

***Principles of Pediatric Nursing: Caring for Children, 7e (Ball et al.)***  
**Chapter 2 Family-Centered Care and Cultural Considerations**

1) The nurse is planning care for an adolescent client who will be hospitalized for several weeks following a traumatic brain injury. Which interventions will enhance family-centered care for this client and family? Select all that apply.

1. Making all ADL decisions for the adolescent and family
2. Asking the adolescent what foods to include during meal time
3. Allowing the family time to pray each day with the adolescent
4. Encouraging the adolescent's friends to visit during visiting hours
5. Leaving all questions for the healthcare provider

Answer: 2, 3, 4

Explanation: 1. Interventions that will enhance family-centered care for this client and family include asking the adolescent to be an active member of care by making food choices, allowing the family to pray each day with the adolescent, and encouraging the adolescent's friends to visit during visiting hours. These interventions each promote the concepts of family-centered care. Making all decisions for the adolescent and family and leaving all questions for the healthcare provider do not promote the concepts of family-centered care.

2. Interventions that will enhance family-centered care for this client and family include asking the adolescent to be an active member of care by making food choices, allowing the family to pray each day with the adolescent, and encouraging the adolescent's friends to visit during visiting hours. These interventions each promote the concepts of family-centered care. Making all decisions for the adolescent and family and leaving all questions for the healthcare provider do not promote the concepts of family-centered care.

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5. Interventions that will enhance family-centered care for this client and family include asking the adolescent to be an active member of care by making food choices, allowing the family to pray each day with the adolescent, and encouraging the adolescent's friends to visit during visiting hours. These interventions each promote the concepts of family-centered care. Making all decisions for the adolescent and family and leaving all questions for the healthcare provider do not promote the concepts of family-centered care.

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Cognitive Level: Applying

Client Need &Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Implementation/Coordination of care

Learning Outcome: LO 2.7 Develop a family-centered nursing care plan for the child and family.

MNL LO: Examine health promotion, stress reduction therapies, and safety for hospitalized child and family.

2) A new pediatric hospital will open soon. While planning nursing care, the hospital administration is considering two models of providing healthcare: family-focused care and family-centered care. Which action best demonstrates family-centered care?

1. Telling the family what must be done for the family's health
2. Assuming the role of an expert professional to direct the healthcare
3. Intervening for the child and family as a unit
4. Conferring with the family in deciding which healthcare option will be chosen

Answer: 4

Explanation: 1. The benefit of employing the family-centered-care philosophy is that the priorities and needs as seen by the family are addressed as a partnership between a family and a nurse develops. In family-focused care, the healthcare worker assumes the role of professional expert while missing the multiple contributions the family brings to the healthcare meeting.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care

Learning Outcome: LO 2.1 Describe key concepts of family-centered care.

MNL LO: Examine the concepts related to the hospitalization of a child.

3) A school-age client tells you that "Grandpa, Mommy, Daddy, and my brother live at my house." Which type of family will the nurse identify in the medical record based on this description?

1. Binuclear family
2. Extended family
3. Gay or lesbian family
4. Traditional nuclear family

Answer: 2

Explanation: 1. An extended family contains a parent or a couple who share the house with their children and another adult relative. A binuclear family includes the divorced parents who have joint custody of their biologic children, while the children alternate spending varying amounts of time in the home of each parent. A gay or lesbian family is comprised of two same-sex domestic partners; they may or may not have children. The traditional nuclear family consists of an employed provider parent, a homemaking parent, and the biologic children of this union.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional

identity | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care

Learning Outcome: LO 2.2 Compare the characteristics of different types of families.

MNL LO: Examine health promotion, stress reduction therapies, and safety for hospitalized child and family.

4) The nurse is performing an assessment of a child's biologic family history. Which situation would necessitate the nurse's asking the mother for information should use the term "child's father" instead of "your husband"?

1. Traditional nuclear family
2. Traditional extended family
3. Two-income nuclear family
4. Cohabiting informal stepfamily

Answer: 4

Explanation: 1. The mother from the cohabiting informal stepfamily does not have a husband; the nurse should be asking about the "child's father." In the traditional nuclear family, the traditional extended family, and the two-income nuclear family, the child's father is the same person as the mother's husband.

