

Health & Physical Assessment in Nursing, 4e (Fenske/Watkins/Saunders/D'Amico/Barbarito)
Chapter 2 Health and Wellness

- 1) The nurse has held a smoking cessation class based on the Health Belief Model. According to the model, which statement made by a participant should the nurse recognize indicates the highest level of positive self-efficacy?
1. "I think this time will be different."
 2. "I am going to do the best that I can, so that I won't get lung cancer."
 3. "I am afraid of getting lung cancer like my father."
 4. "I know that this time I will quit smoking permanently."

Answer: 4

Explanation: 1. Stating that this attempt at quitting smoking will be different shows a low level of commitment to the action.

2. A statement of fear of getting lung cancer represents an internal cue to action.

3. Referring to a family member with the disease represents an internal cue to action.

4. Based on the Health Belief Model, self-efficacy refers to the level of confidence an individual has about the ability to perform the activity. The client's statement, "I know that this time I will quit smoking permanently," reflects the highest-level of determination and motivation.

Page Ref: 13

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Process

Standards: QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise, and evidence. | AACN Essentials Competencies: VII.3. Clinical Prevention and

Population Health: Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Context and

Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated

Concepts: Nursing Process: Evaluation

Learning Outcome: 2.1: Describe the importance of nursing theory to the practice of nursing and health assessment.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

2) During a preconceptual assessment, a couple tells the nurse they have a family history of sickle cell disease. Which statement made by the couple should the nurse recognize indicates the desire to participate in primary prevention?

1. "We need to both be treated for sickle cell anemia before we can have a baby."
2. "We will have blood tests to determine if we are carriers for the disease."
3. "We need to see a genetics counselor to discuss the potential for having a child with sickle cell disease."
4. "We both do not have sickle cell disease, so there is a good chance that our baby will not have it."

Answer: 3

Explanation: 1. Secondary and tertiary prevention is associated with the need for treatment.

2. Testing for the disease is a secondary prevention measure.

3. Primary prevention implies health and a high level of wellness for the individual. Seeking out a genetics counselor to discuss the potential for having a child with sickle cell disease is considered primary prevention.

4. Stating that neither has the disease, thus a child would not inherit the disease, indicates no level of prevention.

Page Ref: 12

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Process

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods

and processes. | AACN Essentials Competencies: I.1. Integrate theories and concepts from liberal education into nursing practice. | NLN Competencies: Context and Environment:

Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts:

Nursing Process: Evaluation

Learning Outcome: 2.2: Describe the concepts of health, wellness, and health promotion.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

3) The nurse is assessing the level of commitment and motivation of a patient seeking to lose weight. Which approach should the nurse recognize is being used to enhance the patient's health?

1. Psychosocial perspective.
2. Illness perspective.
3. Physiologic perspective.
4. Wellness perspective.

Answer: 4

Explanation: 1. A psychosocial perspective does not take into account the physiologic alteration necessary for a successful weight loss program.

2. An illness perspective focuses on the illnesses such as hypertension that can result from the weight gain.

3. A physiologic perspective is also considered an illness perspective.

4. When using a wellness perspective, the nurse focuses on the patient's personal strengths and abilities to enhance health.

Page Ref: 12

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Process

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods

and processes. | AACN Essentials Competencies: VII.3. Clinical Prevention and Population

Health: Assess health/illness beliefs, values, attitudes, and practices of individuals, families,

groups, communities, and populations. | NLN Competencies: Context and Environment:

Environmental health; health promotion/disease prevention (e.g., transmission of disease,

disease patterns, epidemiological principles); chronic disease management; healthcare systems;

transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts:

Nursing Process: Assessment

Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

4) The nurse is discharging a patient who was hospitalized for a cerebral vascular accident (CVA). Which statement made by the patient indicates understanding of primary prevention?

1. "I will need instruction on using my walker."
2. "I need to have my flu shot this year."
3. "I must take my blood pressure medications regularly."
4. "I need to have my cholesterol monitored every 2 months."

