

Nursing Jurisprudence and Ethics for Texas Nurses Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What is the primary responsibility of nurses regarding their actions?**
 - A. Nurses must practice within their scope of practice**
 - B. Nurses are only responsible for patient outcomes**
 - C. Nurses should delegate all tasks to assistants**
 - D. Nurses can avoid accountability for their decisions**
- 2. What does "duty to warn" refer to in nursing?**
 - A. The right to refuse care**
 - B. The obligation to inform if a patient poses a threat**
 - C. The ability to dismiss patient concerns**
 - D. The requirement to maintain confidentiality at all costs**
- 3. How do Texas laws protect whistleblowers in nursing?**
 - A. By promoting unethical behavior**
 - B. By providing protection from retaliation**
 - C. By encouraging silence on unsafe practices**
 - D. By minimizing the importance of ethics in nursing**
- 4. Why is documentation important in nursing practice?**
 - A. It serves mainly for legal protection**
 - B. It ensures continuity of patient care and is required by law**
 - C. It is only necessary for difficult cases**
 - D. It is done for administrative purposes only**
- 5. What must a nurse do if they suspect a colleague is impaired?**
 - A. Ignore the issue and continue working**
 - B. Report the suspected impairment to a supervisor**
 - C. Confront the colleague directly**
 - D. Document the situation but take no further action**

- 6. According to the Texas Nursing Practice Act, what action should a nurse take if he or she doubts the safety of a physician's order?**
- A. Administer the medication and then report doubts to a supervisor**
 - B. Follow the order without question to avoid potential conflict**
 - C. Refuse to execute the order and document the reason**
 - D. Seek clarification from the physician and notify the chain of command if concerns are not resolved**
- 7. What does the term "informed consent" mean in a healthcare setting?**
- A. A patient's agreement to undergo a medical procedure without knowing the risks**
 - B. A patient's verbal approval of treatment without a written document**
 - C. A patient's formal agreement to a medical procedure after understanding its risks, benefits, and alternatives**
 - D. A patient's signature on any document provided by the healthcare team**
- 8. What is the definition of "scope of practice" in nursing?**
- A. The skills a nurse is trained in**
 - B. The legal boundaries of nursing roles**
 - C. The procedures a nurse is permitted to undertake**
 - D. The areas of specialty a nurse can pursue**
- 9. In the NPA, "conduct subject to reporting" includes:**
- A. conduct that causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse.**
 - B. mandatory overtime resulting in sixteen consecutive hours worked.**
 - C. a nurse who disagrees with the supervisor over a patient assignment.**
 - D. the occurrence of 2 minor incidents within a twelve month period in a facility with no nursing peer review.**

10. A nurse was terminated from three different jobs because he or she was stealing from staff members. The nurse has no pending criminal issues and no criminal history. Though this activity does not involve patients, it may indicate that

- A. the nurse is unable to supervise nursing care provided by other licensed nurses.**
- B. the nurse only steals from fellow employees and would not steal from unsuspecting and vulnerable patients.**
- C. the nurse will delegate tasks to unlicensed assistive personnel that are beyond their scope of practice.**
- D. the nurse will repeat similar conduct and exploit patients who trust the nurse to act in their best interest.**

Answers

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

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Explanations

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1. What is the primary responsibility of nurses regarding their actions?

- A. Nurses must practice within their scope of practice**
- B. Nurses are only responsible for patient outcomes**
- C. Nurses should delegate all tasks to assistants**
- D. Nurses can avoid accountability for their decisions**

