

Contemporary Maternal-Newborn Nursing, 9e (Ladewig et al.)
Chapter 2 Family, Culture, and Complementary Health Approaches

1) While conducting a family assessment, the nurse determines that a particular family's structure is binuclear. Some potential challenges inherently faced by binuclear families include:

1. Challenges related to coparenting and joint custody, including negotiation and compromise between the parents about childrearing decisions.
2. Issues related to both parents being employed, including child care, household chores, and spending time together.
3. Challenges related to children interacting with peers and when revealing their parents sexual orientation.
4. Issues related to single parenting, including lack of social and emotional support, need for assistance with childrearing, and financial strain.

Answer: 1

Explanation: 1. Because both parents have equal responsibility and legal rights regarding their biologic child, binuclear families may inherently face challenges related to coparenting and joint custody, including negotiation and compromise between the parents about childrearing decisions.

2. Issues inherently faced by the dual-career/dual-earner family include child care, household chores, and spending time together.

3. Children raised in gay and lesbian families may face challenges related to interacting with peers and when revealing their parents sexual orientation.

4. Binuclear families incorporate coparenting, whereas with single parenting, one parent is responsible for child care. Issues inherently related to single parenting may include lack of social and emotional support, need for assistance with childrearing, and financial strain.

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Cognitive Level: Analyzing

Client Need&Sub: Health Promotion and Maintenance

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 2.1-Describe how family type may influence nursing care of the childbearing family.

MNL LO: Relate the effect of culture and family to the childbearing experience.

2) The nurse is preparing a community presentation on family development. Which of the following statements should the nurse include?

1. The youngest child's age determines the family's current stage.
2. A family does not experience overlapping of stages.
3. Family development ends when the youngest child leaves home.
4. The stages describe the family's progression over time.

Answer: 4

Explanation: 1. The oldest child's age is the marker for which stage the family is in, except for the two last stages, which occur after the children have left home.

2. Families with more than one child can experience multiple stages simultaneously.
3. Families with more than one child can experience multiple stages simultaneously.
4. Family development stages describe the changes and adaptations that a family goes through over time as children are added to the family.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

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

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Spirit of inquiry |

Nursing/Integrated Concepts: Nursing Process: Planning/Health teaching and health promotion

Learning Outcome: LO 2.2-Explain the changes that a childbearing family will undergo based on the developmental tasks to be completed.

MNL LO: Relate the effect of culture and family to the childbearing experience.

3) The nurse is preparing to assess the development of a family new to the clinic. The nurse understands that the primary use of a family assessment tool is to:

1. Obtain a comprehensive medical history of family members.
2. Determine which clinic the client should be referred to.
3. Predict how a family will likely change with the addition of children.
4. Understand the physical, emotional, and spiritual needs of members.

Answer: 4

Explanation: 1. The focus of a family assessment is the family as one entity. Health of the family is one area that is explored using a family assessment tool.

2. The family assessment tool facilitates understanding of the physical, emotional, and spiritual needs of members. Although referrals might take place as a result of the family assessment findings, understanding of the family is the primary reason the tool is used.

3. The family assessment tool facilitates understanding of the physical, emotional, and spiritual needs of members. Family development models help predict how a family will likely change with the addition of children.

4. The family assessment tool facilitates understanding of the physical, emotional, and spiritual needs of members. Although referrals might take place as a result of the family assessment findings, understanding of the family is the primary reason the tool is used.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

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 2.3-Identify information that would be useful to collect when performing a family assessment.

MNL LO: Relate the effect of culture and family to the childbearing experience.

4) A nurse is caring for a Muslim client who is pregnant. She is anticipating delivery within the next few days. The nurse asks if she and her husband have chosen a name for their baby. The patient quietly shakes her head, "no." Based upon the patient's response, the nurse understands that:

1. The client is not happily anticipating the arrival of her baby.
2. Cultural beliefs may require the couple to choose the baby's name following the birth.
3. The client does not speak English.
4. Cultural beliefs may require that the baby's name be kept secret until after the delivery.

Answer: 2

Explanation: 1. There is no evidence to support that the client is not happily anticipating her baby's arrival.

2. In the Muslim culture, it is common to avoid naming the baby until after the baby is born.
3. The client has been conversing with the nurse; no prior interaction suggested a language barrier.
4. Rather than keeping the baby's name secret, in the Muslim culture, it is common to avoid naming until the baby is born.

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Cognitive Level: Analyzing

Client Need&Sub: Health Promotion and Maintenance

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

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Evaluation/Communication

Learning Outcome: LO 2.4-Integrate the prevalent cultural norms that affect childbearing and childrearing when providing care to that family.

