# *Test Bank for Transformational Leadership in Nursing 4th Edition by Broome*

ISBN: 9780826192547

SPRINGER PUBLISHING

TEST BANK TO ACCOMPANY

# Transformational Leadership in Nursing: From Expert Clinician to Influential Leader

## Fourth Edition

*Marion E. Broome, PhD, RN, FAAN*
**Editor**

Springer Publishing Company, LLC
902 Carnegie Center/Suite 140,
Princeton, NJ 08540
www.springerpub.com

Test Bank ISBN: 978-0-8261-9256-1
Textbook ISBN: 978-0-8261-9254-7

# Contents

# CHAPTER 1

# Frameworks for Becoming a Transformational Leader

1. Which of the following statements BEST reflects the underlying rationale for the shift from hospital-based care to community- and home-based care?
   A. The increase in hospital costs has necessitated a focus on more cost-effective community-based care models.
   B. Patients' increased access to technology has rendered hospital-based care less effective compared to home-based interventions.
   *C. Patients spend the majority of their time outside of clinical settings and require a care model that integrates community- and home-based elements.
   D. The shortage of healthcare professionals in hospitals has led to a strategic shift toward enhancing care delivery in community and home settings.

   **RATIONALE: C.** The shift to community- and home-based care is primarily due to the realization that patients live outside clinical environments for most of their time. This change aims to align healthcare delivery with patients' actual living conditions and needs rather than merely addressing cost (A) or technological factors (B). While a shortage of healthcare professionals may affect care delivery, it is not the main reason for a care model shift (D).

2. Nurse leaders can BEST leverage their clinical expertise to address contemporary healthcare challenges by:
   A. Focusing on developing highly specialized clinical skills that can be applied within a singular, traditional care setting.
   B. Exclusively engaging in policymaking processes to influence healthcare regulations without direct patient interaction.
   *C. Integrating their clinical knowledge with leadership skills to foster collaboration across different disciplines and settings, thereby enhancing overall healthcare systems.

D. Concentrating on direct patient care and leaving system-wide leadership roles to other healthcare professionals.

**RATIONALE: C.** Contemporary challenges in healthcare require nurse leaders to blend their clinical expertise with leadership abilities. This integration allows for effective collaboration across various disciplines and settings, which is crucial for improving healthcare systems and addressing complex issues. Nurse leaders need to move beyond a traditional, singular care setting, and expand their focus to broader roles involving leadership and collaboration (A). Exclusively focusing on policymaking without patient interaction does not reflect the comprehensive approach needed from nurse leaders (B). Conversely, concentrating solely on patient care and avoiding leadership roles does not address contemporary needs (D).

3. Which of the following statements BEST describes the evolving role of healthcare professionals in relation to their historical focus?
   A. Traditional focus on acute care settings is now deemed less relevant due to the increasing specialization of healthcare professionals.
   *B. Historical emphasis on clinical excellence has transformed into a dual emphasis on both clinical practice and strategic leadership to meet evolving healthcare demands.
   C. The role of healthcare professionals has narrowed to focus solely on research and administrative functions, with less emphasis on direct patient care.
   D. The need for healthcare professionals to master clinical skills has diminished as technological advancements have reduced the importance of these skills.

   **RATIONALE: B.** While clinical excellence remains important (and is not diminishing in relevance [A] or replaced by technology [D]), there is now an additional emphasis on strategic leadership. This dual focus reflects the need for healthcare professionals to adapt to changing demands by integrating their clinical expertise with leadership roles to effectively address contemporary healthcare challenges. A narrow focus on research and administrative functions will not meet the healthcare demands of the future (C).

4. Which of the following statements BEST describes the evolution of the treatment of leadership effectiveness in leadership theories?

*A. Situational and contingency theories evolved to provide a more flexible framework that accommodates the relationship between leader traits and situational factors.

B. Theories moved toward a more rigid set of prescribed leadership behaviors applicable to all organizational contexts.

C. The universality of certain leadership behaviors was central to early theories, but later theories emphasize the importance of adopting situational leadership behaviors.

D. All theories now focus solely on the role of follower characteristics, diminishing the importance of situational contexts on leadership effectiveness.

**RATIONALE: A.** Situational and contingency theories address the limitations of early trait and behavioral theories by introducing a more flexible approach that considers how leadership effectiveness is influenced by both the traits of the leader and the specific context. Rigidity and a lack of situational consideration both contradict the flexibility emphasized in situational theories (B and D). Option C, while acknowledging the importance of leadership behaviors, misses the shift toward situational adaptability that is central to more recent leadership theories.

5. Which statements indicate how ethical principles are foundational to leadership effectiveness in healthcare? (Select all that apply.)

*A. Ethical principles provide a universal standard that all leaders must adhere to, ensuring consistency in leadership behavior.

*B. Without a strong ethical foundation, even the most successful strategies or productive actions are considered ineffective.

