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37	☐ A	☐ B	☐ C	☒ D	☐ E
38	☐ A	☐ B	☐ C	☐ D	☒ E
39	☒ A	☐ B	☐ C	☐ D	☐ E

PRACTICE QUESTIONS

American Nurses Credentialing Center Readiness Test

R11

Nurse Executive, Advanced Readiness Test

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for American Nurses Credentialing Center Readiness Test R11 , each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, R11
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

SINGLE CHOICE

A nurse executive is leading a large-scale change initiative to implement a new electronic health record (EHR) system across a multi-site organization. During the planning phase, the executive identifies that several key department leaders are visibly resistant and are expressing concerns in informal conversations. Which initial action by the nurse executive best demonstrates the effective use of influencing behavior?

- ☐ A Issue a written directive mandating participation in the change initiative to all department leaders
- ☒ B Meet privately with each resistant leader to understand their specific concerns and perspectives
- ☐ C Replace resistant leaders with staff who are known supporters of the change initiative
- ☐ D Escalate the situation to the chief executive officer for organizational authority to enforce compliance

ANSWER B

WHY Influencing behavior in nursing leadership involves understanding others' perspectives, building trust, and engaging stakeholders before exercising positional authority. Meeting privately with resistant leaders allows the executive to listen actively, identify root causes of resistance, and tailor communication and engagement strategies. Issuing mandates, removing leaders, or escalating prematurely bypasses relationship building and typically increases resistance rather than reducing it.

QUESTION 2

SINGLE CHOICE

A nurse executive is reviewing the operating budget for a medical-surgical unit and notes that the unit has consistently used more overtime hours than budgeted for the last three quarters. Which action best reflects sound financial management by the nurse executive?

- ☐ A Increase the unit's overtime budget line for the next fiscal year to align with actual spending
- ☒ B Analyze the root causes of overtime use and develop a corrective staffing plan
- ☐ C Eliminate overtime entirely in the next budget cycle to force adherence to the plan
- ☐ D Transfer the responsibility for budget variance explanations to the unit charge nurses

ANSWER B

WHY Sound financial management requires the leader to investigate variances, identify underlying causes, and implement evidence-based corrective actions rather than simply adjusting the budget to match spending or imposing arbitrary restrictions. Root-cause analysis of overtime may reveal issues such as call-outs, scheduling patterns, patient acuity, or inadequate core staffing, all of which require a thoughtful corrective staffing plan.

QUESTION 3

SINGLE CHOICE

A nurse executive is redesigning the nursing shared governance structure at a large hospital. According to contemporary leadership theory, which approach best supports empowerment of clinical nurses within this structure?

- ☐ **A** Concentrating decision-making authority with the nurse executive and distributing information downward
- ☒ **B** Establishing unit-based councils with authority to make decisions about clinical practice at the unit level
- ☐ **C** Requiring all practice decisions to be approved by a medical executive committee
- ☐ **D** Limiting council membership to nurse managers to ensure decisions align with organizational policy

ANSWER B

WHY Shared governance models are built on the principle that clinical nurses closest to the work should have decision-making authority over professional nursing practice. Unit-based councils with real decision-making authority, not just advisory input, embody this principle and promote empowerment, engagement, and accountability among clinical staff.

QUESTION 4

MULTIPLE CHOICE

A nurse executive wants to implement a knowledge management strategy to translate evidence into practice at the point of care. Which of the following are evidence-based strategies the executive should include? (Choose two.)

- ☒ **A** Establish unit-based journal clubs where staff critically appraise recent research relevant to their patient population
- ☒ **B** Maintain a centralized electronic repository of vetted clinical practice guidelines that is searchable at the bedside
- ☐ **C** Require nurses to independently search multiple unfiltered databases for every clinical question
- ☐ **D** Restrict access to research findings to nurse managers only

ANSWER A • B

WHY Knowledge generation and dissemination are supported by structured forums such as journal clubs, where nurses build skills in critical appraisal and apply findings to their patient population. A centralized, searchable repository of vetted clinical practice guidelines brings evidence to the point of care efficiently and reliably. Requiring unfiltered independent searching for every question is inefficient and inconsistent, and restricting research access to managers prevents frontline staff from using evidence in practice.