The primary responsibility of nurses regarding their actions is to practice within their scope of practice. This principle is fundamental in nursing ethics and jurisprudence, as it ensures that nurses provide safe and effective care while adhering to legal and professional guidelines. Each state, including Texas, has clear definitions and regulations regarding the scope of practice for nursing professionals. This scope is determined by various factors, including education, training, and competencies. By staying within their designated scope, nurses not only protect their patients and themselves but also uphold the integrity of the nursing profession. Practicing outside of this scope can lead to legal repercussions, compromised patient safety, and professional disciplinary actions. It is essential for nurses to understand and recognize their limitations and the boundaries of their practice to maintain high standards of care and accountability. The other options do not accurately reflect the comprehensive responsibilities of nurses. For instance, being only responsible for patient outcomes undermines the importance of process and comprehensive care that nurses must provide. Delegation of tasks to assistants is also a component of nursing, but it does not replace the necessity of practicing within an individual's competency level. Lastly, the notion that nurses can avoid accountability is contrary to the principles of professional accountability and ethical practice inherent in the nursing profession.

2. What does "duty to warn" refer to in nursing?

- A. The right to refuse care**
- B. The obligation to inform if a patient poses a threat**
- C. The ability to dismiss patient concerns**
- D. The requirement to maintain confidentiality at all costs**

The term "duty to warn" in nursing refers to the obligation of healthcare professionals to inform appropriate parties if a patient poses a threat to themselves or others. This principle stems from legal and ethical standards designed to protect the well-being of individuals and the public. If a nurse becomes aware that a patient has the potential to harm someone else or themselves, there is a moral and sometimes legal obligation to take action, which may include reporting the situation to law enforcement or other relevant authorities. This duty emerges from the broader concept of patient safety and is intertwined with the principles of nonmaleficence (doing no harm) and beneficence (acting in the patient's best interest). Nurses have a responsibility to assess a patient's risk factors and to intervene proactively when necessary to mitigate potential dangers. In contrast, the other options do not accurately capture the essence of "duty to warn." The right to refuse care speaks to a patient's autonomy rather than the responsibilities of caregivers. The ability to dismiss patient concerns goes against the ethical principle of respect for the patient's feelings and needs. Finally, the requirement to maintain confidentiality at all costs is tempered by exceptions, particularly when there is a credible risk of harm, which is at the heart of the duty to warn.

3. How do Texas laws protect whistleblowers in nursing?

- A. By promoting unethical behavior
- B. By providing protection from retaliation**
- C. By encouraging silence on unsafe practices
- D. By minimizing the importance of ethics in nursing

The correct response highlights that Texas laws offer protection from retaliation for whistleblowers in nursing. This is crucial because it encourages nurses to report unsafe practices, violations of patient safety, or unethical behavior without fear of losing their jobs or facing other forms of retribution. Such protections are implemented to foster a culture of transparency and accountability in healthcare, ensuring that patient care standards are upheld. Laws like the Texas Whistleblower Act specifically safeguard employees who report wrongdoing, reinforcing the principle that advocating for patient safety and ethical standards is paramount in nursing practice. This legal protection is vital for encouraging professionals to speak up about issues that could endanger patients or violate ethical standards, as it creates a safe environment for addressing concerns.

4. Why is documentation important in nursing practice?

- A. It serves mainly for legal protection
- B. It ensures continuity of patient care and is required by law**
- C. It is only necessary for difficult cases
- D. It is done for administrative purposes only

Documentation is a fundamental aspect of nursing practice, as it ensures continuity of patient care and is mandated by law. By providing a detailed account of a patient's condition, treatment, and nursing interventions, documentation facilitates effective communication among healthcare team members. This ensures that all involved in a patient's care are on the same page, which is crucial for safety and quality care. Moreover, proper documentation is a legal requirement that protects both the patient and the healthcare provider. In the event of a dispute or legal issue, comprehensive and accurate records serve as evidence of the care provided and decisions made, supporting adherence to standards of practice and improving accountability within the healthcare system. The assertion that documentation serves mainly for legal protection overlooks its broader significance in care continuity and communication. Additionally, believing it is only necessary for difficult cases minimizes the importance of consistent record-keeping for all patients, while viewing it as purely for administrative purposes fails to recognize its critical role in clinical practice and patient safety.

