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MC

A+B+E

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When asked about culture in an initial assessment the patient states, "I don't have a culture." The nurse attributes this statement to which situations?

(Select all that apply.)

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

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Learning culture occurs unconsciously.

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The patient's culture is similar to all of those he encounters.

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The patient is trying to hide his culture.

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Culture is inborn and doesn't change.

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One's own culture is often invisible to oneself.

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- The patient may not be aware of his own culture because it has always been present in his life and learning about culture occurs unconsciously.
- Awareness of culture becomes apparent when one is confronted with other cultures.
- There is no evidence to support the conclusion that the patient is trying to hide anything about his culture. It is more likely that this is an honest answer, but misguided.
- Ethnicity is inborn, but culture comes from multiple sources and can change.
- Because culture is such a part of the daily life of each individual, it often becomes invisible to the person. It may be easier to identify another's culture than one's own culture.

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MC

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Which statement would the nurse manager evaluate as indicating a nurse has achieved cultural competence?

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"I generally ask my patients if there is anything I need to know about their cultural practices to help me provide care."

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"I have been reading about the specific practices of all the different cultures."

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"I try to make allowances for my patient's cultural practices, no matter how strange they seem to me."

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"I'll allow cultural practices as long as they don't interfere with what I am doing."

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The nurse who engages the patient's culture to provide the best care is practicing cultural competence.

The nurse who is studying these differences is developing cultural knowledge.

This statement reveals that the nurse is aware of the patient's way of doing things. However, the statement "no matter how strange" indicates belief that the nurse's way of doing things is better. This is cultural awareness.

This statement reflects a belief that the nurse's methods are better and take priority over the patient's cultural needs. At best this is an example of cultural awareness. At worst it is an example of cultural insensitivity.

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MC

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A group of nurse managers is working to increase cultural competency within the hospital's nursing staff. One manager suggests posting information about "what specific ethnic groups do." What is a major concern regarding this plan?

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This information is difficult to obtain.

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This information changes frequently and would soon be outdated.

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This type of information leads to stereotyping.

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Nurses do not have time to review this information.

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There are numerous sources for this information.

Cultural practices are rooted in tradition and do not change frequently.

Not everyone in a specific ethnic group has the same cultural beliefs. Providing only information without further explanation may encourage the staff to think everyone in a particular group believes and acts the same way.

While it may be true that nurses are pressed for time, this is not the major concern regarding this suggestion.

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MC

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During assessment a patient describes herself as “more spiritual than religious.” How does the nurse interpret this statement?

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The patient is agnostic.

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The patient’s belief system focuses on a connection between body, mind, and spirit.

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The patient is an atheist.

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The patient has no formal religious affiliation.

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People who are agnostic do not deny the existence of God or a supreme being, but believe there is no relationship or way to establish a relationship between God and humans. Being spiritual does not necessarily equate to being agnostic.

Spirituality is concerned with the connection between body, mind, and spirit. It is also concerned with relationships that exist between God or a supreme being, self, and others.

An atheist denies the existence of God or any higher power. Being spiritual does not necessarily equate to being an atheist.

Spirituality is a part of most formal religions. Preferring to describe oneself as spiritual does not preclude a formal religious affiliation.

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MC

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During spiritual assessment using the FICA tool the nurse asks, "In what ways have your spiritual beliefs affected the way you have been caring for yourself since you have been sick?" The nurse is inquiring about which part of the FICA assessment?

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Faith

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Important

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Community

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Address

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The "F" or Faith section of FICA focuses on identifying the patient's faith or belief system.

Questions about the influence of spirituality on a patient's activities, care practices, and health restoration are asked during the "I" or Important portion of the FICA tool.

Assessment of the "C" or Community section of the FICA tool involves asking about the influence of the community group and its support.

During assessment of the "A" or Address portion of the FICA tool, the nurse asks how the patient wishes to have spiritual issues addressed during care.

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MC

C

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A family has gathered in the emergency department waiting area after learning of an accident that critically injured a family member. How can the nurse best intervene to lessen this family's spiritual distress?

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"Do you want me to pray with you?"

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"Would you like for me to call the chaplain to be with you?"