Answer: 2

Explanation: 1. Tertiary prevention involves strategies for rehabilitation such as using a walker after a CVA.

2. A flu shot is a primary prevention.

3. Taking blood pressure medication is secondary prevention since the treatment is aimed at maintaining normal blood pressure and preventing complications from the condition.

4. Monitoring cholesterol is an example of secondary prevention.

Page Ref: 12

Cognitive Level: Applying

Client Need & Sub: Physiological Adaptation; Illness Management

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: VII.3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

5) The nurse is using the Health Belief Model to conduct a weight loss class for a group of patients. Which should the nurse recognize as mediating factors of the model? Select all that apply.

1. Susceptibility of development of complications from being overweight.
2. Perceived severity of an illness that results from being overweight.
3. The client's cost of the classes.
4. The amount of time commitment for the class.
5. The number of the patients who will be taking the class.

Answer: 1, 2, 3, 4

Explanation: 1. Susceptibility refers to how likely an individual is to develop an illness or condition and it is one of the mediating factors according to the Health Belief Model.

2. The perceived severity of an illness is a mediating factor that determines the motivation to participating in health-promotion behaviors.

3. The physical cost of the health-promoting activity is compared to continuing the unhealthy behavior. Physical and psychologic perceived cost is a mediating variable.

4. The psychological cost of the health promoting activity includes the time commitment necessary for the class. Physical and psychological perceived cost is a mediating variable.

5. The number of patients participating in the class is not a mediating factor of the Health Belief Model.

Page Ref: 13

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Process

Standards: QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise, and evidence. | AACN Essentials Competencies: VII.3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

6) The nurse is using the ecologic model as a framework for preparing a community health program. Which program objective should the nurse understand best reflects the concepts of the model?

1. The participants will recognize health as the absence of disease.
2. The participants will verbalize the role of self-actualization in relation to their health.
3. The participants will define health as the interaction between the agent, host, and the environment.
4. Internal harmony is the foundational basis for health achievement.

Answer: 3

Explanation: 1. The absence of disease and internal harmony are not specific concepts related to the ecological model.

2. Self-actualization and health are explored in the eudaemonistic model for health.

3. Leavall and Clark developed the ecologic model for health. This model considers the relationship between the agent, host, and environment as the key determinants for health status.

4. The absence of disease and internal harmony are not specific concepts of the ecological model.

Page Ref: 10

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Process

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, and referral and follow-up throughout the lifespan. | NLN Competencies: Knowledge and Science: Value evidence-based approaches to yield best practices for nursing. |

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.1: Describe the importance of nursing theory to the practice of nursing and health assessment.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

7) The nurse recognizes the fact that more individuals have become conscious of health and wellness. Based on this factor, which should the nurse place a stronger emphasis on? Select all that apply.

1. Tertiary prevention.
2. Disease prevention.
3. Health Promotion.
4. Secondary prevention.
5. Wellness.

Answer: 2, 3, 5

Explanation: 1. The increase in the consciousness of health and wellness is not an indicator the emphasis for health should be placed on tertiary prevention.

2. Due to the increase in the consciousness of health and wellness, a stronger emphasis should be placed on disease prevention.

3. Due to the increase in the consciousness of health and wellness, a stronger emphasis should be placed on health promotion.

4. The increase in the consciousness of health and wellness is not an indicator the emphasis for health should be placed on secondary prevention.

5. Due to the increase in the consciousness of health and wellness, a stronger emphasis should be placed on wellness.

Page Ref: 10

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Process

Standards: QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise, and evidence | AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, and referral and follow-up throughout the lifespan. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. |

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.4: Utilize the nursing process to encourage health promotion.

8) The nurse is preparing to use the clinical model for care of a patient. Which should the nurse focus upon?

1. Pain.
2. Environment.
3. Patient's potential.
4. Patient's social role.

Answer: 1

Explanation: 1. In the clinical model, health is defined as the absence of disease or injury. The aim of the health professional is to relieve the signs and symptoms of the disease such as pain.