C. Leaders can choose which ethical principles to follow based on the situation and their personal judgment.

*D. Universal ethical principles are essential for shaping the culture and guiding the behavior of healthcare teams.

E. Ethical principles primarily serve as guidelines for resolving conflicts between team members.

**RATIONALE: A, B, D.** Ethical principles are timeless and necessary for consistent leadership behavior (A). Leaders without trust and ethical grounding are not effective, regardless of their strategies or productivity (B). The responsibility of nurse leaders to shape

ethical cultures based on these principles, indicating their foundational role in leadership (D). Effective leaders exhibit consistent adherence to core ethical values, not a selective approach based on personal judgment (C). Ethical principles are not only used in conflict resolution; they are fundamental to all aspects of leadership effectiveness (E).

6. Which of the following statements BEST describes the leadership styles of historical figures in nursing and the impact of these styles on modern nursing leadership?
   A. Historical nursing leaders were primarily authoritarian, which modern leaders should move away from to be more collaborative.
   *B. Historical nursing leaders demonstrated transformational leadership, setting a precedent for modern leaders to innovate and inspire change in healthcare.
   C. Historical nursing leaders were focused on maintaining the status quo, so modern leaders must adopt a more radical approach to achieve progress.
   D. The leadership styles of historical nursing figures are irrelevant to modern leadership, as the challenges they faced are no longer applicable.

   **RATIONALE: B.** Historical nursing leaders are recognized for their transformational impact, which serves as a model for current and future leaders to continue driving innovation and progress. Many historical figures in nursing were visionary and impactful, not authoritarian (A), and they are known for challenging and changing existing norms rather than preserving them, making them models of progressive leadership (C). The leadership styles of historical nursing figures are still relevant, providing valuable lessons for addressing current and future challenges in healthcare (D).

7. What leadership theory would be MOST effective in a healthcare organization undergoing rapid and unpredictable changes due to external factors like technological advancements and policy shifts?
   A. Path–goal theory
   B. Situational leadership theory
   *C. Leader in context of quantum and chaos theory
   D. Emotional intelligence

**RATIONALE: C.** Leader in context of quantum and chaos theory is designed for environments where unpredictability is the norm. It capitalizes on the inherent unpredictability of the environment, utilizing principles like partnership and accountability to navigate through disorder and emergent complexities. Path–goal theory provides structure and support to followers, but it does not inherently address the fluid nature of environments characterized by constant change and uncertainty (A). Situational leadership theory is adaptable, but it is more focused on adjusting leadership styles to follower needs rather than leveraging the dynamics of chaos to create new opportunities (B). Emotional intelligence is crucial for managing relationships and emotions, but it does not directly engage with the complexities and opportunities presented by chaotic and rapidly changing environments (D).

8. How does transformational leadership differ from traditional leadership in healthcare?
   A. It emphasizes maintaining established procedures to ensure continuity across the organization.
   *B. It fosters creativity and adaptability by challenging norms and encouraging intellectual stimulation.
   C. It prioritizes individual success over collective goals to create more effective leaders.
   D. It is primarily concerned with short-term, collective goals to promote organizational change.

   **RATIONALE: B.** Transformational leadership encourages innovation by questioning the status quo. It inspires change (A), integrates individual and collective goals (C), and focuses on long-term vision (D) to achieve significant results.

9. Which component of transformational leadership is most closely associated with fostering innovation and creativity in healthcare organizations?
   A. Charisma of idealized influence
   B. Individual consideration
   C. Inspiration and vision
   *D. Intellectual stimulation

   **RATIONALE: D.** Intellectual stimulation is the questioning of existing practices, leading to innovation and creative problem-solving. It is directly linked to fostering innovation and

creativity by encouraging new ways of thinking and problem-solving. Charisma of idealized influence builds trust and motivation but does not directly foster innovation the way intellectual stimulation does (A). While individual consideration supports personal growth, it is not the primary driver of innovation and creativity (B). Although inspiration and vision can motivate, they are more about setting goals than directly stimulating creativity (C).

10. Which of the following statements MOST accurately describes the function of charisma in transformational leadership?
    A. Charisma helps leaders gain personal influence, which can be leveraged to align the organization's goals with the leader's vision.
    B. Charismatic leaders often emphasize strong hierarchical structures to ensure efficient implementation of their vision.
    *C. Charisma inspires a shared vision and commitment to values, leading to extraordinary results.
    D. Charisma allows leaders to capture attention, which can be used to energize and motivate the workforce, even if it sometimes overshadows collective goals.

    **RATIONALE: C.** Charisma in transformational leadership involves inspiring a shared vision and commitment to common values, crucial for organizational success. While charisma can increase personal influence, in transformational leadership, it is used to inspire others rather than for personal gain (A). Transformational leaders use charisma to inspire and foster collaboration rather than enforcing strict hierarchies (B). Charisma can energize and motivate; in transformational leadership, it is aligned with collective goals rather than overshadowing them (D).