MNL LO: Relate the effect of culture and family to the childbearing experience.

5) A woman of Korean descent has just given birth to a son. Her partner wishes to give her sips of hot broth from a thermos that he brought from home. The client has refused your offer of ice chips or other cold drinks. The nurse should:

1. Explain to the client that she can have the broth if she will also drink cold water or juice.
2. Encourage the partner to feed the client sips of broth. Ask if the client would like you to bring her some warm water to drink as well.
3. Explain to the couple that food can't be brought from home but that the nurse will make hot broth for the client.
4. Encourage the client to have the broth after the nurse takes it to the kitchen and boils it first.

Answer: 2

Explanation: 1. Explaining to the client that she can have broth if she will drink cold water or juice first does not show cultural sensitivity and does not respect the client's beliefs.

2. Encouraging the partner to feed the client sips of broth and asking if the client would like you to bring her some warm water to drink as well is an approach that shows cultural sensitivity. The equilibrium model of health, based on the concept of balance between light and dark, heat and cold, is the foundation for this belief and practice.

3. Explaining to the couple that the hospital does not allow food brought from home but that you will make hot broth for them is an incorrect response.

4. Encouraging the client to have broth after you take it to the kitchen and boil it first is an incorrect response because boiling first would make the broth too hot to drink.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

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

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

Learning Outcome: LO 2.4-Integrate the prevalent cultural norms that affect childbearing and childrearing when providing care to that family.

MNL LO: Relate the effect of culture and family to the childbearing experience.

6) The nurse works in a facility that cares for clients from a broad range of racial, ethnic, cultural, and religious backgrounds. Which statement should the nurse include in a presentation for nurses new to the facility on the client population of the facility?

1. "Our clients come from a broad range of backgrounds, but we have a good interpreter service."
2. "Many of our clients come from backgrounds different from your own, but it doesn't cause problems for the nurses."
3. "Because most of the doctors are bilingual, we don't have to deal with the differences in cultural backgrounds of our clients."
4. "Understanding the common values and health practices of our diverse clients will facilitate better care and health outcomes."

Answer: 4

Explanation: 1. The role of a foreign language interpreter is to facilitate communication. The interpreter might or might not be able to interpret the cultural practices of patients. An example is a Spanish interpreter: The interpreter might be from Spain but interprets language for patients from Guatemala and Nicaragua, countries about which the interpreter might know virtually nothing.

2. Racial, ethnic, cultural, and religious backgrounds of clients have significant implications for how they perceive health, illness, and health care. It is important for nurses to understand the backgrounds of the client population that attend that facility.

3. Bilingual physicians, like all physicians, have very busy schedules and often do not understand nursing care. It is the responsibility of the nurse to become familiar with the backgrounds of the client population.

4. Because of the implications for care based on cultural background, it is important for nurses to understand the backgrounds of the client population that attend the facility.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

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

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care

Learning Outcome: LO 2.5-Explain the importance of cultural competency in providing nursing care to the childbearing family.

MNL LO: Relate the effect of culture and family to the childbearing experience.

7) The nurse manager in a hospital with a large immigrant population is planning an in-service. The nurse manager is aware of how ethnocentrism affects nursing care. Which statement should the nurse manager include? "The belief that ones own values and beliefs are the only or the best values:

1. "Strangers to the United States should adopt U.S. norms and values."
2. "Can create barriers to communication through misunderstanding."
3. "Leads to an expectation that patients will exhibit pain the same way."
4. "Improves the quality of care provided to culturally diverse patient bases."

Answer: 2

Explanation: 1. Although acculturation involves adoption of some of the majority cultures practices and beliefs, each cultural group will continue to hold and express its own set of values and beliefs.

2. Ethnocentrism is the conviction that ones own values and beliefs either are the only ones that exist or are the best. When the nurse assumes that a client has the same values and beliefs as the nurse, misunderstanding will frequently occur, which in turn can negatively impact nurse client communication.

3. Expression of pain is one area that varies greatly from one culture to another.

4. The belief that ones own values and beliefs are the best will not improve the quality of care provided to culturally diverse client bases.

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Cognitive Level: Application

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: Planning/Health teaching and health promotion

Learning Outcome: LO 2.5-Explain the importance of cultural competency in providing nursing care to the childbearing family.

MNL LO: Relate the effect of culture and family to the childbearing experience.

8) When preparing to teach a culturally diverse group of childbearing families about hospital birthing options, in order to be culturally competent, the nurse should:

1. Understand that the families have the same values as the nurse.
2. Teach the families how childbearing takes place in the United States.
3. Insist that the clients answer questions instead of their husbands.
4. Learn about the cultural groups that are likely to attend the class.