5. What must a nurse do if they suspect a colleague is impaired?

- A. Ignore the issue and continue working**
- B. Report the suspected impairment to a supervisor**
- C. Confront the colleague directly**
- D. Document the situation but take no further action**

When a nurse suspects that a colleague is impaired, the most appropriate action is to report the suspected impairment to a supervisor. This option aligns with the ethical and legal responsibilities that nurses hold, particularly regarding patient safety and professional accountability. Nurses have an obligation to ensure that all healthcare providers in their environment are functioning at a level that guarantees the safety and well-being of patients. Reporting to a supervisor is crucial because it initiates the appropriate protocols for assessing and addressing the suspected impairment, ultimately safeguarding patient care. Additionally, failing to take action, such as ignoring the issue, could put patients at risk and compromise the integrity of the nursing profession. Confronting the colleague directly might create an uncomfortable situation and could potentially escalate the issue without proper support. Documenting the situation without further action would also be inadequate, as it does not contribute to resolving the potential risk posed by the impaired colleague. Thus, reporting the situation ensures that the matter is handled appropriately by those in a position to intervene effectively.

6. According to the Texas Nursing Practice Act, what action should a nurse take if he or she doubts the safety of a physician's order?

- A. Administer the medication and then report doubts to a supervisor**
- B. Follow the order without question to avoid potential conflict**
- C. Refuse to execute the order and document the reason**
- D. Seek clarification from the physician and notify the chain of command if concerns are not resolved**

The correct action a nurse should take when doubting the safety of a physician's order is to seek clarification from the physician and escalate the issue to the appropriate authorities within the healthcare setting if concerns remain unresolved. This approach is grounded in the Texas Nursing Practice Act, which emphasizes the nurse's responsibility to advocate for patient safety and to question orders that may pose risks. By seeking clarification, the nurse engages in a collaborative decision-making process, ensuring that any potential misunderstanding or error can be addressed immediately. If the physician's response does not alleviate the nurse's concerns regarding safety, notifying the chain of command is necessary to escalate the issue, ensuring that the treatment plan is safe and appropriate for the patient. Following the order without question violates the ethical obligation of the nurse to prioritize patient safety and may have serious consequences if a harmful error occurs. Additionally, administering the medication and then reporting doubts undermines the professional responsibility to act within the scope of practice and may lead to preventable harm. Refusing to execute the order without first seeking clarification does not follow best practices for communication and conflict resolution in healthcare settings and could result in negative patient outcomes. Therefore, effective communication and advocacy outlined in the Texas Nursing Practice Act guide the nurse to ensure patient safety through proactive measures before taking

7. What does the term "informed consent" mean in a healthcare setting?

- A. A patient's agreement to undergo a medical procedure without knowing the risks**
- B. A patient's verbal approval of treatment without a written document**
- C. A patient's formal agreement to a medical procedure after understanding its risks, benefits, and alternatives**
- D. A patient's signature on any document provided by the healthcare team**

Informed consent in a healthcare setting refers to a patient's formal agreement to undergo a medical procedure after they have been adequately informed about the specific risks, benefits, and alternatives associated with that procedure. This process ensures that the patient understands what they are consenting to, allowing them to make a knowledgeable decision regarding their healthcare. The concept emphasizes that consent should not only be an agreement, but an informed one, ensuring that patients are empowered and can actively participate in their own care decisions. It is a fundamental ethical and legal requirement in healthcare, safeguarding patient autonomy and rights. For instance, the notion of informed consent underscores the importance of communication between healthcare providers and patients—providers are required to engage in a thorough discussion, which includes addressing any questions or concerns that the patient may have. This transforms the consent process from a mere formality into a meaningful exchange that affects patient outcomes.