2. The patient's environment is a component of the ecological model.

3. Fulfillment of the patient's potential is the focus of the eudaemonistic model.

4. The role performance model focuses on the patient's ability to perform social roles.

Page Ref: 10

Cognitive Level: Applying

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

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, and referral and follow-up throughout the lifespan. | NLN Competencies: Knowledge and Science: Value evidence-based approaches to yield best practices for nursing. |

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.1: Describe the importance of nursing theory to the practice of nursing and health assessment.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

9) The nurse is caring for a client with residual left-sided weakness after a CVA. Which should the nurse focus on to maintain the health of the client?

1. Improvement.
2. Wellness.
3. Prevention.
4. Adaptation.

Answer: 1

Explanation: 1. When health is defined in terms of physical change, the practice focuses on improvement of physical function.

2. Wellness is a state of being in good health which does not address the need for the improvement of physical function.

3. Prevention is the act of stopping something from happening. The focus on improvement is needed to assist the client in achieving their highest level of wellness.

4. Adaptation implies the client will adjust to their circumstances. Adaptation does not allow for physical improvement.

Page Ref: 10

Cognitive Level: Applying

Client Need & Sub: Physiological Adaptation; Alterations in Body Systems

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences and values; coordination and integration of care; information, communication, and education; physical comfort and emotional support; involvement of family and friends; and transition and continuity. | AACN Essentials Competencies: VII.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, and referral and follow-up throughout the lifespan. | NLN Competencies: Knowledge and Science: Value evidence-based approaches to yield best practices for nursing. | Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.4: Utilize the nursing process to encourage health promotion.

10) The nurse is using the theory of reasoned action/planned behavior to develop a class on nutrition. Which variables should the nurse be aware of that may affect the client's intention to improve their nutritional intake?

1. Self-efficacy.
2. Motivation.
3. Knowledge.
4. Objective norms.

Answer: 1

Explanation: 1. According to the theory of reasoned action/planned behavior, self-efficacy is one of three variables that affect the intention to perform the behavior.

2. Motivation is not a variable of theory of reasoned action/planned behavior that affects the intention to perform the behavior.

3. Knowledge is not a variable of theory of reasoned action/planned behavior that affects the intention to perform the behavior.

4. Objective norms are not a variable of the theory of reasoned action/planned behavior that affects the intention to perform the behavior.

Page Ref: 13

Cognitive Level: Applying

Client Need & Sub: Physiological Integrity; Nutrition and Oral Hydration

Standards: QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise, and evidence. | AACN Essentials Competencies: V.II.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, and referral and follow-up throughout the lifespan. | NLN Competencies: Knowledge and Science: Value evidence-based approaches to yield best practices for nursing. | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.1: Recognize the definitions of health, wellness, and health promotion.

11) The nurse is incorporating Dunn's model of wellness in the care of the client's in clinic.

Which should the nurse focus treatment on?

1. Relieving signs and symptoms of disease.
2. Assisting the client in restoring harmony to their life.
3. Maximizing the function of the client.
4. Promoting flexibility for environmental adaptation.

Answer: 3

Explanation: 1. Relieving signs and symptoms of disease is a focus of the clinical model.

2. The ecological model focuses on restoring harmony to the client's life by examining the interaction among the agent, host, and environment.

3. Dunn's Model of wellness focuses on maintaining a balance of purposeful direction and functioning. Maximizing the client's functional ability is a reflection of Dunn's model of wellness.

4. The adaptive model highlights the individual's abilities and flexibility in a challenging environment.

Page Ref: 11

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Prevention

Standards: QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical

expertise, and evidence. | AACN Essentials Competencies: V.II.5. Use evidence-based practices

to guide health teaching, health counseling, screening, outreach, disease and outbreak

investigation, and referral and follow-up throughout the lifespan. | NLN Competencies:

Knowledge and Science: Value evidence-based approaches to yield best practices for nursing. |

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.2: Describe the concepts of health, wellness, and health promotion.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness

relate to patient care.