Answer: 4

Explanation: 1. Assuming that the families have the same values is ethnocentrism.

2. Although it is important to explain health care during pregnancy and childbearing, this is not the top priority.

3. The husbands answering questions might be a cultural norm, and insisting that the patient answer could decrease the family's trust in the healthcare system.

4. Cultural competence is the development of skills and knowledge necessary to appreciate, understand, and work with individuals from other cultures than the culture of the nurse. Through gaining knowledge of the cultures that are likely to be encountered professionally, the nurse is able to understand the aspects of the client's culture that might impact how care should best be given to be accepted by the client.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies: Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Health teaching and health promotion

Learning Outcome: LO 2.5-Explain the importance of cultural competency in providing nursing care to the childbearing family.

MNL LO: Relate the effect of culture and family to the childbearing experience.

9) A nurse is admitting a Mexican woman scheduled for a cholecystectomy. The nurse uses a cultural assessment tool during the admission. Which question would be most important for the nurse to ask?

1. "What other treatments have you used for your abdominal pain?"
2. "What is your country of origin; where were you were born?"
3. "When you talk to family members, how close do you stand?"
4. "How would you describe your role within your family?"

Answer: 1

Explanation: 1. This question is most important because some traditional or folk remedies include the use of herbs. Because some herbs have medication interactions, this physiologic question is imperative to ask.

2. Although this information is helpful, it is not a physiological issue. Asking about other treatments is a higher priority.

3. Although understanding the client's perception of appropriate personal space is helpful, it is not a physiological issue. Asking about other treatments is a higher priority.

4. Although understanding the client's family roles is helpful, it is not a physiological issue. Asking about other treatments is a higher priority.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

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

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Coordination of care

Learning Outcome: LO 2.6-Interpret the information collected from a cultural assessment to provide culturally sensitive care.

MNL LO: Relate the effect of culture and family to the childbearing experience.

10) The labor and delivery nurse is caring for a laboring client who has asked for a priest to visit her during labor. The client's mother died during childbirth, and although there are no complications during the client's pregnancy, she is fearful of her own death during labor. What is the best response of the nurse?

1. "Nothing is going to happen to you. We'll take very good care of you during your birth."
2. "Would you like to have an epidural so that you won't feel the pain of the contractions?"
3. "The priest won't be able to prevent complications and might get in the way of your providers."
4. "Would you like me to contact your parish or our hospital chaplain to come see you?"

Answer: 4

Explanation: 1. Avoid statements of false reassurance, as there are no guarantees in the outcomes during health care. Using these statements shuts down effective communication, as the client's concern is downplayed.

2. The patient's expressed concern is not about pain; it is a fear of death and a desire to see a priest. Address the patient's concerns directly.

3. Although this statement is true, it is not therapeutic. It downplays the client's concerns and will shut down effective communication. Address the concerns the patient expresses.

4. When the client states she wants to see a priest, the nurse should attempt to make arrangements for this visit to occur in a timely manner. Most hospitals have a chaplaincy department that can provide assistance in obtaining the services of a wide variety of religious leaders. Depending on the day of the week and the time of day, the patient's own home parish church might be able to provide a priest for pastoral care at the bedside.

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Cognitive Level: Application

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: Planning/Coordination of care

Learning Outcome: LO 2.7-Identify ways a nurse might accommodate the religious rituals and practices of the childbearing family.

MNL LO: Recognize maternal cultural and spiritual factors that affect pregnancy.

11) A pregnant client reports experiencing occasional gastroesophageal reflux. She explains that she relieves her symptoms through acupuncture treatments, as well as by taking an over-the-counter medication recommended by her obstetrician. The nurse recognizes acupuncture to be a form of:

1. Homeopathy.
2. Alternative therapy.
3. Biofeedback.
4. Complementary therapy.

Answer: 4

Explanation: 1. Homeopathy entails using diluted amounts of substances that, if ingested in larger amounts, would produce effects similar to the symptoms of the disorder being treated.

2. Alternative therapy involves the use of a procedure or substance in place of conventional medicine.

3. Biofeedback control pertains to using the mind to control physiologic responses based on the concept that the mind controls the body.

4. Complementary therapy incorporates the use of a procedure or product as an adjunct to conventional medical treatment.

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Cognitive Level: Comprehension

Client Need&Sub: Physiological 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: Evaluation/Coordination of care

Learning Outcome: LO 2.8-Distinguish between complementary and alternative therapies.

MNL LO: Recognize common discomforts of pregnancy and measures that can provide relief.