2. The mother from the cohabiting informal stepfamily does not have a husband; the nurse should be asking about the "child's father." In the traditional nuclear family, the traditional extended family, and the two-income nuclear family, the child's father is the same person as the mother's husband.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care

Learning Outcome: LO 2.2 Compare the characteristics of different types of families.

MNL LO: Examine the role of the nurse in promoting culturally competent family-centered care.

5) Several children arrived at the emergency department accompanied by their fathers. Which father may legally sign emergency medical consent for treatment?

1. The divorced one from the binuclear family
2. The stepfather from the blended or reconstituted family
3. The divorced one when the single-parent mother has custody
4. The nonbiologic one from the heterosexual cohabitating family

Answer: 1

Explanation: 1. The divorced father from the binuclear family may sign informed consent because he has equal legal rights with the mother under joint-custody arrangements. The nonbiologic stepfather from the blended or reconstituted family, the divorced biologic father when the single-parent mother has custody, and the nonbiologic father from the heterosexual cohabitating family are without legal authority to seek emergency medical care for the child.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential II: Basic organizational and systems leadership for quality care and patient safety | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care

Learning Outcome: LO 2.2 Compare the characteristics of different types of families.

MNL LO: Examine the role of the nurse in promoting culturally competent family-centered care.

6) The community health nurse is assessing several families for various strengths and needs in regard to after-school and backup childcare arrangements. Which family type will benefit the most from this assessment and subsequent interventions?

1. The binuclear family
2. The extended family
3. The single-parent family
4. The traditional nuclear family

Answer: 3

Explanation: 1. The single-parent family most typically lacks social, emotional, and financial resources. Nursing considerations for such families should include referrals to options that will enable the parent to fulfill work commitments while providing the child with access to resources that can support the child's growth and development. The binuclear family, the extended family, and the traditional nuclear family generally have at least two adults who can share in the care and the nurturing of its children.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential VII: Clinical prevention and population health | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Assessment/Health teaching and health promotion

Learning Outcome: LO 2.2 Compare the characteristics of different types of families.

MNL LO: Apply key concepts of family-centered care.

7) The nurse is working on parenting skills with a group of mothers. Which mother would need the fewest discipline-related suggestions?

1. Authoritarian
2. Authoritative
3. Indifferent
4. Permissive

Answer: 2

Explanation: 1. The parental style that results in positive outcomes for the behavior and learning of its children is the authoritative style. Nurses have observed that children from homes using this parental style more frequently have personalities manifesting self-reliance, self-control, and social competence. These parents should be praised for using the preferred approach. Children in the authoritarian parenting family are denied opportunity to develop some skills in the areas of self-direction, communication, and negotiation. Under the permissive parental style, children do not learn the socially acceptable limits of behaviors. The indifferent parental style results in children who often exhibit destructive behaviors and delinquency.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential VII: Clinical prevention and population health | NLN Competencies: Nursing

judgement | Nursing/Integrated Concepts: Nursing Process: Implementation/Health teaching and health promotion

Learning Outcome: LO 2.3 Contrast four different parental styles and analyze their impact on child personality development.

MNL LO: Apply key concepts of family-centered care.

8) The nurse in the pediatric clinic observes a parental lack of warmth and interest toward the child. Which parental style will the nurse most likely document in this situation?

1. Authoritarian
2. Authoritative
3. Indifferent
4. Permissive

Answer: 3

Explanation: 1. Parents displaying the indifferent parental style fail to demonstrate consistent warmth and interest in their children. Parents who favor the authoritarian style may exhibit a punitive attitude toward the child who is misbehaving but are not disinterested. Parents employing the authoritative style and the permissive style have children who report that "my parent loves me and shows affection regularly."

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process:

Assessment/Education

Learning Outcome: LO 2.3 Contrast four different parental styles and analyze their impact on child personality development.

MNL LO: Develop a family-centered nursing care plan for the child and family.