12) A client tells the nurse that they were at the dentist two months prior for a routine cleaning. Which level of prevention should the nurse document the client has taken?

1. Primary.
2. Secondary.
3. Tertiary.
4. Wellness.

Answer: 2

Explanation: 1. Primary prevention implies health and a high level of wellness. An example of primary prevention includes using fluoridated toothpastes.

2. Early diagnosis of health problems and prompt treatment with the restoration of health is the focus of secondary prevention. Screenings for dental caries during a routine cleaning are an example of secondary prevention.

3. Tertiary prevention is aimed at restoring an individual to the highest possible level of health and functioning. A routine dental cleaning does not restore the health of an individual.

4. Wellness is not a level of prevention but it is a state of balance.

Page Ref: 12

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Prevention

Standards: QSEN Competencies: I.C.5. Recognize personally held attitudes about working with patients from different ethnic, cultural, and social backgrounds. | AACN Essentials

Competencies: VII.3. Clinical Prevention and Population Health: Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.2: Describe the concepts of health, wellness, and health promotion.

MNL Learning Outcome: 2.1: Recognize the definitions of health, wellness, and health promotion.

13) The nurse is preparing to discuss the goal of care with the client. Which statement should the nurse provide the client that focuses on primary prevention?

1. "The goal of the healthcare team is to prevent any problems from reoccurring."
2. "The goal of the healthcare team is to restore your level of wellness."
3. "The goal of the healthcare team is to focus on your existing problems."
4. "The goal of the healthcare team is to improve your overall health."

Answer: 4

Explanation: 1. The focus of tertiary prevention is to prevent a reoccurrence of the problem and return the client to an optimal level of wellness after an illness or injury has occurred.

2. The focus of tertiary prevention is to return the client to an optimal level of wellness after an illness or injury has occurred and prevent a reoccurrence of the problem.

3. The focus of secondary prevention is to focus on treating the existing health problems.

4. The focus of primary prevention is to improve the overall health of the client through health promotion and prevention of illness and injury.

Page Ref: 12

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Prevention

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: V.II.5. Use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, and referral and follow-up throughout the lifespan. | NLN Competencies: Knowledge and Science: Value evidence-based approaches to yield best practices for nursing. |

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.1: Recognize the definitions of health, wellness, and health promotion.

14) The nurse is preparing a care plan for a client. Which area of health risk appraisal should the nurse include in the diagnosis and planning? Select all that apply.

1. Medical diagnosis.
2. Sexual activity.
3. Immunization history.
4. Occupation.
5. Laboratory results.

Answer: 2, 3, 4

Explanation: 1. Medical diagnosis is not included in a health risk appraisal. Appraisals are conducted in relation to health promotion.

2. Sexuality is an area of health risk assessment.

3. Immunization history is an area of health risk assessment.

4. Occupation is an area of health risk assessment.

5. Laboratory results are not included in a health risk appraisal. Appraisals are conducted in relation to health promotion.

Page Ref: 17

Cognitive Level: Understanding

Client Need & Sub: Health Promotion and Maintenance; Health Screening

Standards: QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise, and evidence. | AACN Essentials Competencies: VII.2. Conduct a health history, including environmental exposure and a family history that recognizes genetic risks to identify current and future health problems. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts:

Nursing Process: Assessment

Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.4: Utilize the nursing process to encourage health promotion.

15) The nurse is developing a program focusing on breast cancer and secondary prevention. Which topic should the nurse include?

1. Types of mastectomy that are available.
2. Chemotherapy and radiation treatments.
3. Education on the prevention of breast cancer.
4. Techniques for performing self-breast examination.

Answer: 4

Explanation: 1. Tertiary prevention is aimed toward treatment of a condition and restoration of health to the highest level of wellness possible. Treatment options for breast cancer, such as a mastectomy, would be considered a form of tertiary prevention.