12) A client reports using "homeopathic remedies" to ease her back pain. In order to more fully explore the client's use of complementary and alternative medicine (CAM), the nurse should ask:

1. "Will you tell me more about the homeopathic remedies you're using?"
2. "Are you aware that some complementary and alternative therapies can be dangerous?"
3. "Does your physician approve of your use of homeopathic remedies?"
4. "Have you prioritized your need for comfort above your concern for your baby's health?"

Answer: 1

Explanation: 1. The nurse should ask direct, nonjudgmental questions when seeking to gain information about a patient's use of CAM.

2. While tactful warnings regarding the use of CAM may be appropriate, the nurse should first explore the patient's use of CAM in a nonjudgmental manner.

3. Clients may be reluctant to discuss their use of CAM with their healthcare providers; the nurse should explore the topic using nonjudgmental language.

4. Additional information is needed in order to evaluate the client's use of CAM, and the topic should be approached without use of disparaging comments.

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Cognitive Level: Application

Client Need&Sub: Physiological Integrity | Basic Care and Comfort

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

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

NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process:

Planning/Coordination of care

Learning Outcome: LO 2.8-Distinguish between complementary and alternative therapies.

MNL LO: Recognize common discomforts of pregnancy and measures that can provide relief.

13) The client pregnant with her first child reports that her husband wants her to visit a homeopath for help with her nausea and vomiting. The client asks what the nurse's opinion of homeopathy is. The best response by the nurse is:

1. "Homeopathy is unproven and potentially dangerous. Avoid using homeopathic remedies."
2. "The FDA has approved homeopathic remedies, and practitioners undergo education and certification."
3. "I can't give you advice about what alternatives to try. Go online and do some research to get information."
4. "Homeopathy is the same as herbal remedies. Some are safe during pregnancy and some are not."

Answer: 2

Explanation: 1. Homeopathic remedies are not dangerous. Homeopathic remedies are FDA-approved and have been proven to be effective in treating a wide range of chronic and acute illnesses and conditions.

2. Homeopathic remedies are FDA-approved and have been proven to be effective in treating a wide range of chronic and acute illnesses and conditions.

3. It is appropriate for the nurse to provide factual information to educate a client who has asked a question. Not all clients have access to computers, nor do they know how to do an internet search.

4. Herbalism and homeopathy are not the same. Herbs are available in many stores and preparations; some have been proven to be dangerous during pregnancy. Homeopathy is a system of "like curing like," in which the symptom being treated would be a symptom of taking too much of the substance in a non-homeopathic form.

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Cognitive Level: Analyzing

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: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Implementation/Coordination of care

Learning Outcome: LO 2.9-Describe the benefits and risks of the various complementary and alternative therapies to the childbearing family.

MNL LO: Recognize common discomforts of pregnancy and measures that can provide relief.

14) Complementary and alternative therapies have many benefits for the childbearing family and others. However, many of these remedies have associated risks. Which of the following situations would be considered risks? Select all that apply.

1. Getting a massage from a licensed massage therapist for back pain, prescribed by the primary caregiver
2. Sampling a homeopathic medicine from a friend to reduce swelling in the legs
3. Getting a chiropractic treatment for low back pain due to discomforts of pregnancy without telling the primary health care provider
4. Taking an herbal preparation suggested by a health food store worker for treatment of leg pain
5. Joining a group that practices tai chi weekly to help with physical fitness and movement

Answer: 2, 3, 4

Explanation: 1. Getting a massage from a licensed massage therapist for back pain, prescribed by the primary caregiver, is a perfectly good use of complementary therapies.

2. Trying out a homeopathic medicine from a friend to reduce swelling in your legs is a risk factor when considering these therapies. Lack of standardization, lack of regulation and research to substantiate their safety and effectiveness, and inadequate training and certification of some healers make some therapies risky.

3. Getting a chiropractic treatment for low back pain due to discomforts of pregnancy without telling the primary health care provider is a risk factor when considering these therapies. Lack of standardization, lack of regulation and research to substantiate their safety and effectiveness, and inadequate training and certification of some healers make some therapies risky.

4. Taking an herbal preparation suggested by a health food store worker for treatment of leg pain is a risk factor when considering these therapies. Lack of standardization, lack of regulation and research to substantiate their safety and effectiveness, and inadequate training and certification of some healers make some therapies risky.

5. Joining a group that practices tai chi weekly to help with physical fitness and movement is a perfectly good use of complementary therapies.

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Cognitive Level: Application

Client Need&Sub: Safe and Effective Care Environment | Management of Care

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

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

NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process:

Evaluation/Coordination of care

Learning Outcome: LO 2.9-Describe the benefits and risks of the various complementary and alternative therapies to the childbearing family.