11. Which of the following statements BEST describes the primary function of the Human-Centered Leadership (HCL) model in transformational leadership?
    A. The HCL model emphasizes the leader's role in maintaining rigorous control over operational processes to ensure consistency and minimize errors.
    *B. The HCL model focuses on the leader's role in supporting and developing team members to build a culture of excellence, emphasizing personal growth and relational dynamics.

C. The HCL model advocates for leaders to make strategic decisions primarily based on data and external performance metrics rather than relational aspects.
D. The HCL model prioritizes achieving immediate, quantifiable outcomes over the long-term development of interpersonal relationships and personal wellness.

**RATIONALE: B.** The HCL model emphasizes relational leadership, focusing on supporting and developing team members to foster a culture of growth and excellence. While operational control is important, the HCL model is more about relational and developmental leadership rather than strict control (A). The HCL model integrates data and performance metrics with a focus on relational and developmental aspects, rather than prioritizing data alone (C). The HCL model balances achieving outcomes with the development of relationships and personal wellness, rather than focusing solely on immediate outcomes (D).

12. Which role within the Human-Centered Leadership (HCL) model is most crucial for building a culture of continuous learning and development within a healthcare team?

*A. Motivator
B. Edgewalker
C. Engineer
D. Architect

**RATIONALE: A.** The Motivator is responsible for setting high expectations for ongoing learning, which is key to creating a culture of continuous development. The Edgewalker's focus on change and chaos is important in healthcare environment, but it does not specifically address continuous learning and development (B). The Engineer's role in the HCL model is focused on linking people to structures that enable innovation, which is also important, but it is not part of continuous learning and development (C). The Architect designs structures and processes that allow team members to work independently without focusing on continuous learning (D).

13. The use of the cultural intelligence framework by nurse leaders can help:

A. Ensure that leaders are well-versed in implementing culturally specific practices and protocols, enhancing the cultural sensitivity of the team.

*B. Enhance leaders' ability to create inclusive environments and integrate diverse perspectives into decision-making to improve team satisfaction and retention.

C. Expand leaders' capacity to manage diverse teams by emphasizing the importance of uniform policies and standardized procedures.

D. Encourage leaders to promote cultural diversity awareness among their team members by implementing specialized training programs.

**RATIONALE: B.** The cultural intelligence framework aims to develop leaders' abilities to foster inclusivity and integrate diverse perspectives, which leads to better team outcomes and satisfaction. While understanding culturally specific practices is valuable, the framework's primary focus is on creating inclusive environments rather than just enhancing diversity through practices (A). The framework advocates for inclusivity and integrating diverse perspectives rather than focusing solely on uniform policies and procedures (C). Specialized training can be beneficial; however, the framework's core aim is broader, focusing on inclusive environments and decision-making integration (D).

14. Which of the following statements BEST describes the relationship between managerial and transformational leadership competencies?

A. Managerial competencies are only necessary for short-term operational tasks, while transformational competencies are exclusively needed for long-term strategic goals.

B. Transformational leadership is solely responsible for fostering innovation and developing trust within the team, as managerial competencies hinder creativity.

*C. A balance of managerial and transformational competencies is needed to address varying situations and achieve both immediate and long-term goals.

D. The distinction between managerial and transformational competencies is largely irrelevant in nursing leadership because all roles inherently require the same skills.

**RATIONALE: C.** Nurse leaders must balance managerial and transformational competencies to effectively lead in different situations, whether they involve short-term operations or long-term strategies. While managerial competencies often focus on short-term tasks, they are not mutually exclusive from long-term goals (A). Leaders need both competencies to be adaptable. Transformational leadership alone may not address all organizational needs, particularly in maintaining processes and operational efficiency (B).

Both competencies are distinct yet complementary, and understanding their application is crucial for effective leadership (D).

15. How do PhD-prepared nurses complement the role of DNP-prepared nurses in healthcare teams?

*A. PhD-prepared nurses primarily focus on expanding scientific knowledge, while DNP-prepared nurses apply this knowledge to clinical practice and healthcare leadership.

B. PhD-prepared nurses are responsible for clinical decision-making, while DNP-prepared nurses focus on administrative tasks.

C. Both PhD and DNP-prepared nurses are exclusively focused on research, with minimal involvement in direct patient care.

D. PhD-prepared nurses oversee the clinical work of DNP-prepared nurses, ensuring that practice aligns with the latest research findings.

**RATIONALE: A.** PhD-prepared nurses are focused on advancing scientific knowledge, while DNP-prepared nurses apply this knowledge to enhance clinical practice and lead healthcare transformations. DNP-prepared nurses are not limited to administrative roles; they also engage in clinical decision-making and leadership (B). DNP-prepared nurses have a significant impact on clinical practice, not just research (C). PhD-prepared nurses do not typically oversee the clinical work of DNP-prepared nurses; both roles are collaborative rather than hierarchical (D).