2. Tertiary prevention is aimed toward treatment of a condition and restoration of health to the highest level of wellness possible. Treatment options for breast cancer, such as chemotherapy and radiation, would be considered a form of tertiary prevention.

3. Primary prevention implies that an individual is healthy and focuses on health promotion and disease prevention.

4. Secondary prevention emphasizes early diagnosis and treatment of health problems and includes screenings such as teaching clients about self-breast examination.

Page Ref: 12

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Screening

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: VII.3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

16) The manager is reviewing the modifying factors of the Health Belief Model with several nurses. Which statement made by a nurse indicates the understanding of a cue to action?

1. "Education is a cue to action."
2. "Socioeconomic status is a cue to action."
3. "The client's personality is a cue to action."
4. "The cultural practices of a client are a cue to action."

Answer: 1

Explanation: 1. Cues to action are modifying factors in the framework of the Health Belief Model. Cues to action include education.

2. Socioeconomic status is a modifying factor in the framework of the Health Belief Model but not a cue to action.

3. The client's personality is not a cue to action

4. The cultural practices are not an identified modifying factor in the Health Belief Model.

Page Ref: 13

Cognitive Level: Applying

Client Need & Sub: Safe and Effective Care Environment; Collaboration with Interdisciplinary Team

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: I.2. Synthesize theories and concepts from liberal education to build an understanding of the human experience. | NLN Competencies: Knowledge and Science; Knowledge. | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2.1: Describe the importance of nursing theory to the practice of nursing and health assessment.

MNL Learning Outcome: 2.1: Recognize the definitions of health, wellness, and health promotion.

17) The nurse has provided education based on the Health Promotion Model about the importance of regular exercise to several clients. Which participant should the nurse expect to adhere to regular exercise?

1. An overweight female who has never participated in an exercise program.
2. An adult male who admits frequently to joining and quitting exercise groups.
3. An adolescent male who appears to have a low self-esteem.
4. An adult female who reports she is anxious to begin exercising with her husband.

Answer: 4

Explanation: 1. An overweight female who has never participated in an exercise program is less likely to become motivated enough to adhere to a regular exercise program.

2. An adult male who frequently joins and quits exercise groups is less likely to become motivated enough to adhere to a regular exercise program.

3. An adolescent male that appears to have low self-esteem is less likely to become motivated enough to adhere to a regular exercise program.

4. An adult female who reports she is anxious to begin exercising with her husband displays the motivational characteristics of the Health Promotion Model which will result in the most likely to become motivated enough to adhere to a regular exercise program.

Page Ref: 13

Cognitive Level: Analyzing

Client Need & Sub: Psychosocial Integrity; Coping Mechanisms

Standards: QSEN Competencies: I.A.5. Examine common barriers to active involvement of patients in their own healthcare processes. | AACN Essentials Competencies: VII.1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

18) The nurse is evaluating the statements made by clients that have completed an exercise and nutrition class. Which statement made by a client should the nurse recognize reflects self-efficacy?

1. "I believe that exercise is the key to health."
2. "My family thinks it is will improve my health if I begin to exercise."
3. "I am confident that I can maintain my commitment to exercise."
4. "My healthcare provider will be very happy if I start an exercise program."

Answer: 3

Explanation: 1. The statement, "I believe that exercise is the key to health," reflects an attitude. An attitude refers to a value assigned to a particular behavior.

2. The statement, "My family thinks it is will improve my health if I begin to exercise," is a subjective norm. Subjective norms refer to an individual's perception of what others believe or expect in relation to an individual's performance of behavior.

3. Self-efficacy refers to the level of confidence in one's ability to perform a behavior. The client that states, "I am confident that I can maintain my commitment to exercise," is demonstrating self-efficacy.

4. The statement, "My healthcare provider will be very happy if I start an exercise program," is a subjective norm. Subjective norms refer to an individual's perception of what others believe or expect in relation to an individual's performance of behavior.