MNL LO: Recognize common discomforts of pregnancy and measures that can provide relief.

15) The labor and delivery unit nurse manager is incorporating complementary and alternative therapies into the units policies and procedures. Which statement should the nurse manager include during an in-service educational presentation for the nursing staff?

1. "Policies have been developed for using massage and aromatherapy."
2. "When clients ask questions you don't know, tell them to look online."
3. "Because herbs are dangerous during pregnancy, we will not use them."
4. "Be sure to ask clients what alternative therapies they have used."

Answer: 1

Explanation: 1. The development of written policies and procedures facilitates safe nursing practice, which in turn promotes client safety.

2. Online information can vary in its accuracy. Reputable sources (electronic or print) should be recommended for further client education.

3. This statement is false. Many herbs can be safely used during pregnancy.

4. What the client has used in the past does not predict what she is open to using at present. It is more important to develop written policies and procedures.

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Cognitive Level: Application

Client Need&Sub: Physiological Integrity | Basic Care and Comfort

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

Essential V: Healthcare policy, finance, and regulatory environments | NLN Competencies:

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

Learning Outcome: LO 2.10-Formulate nursing care within the nurse practice act and with the informed consent of the client when using appropriate complementary therapies with childbearing families.

MNL LO: Recognize common discomforts of pregnancy and measures that can provide relief.

16) A nurse is discussing the 8 stages of the family cycle with the parents of a 12-year-old child. Which stages should the nurse discuss first? Select all that apply.

1. Readjustment of the marital relationship, parent/child establishment of separate identities outside of family
2. Facilitating peer relationships while maintaining family dynamics
3. Marriage between partners, identification as part of family, establishment of goals for future, interaction and building relationship
4. Increase in child's independence, parents concentrate on shift to aging parent careers and marital relationship
5. Established family network, socialization of child, reinforce independence in child when apart from parents

Answer: 2, 4

Explanation: 1. The nurse would explain the stage the family is in and the next stage the family will be going into.

2. The nurse would explain the stage the family is in and the next stage the family will be going into.

3. The nurse would explain the stage the family is in and the next stage the family will be going into.

4. The nurse would explain the stage the family is in and the next stage the family will be going into.

5. The nurse would explain the stage the family is in and the next stage the family will be going into.

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Cognitive Level: Application

Client Need&Sub: Physiological Integrity | Basic Care and Comfort

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 2.10-Formulate nursing care within the nurse practice act and with the informed consent of the client when using appropriate complementary therapies with childbearing families.

MNL LO: Relate the effect of culture and family to the childbearing experience.

17) The nurse is discussing culture with the Japanese family and practices to which they subscribe. Which examples clearly define acculturation? Select all that apply.

1. A first generation Italian lives in an Italian community in the United States and follows Italian traditions and values, continues to speak Italian.
2. A 65-year-old was born and raised in Pennsylvania, moved to Georgia at the age of 40, has a change in pronunciation and customs.
3. A Native American from the reservation goes to Phoenix to live and go to school. The Native American goes home on the weekends to help the family with chores, when sick goes home for traditional healing.
4. The granddaughter of a Chinese immigrant has lived in the United States all of her life including college. She spends most of her time with American friends, dresses as they do and appreciates their values and interests.
5. A young couple were raised and grew up in Mexico, decided to move to the United States. They attend school, acquire professional jobs and eventually start a family. They learn English and speak English when speaking to their children, and follow the holidays of the United States.

Answer: 2, 4, 5

Explanation: 1. Italian, living in an Italian community and follows Italian traditions and values, speaks Italian this does not define acculturation.

2. Pennsylvanian, moved to Georgia, has changed pronunciation and customs, this is an example of acculturation.

3. Native American, moves away from reservation, goes home frequently to help family, when sick goes home for traditional healing, this does not define acculturation.

4. Relative of Chinese immigrant, spends most of time with American friends, dresses like Americans and values their interests, this is an example of acculturation.

5. Mexican immigrants, attend school in U.S., have professional jobs in U.S., learn and speak English language at home and with children, follow U.S. holidays, this is an example of acculturation.

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Cognitive Level: Application

Client Need&Sub: Psychosocial Integrity

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

Essential VIII: Professionalism and professional values | NLN Competencies: Professional

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

Learning Outcome: LO 2.10-Formulate nursing care within the nurse practice act and with the informed consent of the client when using appropriate complementary therapies with childbearing families.

MNL LO: Relate the effect of culture and family to the childbearing experience.