

INTRO TO PROFESSIONAL NURSING EXAM 1 PRACTICE (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://introtopronursing1.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

SAMPLE

- 1. When formulating patient goals, which consideration is central?**
 - A. What is the weather tomorrow?
 - B. What knowledge is required by the patient?
 - C. How many beds are available?
 - D. Which medication is most profitable?
- 2. Which term describes being a support system and mentor among nursing professionals?**
 - A. Nursing Social Policy Statement
 - B. Collegiality
 - C. Being a support system and mentor
 - D. Barriers in IPN
- 3. What is the approximate percentage of male nurses in the nursing workforce?**
 - A. 7.0%
 - B. 12.0%
 - C. 9.4%
 - D. 5.0%
- 4. Trauma care and the identification of PTSD began during which conflict?**
 - A. Korean War
 - B. Gulf War
 - C. Vietnam War
 - D. World War II
- 5. Which of the following is NOT a domain affecting nurses' accurate documentation of diagnoses?**
 - A. Hospital bed availability
 - B. How nurses are educated about nursing diagnoses
 - C. Degree to which hospital policy supports nursing diagnoses
 - D. Nurses as effective diagnosticians

- 6. Which author is associated with discussing incivility issues facing nurses?**
- A. Nightingale
 - B. Benner
 - C. Ariza Montes
 - D. Orem
- 7. Diversity is defined as**
- A. Managing costs and efficiency.
 - B. Leadership and collaboration.
 - C. Sensitivity, social justice and cultural competence.
 - D. Maintaining clinical skills.
- 8. Excellence is described as**
- A. The responsibility of all faculty, staff, and students to be a contributing member of our unified educational community.
 - B. Supporting the highest quality in an environment of collaboration, shared knowledge, innovation, scholarship, leadership, and competence.
 - C. The interest, concern, compassion and mentoring we demonstrate for our students, our patients, our communities and each other.
 - D. Acting with honesty, fairness, and sincerity in all endeavors with an ethical and professional manner.
- 9. What is described as the nursing faculty as the first mentor, in an orderly and building-block fashion?**
- A. Structural and cultural conditions
 - B. The nursing faculty as the first mentor, in an orderly and building-block fashion
 - C. Formal socialization
 - D. Informal socialization
- 10. Which principle is emphasized when organizing and collecting patient data?**
- A. Organize/Collect data while maintaining confidentiality (HIPAA)
 - B. Always share patient data with the public health department
 - C. Store all data on personal devices for convenience
 - D. Post patient information on social media to educate staff

Answers

SAMPLE

1. B
2. B
3. C
4. C
5. A
6. C
7. C
8. B
9. B
10. A

SAMPLE

Explanations

SAMPLE

1. When formulating patient goals, which consideration is central?

- A. What is the weather tomorrow?
- B. What knowledge is required by the patient?**
- C. How many beds are available?
- D. Which medication is most profitable?

When formulating patient goals, the central idea is identifying what knowledge the patient needs to participate in their own care and safely manage health outcomes. Goals should target the patient's learning needs—what they must understand, skills they must acquire, and decisions they need to make. This requires assessing health literacy, prior knowledge, and readiness to learn, so goals are realistic, measurable, and achievable. For example, if the patient will manage a condition at home, goals should focus on understanding the condition, recognizing signs that require action, and applying self-care steps correctly, with education tailored to the patient's learning style and language. Other factors, like weather, bed availability, or the profitability of a medication, don't influence the patient's ability to learn or manage care and thus aren't central to setting patient goals.

2. Which term describes being a support system and mentor among nursing professionals?

- A. Nursing Social Policy Statement
- B. Collegiality**
- C. Being a support system and mentor
- D. Barriers in IPN

Collegiality describes the professional fellowship among nurses, including mutual respect, collaboration, and support. Describing someone as a support system and mentor among nursing professionals points to that same relational quality—peers who guide, encourage, and share expertise to promote growth and safe patient care. That makes collegiality the best fit, because it names the established, ongoing relationship among colleagues rather than focusing on broader policy or barriers. The Nursing Social Policy Statement covers the profession's commitments to society and ethical standards, not day-to-day mentoring relationships. Barriers in IPN refer to obstacles to interprofessional practice, not the supportive, mentoring role. The phrase 'being a support system and mentor' describes the behavior itself, but collegiality is the formal term for that kind of peer relationship within nursing.

3. What is the approximate percentage of male nurses in the nursing workforce?

- A. 7.0%
- B. 12.0%
- C. 9.4%**
- D. 5.0%

Understanding gender distribution in the nursing workforce shows that men are a minority; nursing has traditionally been female-dominated, with men making up roughly one in ten nurses. The figure around 9 to 10 percent reflects national surveys, and 9.4% sits right in that range as a precise, representative estimate. That proximity to the typical data makes it the best pick. The other numbers are farther from the common range reported by major surveys, which is why they're less accurate representations of current practice.

4. Trauma care and the identification of PTSD began during which conflict?

- A. Korean War
- B. Gulf War
- C. Vietnam War**
- D. World War II

The key idea is when PTSD began to be recognized as a distinct trauma-related condition. It was during the Vietnam War era that clinicians and researchers repeatedly saw a pattern of enduring, distressing symptoms—re-experiencing, avoidance, hyperarousal—in many veterans after exposure to combat. This clustering of symptoms across many individuals led to formal recognition and naming of posttraumatic stress disorder in the DSM-III (1980). While earlier wars had concepts like shell shock or combat fatigue, those terms did not establish PTSD as a defined diagnostic category with its own criteria. The Vietnam War era thus marks the shift to identifying and treating PTSD as a specific mental health condition, underpinning modern trauma care.