9) The nurse is working on parenting skills with a mother of three children. The nurse demonstrates a strategy that uses reward to increase positive behavior. Which strategy will the nurse document in the medical record based on this description?

1. Time out
2. Reasoning
3. Behavior modification
4. Experiencing consequences of misbehavior

Answer: 3

Explanation: 1. Behavior modification identifies and gives rewards for desired behaviors. Time out and experiencing consequences of misbehavior show the child that unacceptable behavior brings undesirable outcomes. Reasoning attempts to use explanation to end misbehavior.

2. Behavior modification identifies and gives rewards for desired behaviors. Time out and experiencing consequences of misbehavior show the child that unacceptable behavior brings undesirable outcomes. Reasoning attempts to use explanation to end misbehavior.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Implementation/Health teaching and health promotion

Learning Outcome: LO 2.3 Contrast four different parental styles and analyze their impact on child personality development.

MNL LO: Develop a family-centered nursing care plan for the child and family.

10) The nurse is assessing a family's effective coping strategies and ineffective defensive strategies. Which family-social-system theory is the nurse using in this assessment of the family?

1. Family-stress theory
2. Family-development theory
3. Family-systems theory
4. Family life-cycle theory

Answer: 1

Explanation: 1. Family-stress theory indicates an array of coping strategies that effectively help reduce stress, in contrast with the defensive strategies of dysfunctional families. Family-development theory suggests developmental tasks for families in each stage. Family-systems theory looks at the relationships among and between family members and the environment. The family life cycle is not a family social system theory.

2. Family-stress theory indicates an array of coping strategies that effectively help reduce stress, in contrast with the defensive strategies of dysfunctional families. Family-development theory suggests developmental tasks for families in each stage. Family-systems theory looks at the relationships among and between family members and the environment. The family life cycle is not a family social system theory.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Assessment/Health teaching and health promotion

Learning Outcome: LO 2.5 List the categories of family strengths that help families develop and cope with stressors.

MNL LO: Compare and contrast known family theories and assessment strategies.

11) The nurse is assigned to a child in a spica cast for a fractured femur suffered in an automobile accident. The child's teenage brother was driving the car, which was totaled. The nurse learns that the father lost his job three weeks ago and the mother has just accepted a temporary waitress job. Which nursing diagnosis will the nurse use when planning care for this child and family?

1. Compromised Family Coping Related to the Effects of Multiple Simultaneous Stressors
2. Impaired Social Interaction (Parent and Child) Related to the Lack of Family or Respite Support
3. Interrupted Family Processes Related to Child with Significant Disability Requiring Alteration in Family Functioning
4. Risk for Caregiver Role Strain Related to Child with a Newly Acquired Disability and the Associated Financial Burden

Answer: 1

Explanation: 1. Compromised Family Coping Related to the Effects of Multiple Simultaneous Stressors best fits the multiple crises to which this family is responding. The spica cast may require alteration in family functioning; however, fractures are generally not considered a significant long-term disability. Lack of family members and lack of respite support was not mentioned in the scenario.

2. Compromised Family Coping Related to the Effects of Multiple Simultaneous Stressors best fits the multiple crises to which this family is responding. The spica cast may require alteration in family functioning; however, fractures are generally not considered a significant long-term disability. Lack of family members and lack of respite support was not mentioned in the scenario.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Nursing judgement

| Nursing/Integrated Concepts: Nursing Process: Diagnosis/Coordination of care

Learning Outcome: LO 2.6 Summarize the advantages of using a family or cultural assessment tool.

MNL LO: Develop a family-centered nursing care plan for the child and family.

12) A nurse is working with a pediatric client. When obtaining an accurate family assessment, which initial step is the most appropriate?

1. Establish a trusting relationship with the family.
2. Select the most relevant family-assessment tool.
3. Focus primarily upon the mother, while learning her greatest concern.
4. Observe the family in the home setting, since this step always proves indispensable.