Page Ref: 13

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Lifestyle Choices

Standards: QSEN Competencies: I.C.3. Value the patient's expertise with own health and symptoms. | AACN Essentials Competencies: VII.1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

19) The nurse is reviewing the history of the clients that had previously participated in an exercise program. Based on the Health Belief Model, which client should the nurse recognize is most likely to participate in a new health promoting behavior?

1. A client that was unable to continue to participate due to time constraints.
2. A client that was unable to afford to participate in the program.
3. A client that had lost weight in a prior exercise program but gained it back.
4. A client that had prior difficulty obtaining childcare to consistently participate.

Answer: 3

Explanation: 1. When health promoting activities have been difficult or when barriers to participation have arisen, one is least likely to participate in health promotion in the future. Time constraints that affected prior participation will most likely result in the unlikely success of participating in a new health promoting behavior.

2. When health promoting activities have been difficult or when barriers to participation have arisen, one is least likely to participate in health promotion in the future. Financial constraints affecting prior participation will most likely result in the unlikely success of participating in a new health-promoting behavior.

3. Prior behavior can have a positive or negative effect on health promotion. When one has engaged in health promotion and recognized the benefit, it is likely that health promoting behavior will occur in the future.

4. When health promoting activities have been difficult or when barriers to participation have arisen, one is least likely to participate in health promotion in the future. Difficulty obtaining childcare that has affected prior participation will most likely result in the unlikely success of participating in a new health promoting behavior.

Page Ref: 14

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Lifestyle Choices

Standards: QSEN Competencies: III.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences and values; coordination and integration of care; information, communication, and education; physical comfort and emotional support; involvement of family and friends; and transition and continuity. | AACN Essentials Competencies: VII.1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2.2: Describe the concepts of health, wellness, and health promotion.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

20) The nurse is evaluating the responses of the client's willingness to participate in an exercise program. Based on the Health Belief Model, which client statement should the nurse recognize is reflective of a situational influence?

1. "I don't like where the gym is located."
2. "I don't like feeling so sore the next day."
3. "I feel like this program is too costly."
4. "I really have never exercised before."

Answer: 1

Explanation: 1. A situational influence includes perceptions and ideas about situations or contexts. Situational influences on health promoting activities include aesthetics of the environment. The client's statement, "I don't like where the gym is located," reflects a perception of the environment.

2. The statement, "I don't like feeling so sore the next day," reflects an activity-related effect. An activity-related effect refers to subjective feelings before, during, or after an activity.

3. The statement, "I feel like this program is too costly," is a perceived barrier to action. Barriers to participation in health promotion may be real or imagined.

4. The statement, "I really have never exercised before," reflects perceived self-efficacy. Perceived self-efficacy is a judgment of one's ability to successfully participate in a health promoting activity to achieve a desired outcome.

Page Ref: 15

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Lifestyle Choices

Standards: QSEN Competencies: III.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences and values; coordination and integration of care; information, communication, and education; physical comfort and emotional support; involvement of family and friends; and transition and continuity. | AACN Essentials Competencies: VII.1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2.2: Describe the concepts of health, wellness, and health promotion.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

21) The nurse has created a plan of care for a patient with asthma. Which part of the nursing process should the nurse take on for the role of an educator?

1. Assessment.
2. Planning.
3. Implementation.
4. Evaluation.

Answer: 3

Explanation: 1. During the assessment phase of the nursing process, the nurse gathers information and performs a physical assessment.

2. During the planning phase of the nursing process, the nurse works with the client to identify current, ongoing, or potential problems, as well as strengths and supports.

3. During the implementation of the plan, one of the roles the nurse takes on is the educator. As educator, the nurse interprets and informs the patient of the significance of findings from all of the completed assessments.

4. During evaluation, the patient has the option to modify, continue, or discontinue the plan. As a result of evaluation, priorities may be reordered or the methods and tactics may be changed.

Page Ref: 18

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Prevention

Standards: QSEN Competencies: III.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences and values; coordination and integration of care; information, communication, and education; physical comfort and emotional support; involvement of family and friends; and transition and continuity. | AACN

Essentials Competencies: III.6. Use skills of inquiry, analysis, and information literacy to address practice issues. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.4: Utilize the nursing process to encourage health promotion.