8. What is the definition of "scope of practice" in nursing?

- A. The skills a nurse is trained in**
- B. The legal boundaries of nursing roles**
- C. The procedures a nurse is permitted to undertake**
- D. The areas of specialty a nurse can pursue**

The definition of "scope of practice" in nursing primarily relates to the legal boundaries and guidelines that define what nurses are permitted to undertake within their professional roles. This encompasses not only the specific procedures a nurse can perform but also includes the overall responsibilities they are authorized to carry out based on their education, training, experience, and state regulations. Focusing solely on 'the procedures a nurse is permitted to undertake' captures a crucial aspect of scope of practice by emphasizing the actions that a nurse is legally allowed to perform. However, it's important to remember that the concept is broader than just procedures; it also encompasses the legal and educational qualifications underlying those procedures. This allows for a comprehensive understanding of both the duties and the limitations imposed on nursing professionals. The legal boundaries set forth help ensure patient safety and uphold the standards of care expected in nursing practice. Understanding this definition is vital for nurses, as it guides their daily practice and helps them navigate the complexities of the healthcare system while adhering to the laws governing their profession.

9. In the NPA, "conduct subject to reporting" includes:

- A. conduct that causes a person to suspect that the nurse's practice is impaired by chemical dependency or drug or alcohol abuse.**
- B. mandatory overtime resulting in sixteen consecutive hours worked.**
- C. a nurse who disagrees with the supervisor over a patient assignment.**
- D. the occurrence of 2 minor incidents within a twelve month period in a facility with no nursing peer review.**

The correct answer identifies a crucial aspect of the Nursing Practice Act (NPA) regarding the obligations of nurses to report specific behaviors that may compromise patient safety or the integrity of nursing practice. Conduct that causes suspicion of impairment due to chemical dependency or substance abuse is taken very seriously, as it poses a significant risk not only to the nurse's ability to perform their duties but also to the safety and care of patients. This type of conduct qualifies as "subject to reporting" because it can lead to unsafe nursing practice, potentially endangering patients. The NPA establishes a legal and ethical framework that obligates nurses to prioritize patient safety, and reporting such conduct is a critical step in maintaining professional standards and accountability within the nursing profession. The other choices describe situations that may raise concerns but do not fall under the same level of reporting obligation as impairment due to substance use. For instance, mandatory overtime or disagreements with supervisors, while they may create challenging work conditions, do not directly indicate a risk to patient safety or professional integrity. The occurrence of minor incidents, unless they indicate a deeper issue concerning the nurse's competence or fitness to practice, similarly may not trigger the need for reporting under the standards outlined in the NPA.

10. A nurse was terminated from three different jobs because he or she was stealing from staff members. The nurse has no pending criminal issues and no criminal history. Though this activity does not involve patients, it may indicate that

- A. the nurse is unable to supervise nursing care provided by other licensed nurses.**
- B. the nurse only steals from fellow employees and would not steal from unsuspecting and vulnerable patients.**
- C. the nurse will delegate tasks to unlicensed assistive personnel that are beyond their scope of practice.**
- D. the nurse will repeat similar conduct and exploit patients who trust the nurse to act in their best interest.**

The correct choice highlights a significant concern regarding the nurse's ability to supervise nursing care effectively. A pattern of behavior where a nurse has been terminated for stealing from coworkers raises serious questions about their integrity and ethical responsibilities, which are crucial to nursing practice. Supervision in nursing involves not only overseeing the care provided by others but also modeling professional behavior and ethical standards. If a nurse is capable of stealing from colleagues, it creates a reasonable doubt about their judgment and ability to create a trustworthy environment for both fellow staff and patients. Integrity is a core component of nursing, and any indication of unethical behavior can hinder the nurse's capability to supervise others effectively. This perspective is crucial since the implications of such behavior touch upon the trust that is foundational in healthcare settings. While the nurse may not have a criminal history or pending issues directly related to patient care, their past behavior is indicative of potential future conduct that could compromise the safety and trust of the healthcare team and the patients they serve.

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://texasnursejurisprudence.examzify.com>

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