Answer: 1

Explanation: 1. Establishment of a trusting relationship between the family and the nurse is the essential preliminary step in obtaining an accurate family assessment. There is benefit when the tool used matches the family's strengths and resources; however, selecting the most relevant family-assessment tool is not indispensable to accuracy in the assessment. Focusing primarily upon the mother while learning her greatest concern is counterproductive and prevents the nurse from acknowledging multiple perceptions held by the family's members. Observing the family in the home setting is only recommended in some cases.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care

Learning Outcome: LO 2.6 Summarize the advantages of using a family or cultural assessment tool.

MNL LO: Apply key concepts of family-centered care.

13) The nurse is assessing a group of children attending summer camp. The nurse will expect which children to most likely have problems perceiving a sense of belonging?

1. Children whose parents divorced recently
2. Children who gained a stepparent recently
3. Children recently placed into foster care
4. Children adopted as infants

Answer: 3

Explanation: 1. Children in foster care are more likely to have problems perceiving a sense of belonging. Children whose parents divorce often fear abandonment. Children who gain a stepparent may have problems trusting the new parent. Infants who are adopted at birth can have minimal problems with acceptance when parents follow preadoption counseling about disclosure.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care

Learning Outcome: LO 2.4 Explain the effects of major family changes on children.

MNL LO: Examine the role of the nurse in promoting culturally competent family-centered care.

14) There are several tools that help with obtaining a cultural assessment of a client and his family. Which tool would be appropriate to gather 12 major concepts of cultural assessment?

1. Sunrise enabler
2. Model for cultural competence
3. Transcultural assessment model
4. Health traditions model

Answer: 2

Explanation: 1. The sunrise enabler examines influences on care and culture. The model for cultural competence will gather information on 12 major concepts. The transcultural assessment model is based on 6 phenomena. The health traditions model is predicated on holistic health.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care

Learning Outcome: LO 2.6 Summarize the advantages of using a family or cultural assessment tool.

MNL LO: Examine the role of the nurse in promoting culturally competent family-centered care.

15) Cultures have many different childrearing practices. Which culture is known to value the male child more than the female child, and often teaches children to avoid displaying emotion?

1. Mexican
2. Amish
3. Chinese
4. Navajo

Answer: 3

Explanation: 1. The Chinese culture values the male child more than the female child, and often teaches children to avoid showing emotion. The other cultures do not have this component.

2. The Chinese culture values the male child more than the female child, and often teaches children to avoid showing emotion. The other cultures do not have this component.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional

identity | Nursing/Integrated Concepts: Nursing Process: Assessment/Health teaching and health promotion

Learning Outcome: LO 2.8 Describe cultural influences on the family's beliefs about health, illness, and treatments.

MNL LO: Examine the role of the nurse in promoting culturally competent family-centered care.

16) The nurse is planning care for a school-age client and family who have expressed wanting to use complementary and alternative modalities (CAM) in the treatment plan. Which interventions can the nurse safely implement into the plan of care? Select all that apply.

1. Substituting an herbal remedy for a prescribed medication
2. Encouraging the parents to share which modalities they would like to implement
3. Educating on the benefits and risks for each modality
4. Using essential oils to decrease nausea
5. Discouraging the use of faith-based therapies

Answer: 2, 3, 4

Explanation: 1. Appropriate interventions for this client and family include encouraging the parents to share which modalities they want to implement, educating about the risks and benefits of each modality, and using modalities that are safe, such the use of essential oils to decrease nausea. An herbal remedy should not be substituted for a prescribed medication, but can be used if deemed safe with the prescribed medication. Discouraging the use of faith-based therapies does not support the client and family who want to use CAM in the treatment plan.

2. Appropriate interventions for this client and family include encouraging the parents to share which modalities they want to implement, educating about the risks and benefits of each modality, and using modalities that are safe, such the use of essential oils to decrease nausea. An herbal remedy should not be substituted for a prescribed medication, but can be used if deemed safe with the prescribed medication. Discouraging the use of faith-based therapies does not support the client and family who want to use CAM in the treatment plan.

3. Appropriate interventions for this client and family include encouraging the parents to share which modalities they want to implement, educating about the risks and benefits of each modality, and using modalities that are safe, such the use of essential oils to decrease nausea. An herbal remedy should not be substituted for a prescribed medication, but can be used if deemed safe with the prescribed medication. Discouraging the use of faith-based therapies does not support the client and family who want to use CAM in the treatment plan.