22) The nurse is collaborating with a client to create a plan for weight loss. During which phase of the nursing process should the nurse help identify the client's strengths?

1. Assessment.
2. Evaluation.
3. Planning.
4. Implementation.

Answer: 3

Explanation: 1. During the assessment phase, subjective and objective data are gathered.

2. Outcomes are evaluated during the evaluation phase of the nursing process.

3. During the planning phase of the nursing process, the nurse works with the client to identify the client's strengths.

4. The client's strengths are identified prior to implementation of these plans.

Page Ref: 17

Cognitive Level: Understanding

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Prevention

Standards: QSEN Competencies: I.B.I. Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan, and evaluation of care. | AACN

Essentials Competencies: I.I. Integrate theories and concepts from liberal education into nursing practice. | NLN Competencies: Context and Environment: Environmental health; health

promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to

health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.4: Utilize the nursing process to encourage health promotion.

23) A client tells the nurse they are concerned that their diabetes will become a serious illness. Which model of health should the nurse recognize the client's statement is most aligned with?

1. The Role Performance Model.
2. The Health Belief Model.
3. The Clinical Model.
4. The Eudaemonistic Model.

Answer: 2

Explanation: 1. In the Role Performance Model, health is defined in terms of an individual's ability to perform social roles.

2. A client that recognizes that an illness is serious is expressing an individual perception and belief that will influence the decision to act to prevent illness.

3. In the clinical model, health is defined as the absence of disease or injury.

4. The eudaemonistic model views individuals as civilized and cultured who have the capacity for continued growth.

Page Ref: 13

Cognitive Level: Applying

Client Need & Sub: Physiological Adaptation; Illness Management

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes | AACN Essentials Competencies: I.I. Integrate theories and concepts from liberal education into nursing practice. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

24) A group of clients attend an educational program focused on prevention and screening activities for breast cancer. Based on the Health Belief Model, which participant should the nurse anticipate will most likely engage in available screenings?

1. The client whose mother and grandmother have a history of breast cancer.
2. The client who is attending the program as a course requirement.
3. The client attending in support of the presenter.
4. The client who agreed to attend in support of another participant.

Answer: 1

Explanation: 1. According to the Health Belief Model, mediating variables determine the likelihood of an individual actively participating in the prevention of illness. The client whose family members have a history of breast cancer is most vulnerable to the disease and is thus most likely to engage in the available health screenings.

2. According to the Health Belief Model, the client who is attending the program as a course requirement will be less influenced to participate in the health screenings than the client who has the positive family history of breast cancer.

3. According to the Health Belief Model, the client who is attending the program in support of the presenter will be less influenced to participate in the health screenings than the client who has the positive family history of breast cancer.

4. According to the Health Belief Model, the client who agreed to attend the program in support of another participant will be less influenced to participate in the health screenings than the client who has the positive family history of breast cancer.

Page Ref: 13

Cognitive Level: Analyzing

Client Need & Sub: Health Promotion and Maintenance; Lifestyle Choices

Standards: QSEN Competencies: III.B.3. Base individualized care plan on patient values, clinical expertise, and evidence. | AACN Essentials Competencies: I.1. Integrate theories and concepts from liberal education into nursing practice. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts:

Nursing Process: Evaluation

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

25) A client has been prescribed a mammogram. Which level of prevention should the nurse recognize the client is participating in?

1. Primary.
2. Tertiary.
3. Prepathologic.
4. Secondary.

Answer: 4

Explanation: 1. Primary prevention implies health and high-level wellness prior to the development of a disease or pathology. Examples of primary prevention include immunizations and eating a healthy diet. Mammograms are a tool for screening and are considered secondary prevention.

2. Tertiary prevention occurs following the development of a disease or pathologic condition and is aimed at restoring an individual to the highest level of health possible. An example of tertiary prevention is physical rehabilitation therapy for a client who has had a stroke.