QUESTION 5

SINGLE CHOICE

A nurse executive is preparing to deliver difficult news to a long-tenured charge nurse about a restructuring decision that will affect the charge nurse's role. Which communication approach best demonstrates respect and preserves the professional relationship?

- ☐ A Send the information by email to all affected staff simultaneously to ensure transparency
- ☐ B Discuss the decision in a public leadership meeting so all staff hear it together
- ☒ C **Schedule a private, in-person conversation with the charge nurse before the broader announcement**
- ☐ D Allow the charge nurse to learn about the decision through informal channels

ANSWER C

WHY Communicating difficult news with respect requires a private, direct conversation with the affected individual before broader announcements. This approach demonstrates dignity, allows the individual to ask questions and process the information, and protects the professional relationship. Email or group announcements as the first communication, or learning through informal channels, are disrespectful and erode trust.

QUESTION 6

SINGLE CHOICE

An organization has experienced an increase in central line-associated bloodstream infections (CLABSI) over the past quarter. As part of the nurse executive's role in quality and safety, which initial action is most appropriate?

- ☐ A Implement a punitive discipline policy targeting staff identified in recent CLABSI cases
- ☒ B Conduct a root cause analysis using a standardized framework such as the National Database of Nursing Quality Indicators (NDNQI) measures
- ☐ C Eliminate central line use across the organization to remove the risk
- ☐ D Publicly post the names of staff involved in CLABSI events to drive accountability

ANSWER B

WHY Quality improvement in nursing leadership requires systematic analysis of adverse events using validated frameworks and indicator data. Conducting a root cause analysis aligned with NDNQI measures and other evidence-based safety indicators identifies system-level contributors to infection and informs targeted improvement. Punitive approaches, removing all central lines, or public shaming are not evidence-based safety practices and can suppress reporting.

QUESTION 7

SINGLE CHOICE

A nurse executive is developing a business case for a new nurse residency program to reduce first-year turnover. Which financial metric most directly supports the business case to the chief financial officer?

- ☒ **A The average cost of replacing a newly licensed nurse, including recruitment, onboarding, and lost productivity**
- ☐ B The number of nursing school graduates in the region
- ☐ C The current nurse-to-patient ratio on the medical-surgical units
- ☐ D The total number of continuing education hours provided to existing staff

ANSWER A

WHY A business case must quantify the financial impact of the problem the initiative addresses. The cost of replacing a newly licensed nurse—commonly expressed as a measurable return on investment—is the most direct financial argument for investing in a residency program. Regional graduate counts, staffing ratios, and continuing education hours do not directly quantify turnover cost or program return on investment.

QUESTION 8

SINGLE CHOICE

A nurse executive is committed to fostering a healthy work environment as described by the American Association of Critical-Care Nurses (AACN) standards. Which leadership behavior most directly supports the standard of skilled communication?

- ☐ A Mandating a specific scripting protocol for all nurse-to-nurse handoffs
- ☒ **B Modeling respectful, direct, and timely communication with the interprofessional team**
- ☐ C Limiting communication training to nurse managers
- ☐ D Eliminating interdisciplinary rounds to reduce meeting time

ANSWER B

WHY Skilled communication depends on leaders modeling the behaviors they expect. The nurse executive's own respectful, direct, and timely communication with the interprofessional team sets the cultural standard and reinforces psychological safety. Mandating scripts without modeling, restricting training to managers, or removing interdisciplinary forums undermine skilled communication.

QUESTION 9

MULTIPLE CHOICE

A nurse executive is designing an organizational learning strategy that integrates evidence-based practice into clinical workflows. Which of the following are appropriate elements of this strategy? (Choose two.)

- ☒ **A** Embedding clinical decision support tools that link to vetted evidence within the electronic health record
- ☒ **B** Protecting time for nurses to participate in evidence-based practice projects as part of the work schedule
- ☐ **C** Allowing clinical practice changes to be adopted informally based on individual nurse preference
- ☐ **D** Requiring all clinical decisions to be made without reference to published guidelines

ANSWER A • B

WHY Integrating evidence into workflow requires infrastructure that brings evidence to the point of care, such as clinical decision support linked to vetted sources, and protected time for staff engagement in evidence-based practice work. Informal adoption by individual preference without organizational standards, or banning the use of guidelines, undermines consistent, evidence-based care.