive healthcare services. This can enhance the overall quality of care and patient satisfaction. However, critics argue that there is also a risk of under-service, where providers might minimize services to save costs, which could negatively impact patient care if not properly monitored.

In summary, in capitated healthcare systems, providers economically benefit most when their patients stay healthy. This setup encourages a healthcare approach focused on prevention and efficient management of existing conditions, aligning the financial incentives of providers with the health outcomes of patients.

#### NEW QUESTION # 220

Ensuring that the right amount of effort matches the right task is known as which of the following?

- A. time management
- B. technology management
- C. energy management
- D. priority setting

**Answer: C**

Explanation:

Energy management, as a concept, goes beyond merely scheduling tasks and allocating time. It fundamentally involves aligning one's efforts with the intensity and type of task at hand to maximize effectiveness and minimize unnecessary energy expenditure. This concept is crucial because it recognizes that human energy is a limited resource that needs to be managed wisely.

In practical terms, effective energy management means identifying when you are most energetic and aligning your most demanding tasks with these peak times. Conversely, less demanding tasks can be scheduled during lower energy periods. This strategic approach helps in maintaining a steady performance level throughout the day without leading to burnout.

Another aspect of energy management is recognizing the different types of energies: physical, emotional, mental, and spiritual, and understanding how to nurture and replenish each. For example, physical energy can be replenished with rest and nutrition, emotional energy with meaningful interactions and positive relationships, mental energy with breaks and shifts in focus, and spiritual energy with

activities that provide a sense of purpose and fulfillment.

The term "energy management" underscores the importance of this approach in both personal and professional settings. In the workplace, it can lead to higher productivity and better job satisfaction. Personally, it contributes to better health and overall well-being. The fundamental goal of energy management is not just to get through the day but to optimize how we use our energy to live more fulfilling lives. This is why it is often described as the "fundamental currency of high performance."

#### NEW QUESTION # 221

Which of the following group roles is most likely to serve that member's own individual needs?

- A. harmonizer
- B. standard setter
- C. dominator
- D. encourager

**Answer: C**

Explanation:

The question asks which group role is most likely to serve a member's individual needs. Among the options provided-encourager, dominator, standard setter, and harmonizer-the role of 'dominator' is most clearly aligned with serving personal needs at the expense of the group's collaborative goals.

A dominator in a group setting is typically characterized by assertive, sometimes aggressive behavior aimed at controlling group interactions and decisions. This role often involves overriding others' opinions and imposing personal views or desires onto the group. Dominators often seek to lead or influence the group disproportionately, not necessarily for the benefit of the group, but to fulfill personal ambitions, desires, or agendas.

This behavior contrasts with the other roles mentioned. For example, an 'encourager' supports and motivates all group members, enhancing group cohesion and collective morale. A 'standard setter' helps define or uphold the quality and ethical benchmarks for the group, aiming for high standards in group processes and outcomes. A 'harmonizer' seeks to minimize conflict and promote understanding among group members, fostering a cooperative and peaceful environment.

Each of these other roles primarily benefits the group as a whole rather than the individual occupying the role. In contrast, the dominator's primary benefit is to themselves, often at the expense of the group's overall harmony, productivity, or success. Therefore, in the context of serving a member's own individual needs, the role of 'dominator' is the most likely to do so.

#### NEW QUESTION # 222

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