5. Which of the following is NOT a domain affecting nurses' accurate documentation of diagnoses?

- A. Hospital bed availability**
- B. How nurses are educated about nursing diagnoses
- C. Degree to which hospital policy supports nursing diagnoses
- D. Nurses as effective diagnosticians

The main idea here is identifying which factors influence how accurately nurses document nursing diagnoses. Hospital bed availability does not directly affect the accuracy of the diagnoses recorded; it's about capacity and patient flow, not the correctness of the documentation itself. In contrast, three other factors shape accuracy: how nurses are educated about nursing diagnoses, which sets their knowledge and terminology; the extent to which hospital policy supports nursing diagnoses, which provides guidance and expectations for proper documentation; and the nurses' own ability to diagnose effectively, which directly influences what is observed, interpreted, and recorded. So, while bed availability can impact workload and time pressure, it isn't a direct domain that governs the accuracy of nursing diagnoses documentation.

6. Which author is associated with discussing incivility issues facing nurses?

- A. Nightingale
- B. Benner
- C. Ariza Montes**
- D. Orem

Incivility in the nursing workplace refers to disrespectful or disruptive behavior that undermines teamwork, morale, and patient safety. Ariza Montes is the author associated with discussing these incivility issues facing nurses, focusing on how such behavior manifests, its impact on nurse retention and patient outcomes, and strategies to foster a respectful work environment. The other figures are known for different contributions: Nightingale helped establish modern nursing and emphasized the environment and ethical care; Benner developed the novice-to-expert model describing how nurses gain expertise over time; Orem proposed the self-care deficit theory guiding patient self-care. While foundational to nursing theory and practice, none center on incivility in the workplace as directly as Ariza Montes.

7. Diversity is defined as

- A. Managing costs and efficiency.
- B. Leadership and collaboration.
- C. Sensitivity, social justice and cultural competence.**
- D. Maintaining clinical skills.

Diversity in nursing means recognizing, respecting, and valuing differences among people and adapting care to meet varied needs. The best description emphasizes sensitivity to differences, commitment to social justice, and cultural competence because these elements equip nurses to understand diverse backgrounds, communicate effectively, and address disparities in health care. Sensitivity helps clinicians notice and respond to cultural differences and personal experiences; social justice drives actions to ensure fair access to care and eliminate bias; cultural competence involves knowledge, attitudes, and skills to provide care that respects the values and practices of different cultures. Together, these aspects define how diversity is integrated into practice. The other options focus on costs and efficiency, leadership and collaboration, or maintaining clinical skills, which are important but do not capture the essence of diversity.

8. Excellence is described as

- A. The responsibility of all faculty, staff, and students to be a contributing member of our unified educational community.
- B. Supporting the highest quality in an environment of collaboration, shared knowledge, innovation, scholarship, leadership, and competence.**
- C. The interest, concern, compassion and mentoring we demonstrate for our students, our patients, our communities and each other.
- D. Acting with honesty, fairness, and sincerity in all endeavors with an ethical and professional manner.

Excellence is best described as achieving the highest quality through a culture that actively supports collaboration, sharing of knowledge, innovation, scholarship, leadership, and competence. This answer captures how excellence isn't just about personal virtues or isolated acts; it's about the environment and processes that enable outstanding performance across the whole educational and clinical community. When teams work together, freely exchange ideas, pursue new approaches, engage in scholarly activities, develop leadership, and demonstrate true competence, the overall quality of care, learning, and outcomes rises. The other statements highlight important values—contributing to the community, showing care and mentoring, and acting with honesty and professionalism—but they don't convey the comprehensive, quality-driven culture required to sustain excellence.

9. What is described as the nursing faculty as the first mentor, in an orderly and building-block fashion?

A. Structural and cultural conditions

B. The nursing faculty as the first mentor, in an orderly and building-block fashion

C. Formal socialization

D. Informal socialization

In nursing education, students are socialized into the professional role through guided, planned experiences. The idea that the nursing faculty serves as the first mentor in an orderly, building-block fashion reflects formal socialization: learning is structured, with mentors (faculty) guiding learners step by step, aligning each stage with competencies and instructional goals. This contrasts with informal socialization, which comes from unplanned interactions with peers and the clinical team, and structural or cultural conditions, which describe the environment and culture rather than the intentional mentoring process. So the description of faculty-led, sequential mentorship best fits formal socialization, showing how learners are introduced to professional practice in a deliberate, scaffolded way.

10. Which principle is emphasized when organizing and collecting patient data?

A. Organize/Collect data while maintaining confidentiality (HIPAA)

B. Always share patient data with the public health department

C. Store all data on personal devices for convenience

D. Post patient information on social media to educate staff

Protecting patient privacy is the foundation when gathering and organizing data. The emphasis is on maintaining confidentiality of Protected Health Information and handling it only in secure, authorized ways in line with HIPAA. This means collecting accurate data but restricting access to the data to people who need it for care, using approved electronic systems or secure methods for storage and transmission, and avoiding any practices that expose information. Sharing with the public health department isn't automatic or universal; it requires appropriate legal or consent-based triggers and should still follow secure channels. Storing data on personal devices or posting patient details on social media clearly breaches confidentiality and risks harm to patients. So the principle being highlighted is safeguarding patient data confidentiality throughout the data collection and organization process.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://introtopronursing1.examzify.com>

We wish you the very best on your exam journey. You've got this!

SAMPLE