4. Appropriate interventions for this client and family include encouraging the parents to share which modalities they want to implement, educating about the risks and benefits of each modality, and using modalities that are safe, such the use of essential oils to decrease nausea. An herbal remedy should not be substituted for a prescribed medication, but can be used if deemed safe with the prescribed medication. Discouraging the use of faith-based therapies does not support the client and family who want to use CAM in the treatment plan.

5. Appropriate interventions for this client and family include encouraging the parents to share which modalities they want to implement, educating about the risks and benefits of each modality, and using modalities that are safe, such the use of essential oils to decrease nausea. An herbal remedy should not be substituted for a prescribed medication, but can be used if deemed safe with the prescribed medication. Discouraging the use of faith-based therapies does not support the client and family who want to use CAM in the treatment plan.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential VII: Clinical prevention and population health | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Implementation/Coordination of care

Learning Outcome: LO 2.9 Discuss nursing interventions for providing culturally sensitive and competent care to the child and family.

MNL LO: Analyze the role of the nurse and the role of the family in pediatric care.

17) A nurse and the family of an 8-year-old with acute renal failure are reviewing family strengths helpful in managing stressors. Which family strengths should the nurse recommend this family utilize? Select all that apply.

1. Meeting member needs
2. Support by extended family
3. Effective communication
4. Receiving and giving love
5. Prior life experiences

Answer: 2, 3, 5

Explanation: 1. Meeting member needs is one of the roles of a family.

Strengths that enable families to develop and adapt to stressors include: education, prior experiences, finances, effective communication, collaborative problem solving, emotional awareness, emotional stability and developing shared meaning about the experience.

2. Support by extended family is one of the family strengths.

3. Effective communication is one of the family strengths.

4. Receiving and giving love is one of the roles of a family.

Strengths that enable families to develop and adapt to stressors include: education, prior experiences, finances, effective communication, collaborative problem solving, emotional awareness, emotional stability and developing shared meaning about the experience.

5. Prior life experiences are one of the family strengths.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Implementation/Coordination of care

Learning Outcome: LO 2.5 List the categories of family strengths that help families develop and cope with stressors.

MNL LO: Apply key concepts of family-centered care.

18) The nurse is counseling the parents of a 13-year-old regarding the behaviors they may encounter after telling the child about their plans to divorce. Which behaviors could the child demonstrate?

Select all that apply.

1. Sorrow
2. Skipping school
3. Risk-taking
4. Withdraw from friends and activities
5. Temper tantrums

Answer: 2, 3

Explanation: 1. Preschool behaviors include: fear, anxiety, worry, self-blame, sorrow, grief, anger, regression, searching and questioning, temper tantrums, crankiness and aggression, loneliness, unhappiness, and depression.

2. Adolescent behaviors include: panic, fear, depression, guilt, risk-taking, fear of loneliness and abandonment, denial, anger, sadness, aggressiveness, skipping or dropping out of school, use of drugs and alcohol, and sexual acting out.

3. Adolescent behaviors include: panic, fear, depression, guilt, risk-taking, fear of loneliness and abandonment, denial, anger, sadness, aggressiveness, skipping or dropping out of school, use of drugs and alcohol, and sexual acting out.

4. School age behaviors include: worry, anxiety depression, sadness, insecurity, fantasy, grief, guilt, self-blame, inability to concentrate on schoolwork, lower academic achievement, regression, aggression, confusion, anger resentment, behavioral problems at school and home, manipulation of parents, withdrawal from friends and activities, fear, and loneliness.

5. Preschool behaviors include: fear, anxiety, worry, self-blame, sorrow, grief, anger, regression, searching and questioning, temper tantrums, crankiness and aggression, loneliness, unhappiness, and depression.

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Cognitive Level: Applying

Client Need &Sub: Psychosocial Integrity

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Implementation/Coordination of care

Learning Outcome: LO 2.4 Explain the effects of major family changes on children.

MNL LO: Compare the developmental stages for pediatric clients.