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"What can I do to help?"

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"Would you like for me to call your minister?"

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Assuming that the family prays or would be accepting of a stranger praying with it is not a spiritually competent intervention.

Assuming the family would want the chaplain is not a spiritually competent intervention.

The nurse should offer general assistance and let the family indicate what is needed.

Assuming the family has a minister is not a spiritually competent intervention.

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MC

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A nurse is conducting the developmental assessment of a 50-year-old patient. Which nursing action is indicated?

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Follow the formal assessment tool used as a standard.

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Take a thorough patient history.

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Ask questions that take advantage of the adult's concrete operational thinking tendency.

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Be aware of information that reflects the rapid development occurring in this period.

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There is no standard formal assessment tool for assessment of the adult's development.

The information for the assessment of an adult's development is primarily obtained through careful listening during the patient history.

The adult patient should be in a formal operational thinking stage.

Rapid growth and development occurs through young adulthood. This patient is a middle adult.

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MC

A+B+E

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A nurse has completed an interview with a 24-year-old patient. Which statements would the nurse evaluate as indicating this patient's development is occurring at the standard rate?

(Select all that apply.)

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

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"I am living with my parents while I finish my master's degree."

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"I live with a friend close to campus, but my parents are paying tuition."

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"My mother is elderly and has moved into my apartment with me."

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"I have recently realized that I am not going to meet many of my life goals."

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"I wish there were a good place to meet new people, rather than in bars."

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- More and more early adults are living at home while continuing their education.
- Independence from parents is an expected development task at this age, but is often delayed if the patient is continuing to work toward educational goals.
- Caring for an aging parent is generally considered a task of middle adulthood, not early adulthood.

- This realization is a developmental task of middle adulthood, not early adulthood.
- Meeting new people and establishing lifelong relationships is a task primarily associated with early adulthood.

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MC

A

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During assessment a patient says, "I am the middle child, so I got pushed around a lot by my siblings." The nurse would evaluate this statement as information about which intrinsic family structure?

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Hierarchy

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Limits

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Belonging

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Linkages

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Hierarchy refers to what position a person holds within a family. This may relate to rank order (middle child) or power (pushed around a lot).

Limits are the rules, tasks, and expectations of subunits of the family. This description does not clearly match the patient's statement.

Belonging is not a subcategory of intrinsic family structure.

Linkages are part of the extrinsic structure of the family.

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MC

A+C+D

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Which events would the nurse expect to cause changes in a family's social standing?

(Select all that apply.)

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

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The oldest of three children in the family just passed the state driving test.

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One of the parents in the family just obtained a master's degree.

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One of the parents in the family is no longer able to work outside the home.

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One of the parents in the family just passed the law bar exam.

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The family has changed churches within the same denomination.

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- There is no reason this event would change the family's social standing.
- Changes in education affect social standing.
- Changes in income affect social standing.
- Some professions, such as the law, hold greater social status than others.
- Changes in religious practices affect the family milieu, but would be unlikely to change social standing.

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Initial review of a family assessment reveals that the family is in Stage 4. The nurse would anticipate finding this family engaged in which activities?

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Considering parenthood

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Establishing boundaries for new grandparents

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Often discussing the occurrences of their life together

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Adjusting to the emotional trials of having an adolescent in the family

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Considering parenthood occurs in an earlier stage.

Realigning relationships with the extended family and establishing the roles of extended family members like grandparents occurs in an earlier stage.

Life review occurs in a later stage.

Shifting relationships between parents and adolescent children occur in Stage 4.

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MC

C

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Which situation would the nurse evaluate as indicating dysfunction in a family's paraverbal communication?

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The parents speak French when they do not want the children to understand the communication.

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One of the parents directs comments to the other parent through one of the children.

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The parents tend to speak to the children in loud, demanding voices.

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The children do not make eye contact with the parents during conversation.

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Using a different language is an error in verbal communication.

Speaking to an inconsequential individual who may or may not redirect the message to the intended recipient is an error of verbal communication.

Paraverbal communication is related to the voice sounds used in communicating the message. Voice sounds include tone, inflections, volume, and rate of speech.

Lack of eye contact is an issue of nonverbal communication.