Mammograms are a tool for screening and are considered secondary prevention.

3. Prepathologic prevention is the same as primary prevention, which implies health and high-level wellness prior to the development of a disease or pathology. Examples of primary prevention include immunizations and eating a healthy diet. Mammograms are a tool for screening and are considered secondary prevention.

4. The goals of secondary prevention are early diagnosis and prompt treatment of health problems. Examples of secondary prevention include tools for screenings such as mammograms and blood tests.

Page Ref: 12

Cognitive Level: Remembering

Client Need & Sub: Health Promotion and Maintenance; Health Screening

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: I.1. Integrate theories and concepts from liberal education into nursing practice. | NLN Competencies: Context and Environment:

Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts:

Nursing Process: Diagnosis

Learning Outcome: 2.4: Demonstrate how to use the nursing process to encourage health promotion.

MNL Learning Outcome: 2.4: Utilize the nursing process to encourage health promotion.

26) The nurse is using the Health Belief Model to evaluate the workplace for situational influences that promote health. Which situational influence should the nurse recognize is a demand characteristic?

1. Easy access to the gym.
2. Clean environment.
3. No smoking policy.
4. Availability of healthy snacks.

Answer: 3

Explanation: 1. Having a gym nearby is an available option. An available option is a situational influence.

2. A clean environment is an example of the situational influence of aesthetics.

3. Demand characteristics include policies and procedures in employment and public environments. No-smoking policies in public buildings and work environments are demand characteristics that promote health.

4. Availability of healthy snacks is an available option. An available option is a situational influence.

Page Ref: 15

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Screening

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: I.1. Integrate theories and concepts from liberal education into nursing practice. | NLN Competencies: Context and Environment:

Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts:

Nursing Process: Assessment

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

27) The nurse is using the Health Belief Model to promote smoking cessation. Which should the nurse recognize will have the greatest impact on the client outcomes?

1. Adaptation.
2. Behaviors.
3. Flexibility.
4. Actualization.

Answer: 2

Explanation: 1. Adaptation is not a component of the Health Belief Model.

2. According to the Health Belief Model, a client's behavior influences their decision to prevent illness.

3. The adaptive model highlights the individual's abilities and flexibility in a challenging environment.

4. Actualization is not a component addressed by the Health Belief Model.

Page Ref: 13

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Health Promotion/Disease Prevention Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: I.1. Integrate theories and concepts from liberal education into nursing practice. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.2: Describe the concepts of health, wellness, and health promotion.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.

28) The nurse is assessing a client for taking self-responsibility in wellness. Which action by the client should the nurse consider reflects good decision making?

1. Planning a menu that includes a variety of foods.
2. Decreasing the number of cigarettes smoked from 3 packs per day to 1.5 packs per day.
3. Practicing sexual abstinence or using a condom during sexual intercourse.
4. Walking at a pace of 3 to 4.5 mph for 15 minutes three times per week.

Answer: 3

Explanation: 1. Menu planning should be based on the consumption of adequate portions from the healthy food groups and not just on a variety of foods.

2. Decreasing the number of packs of cigarettes smoked per day from 3 to 1.5 does not significantly lower the health risks of smoking; therefore, this action does not demonstrate the wellness concepts of responsibility and good decision-making skills in regards to healthcare issues.

3. Wellness concepts are demonstrated through individuals being responsible and able to make good decisions regarding areas such as nutrition, physical activity, safety issues, stress management, emotional growth and well-being, and healthcare issues in general. Sexual abstinence or use of a condom during sexual intercourse demonstrates responsibility and good decision-making skills in regards to sexual and reproductive health.

4. Walking at a pace of 3 to 4.5 mph is considered moderate physical activity; walking this pace for 15 minutes three times per week does not meet the CDC recommended 2 hours and 30 minutes per week for moderate physical activity; therefore, this action does not demonstrate the wellness concepts of responsibility and good decision-making skills in regards to healthcare issues.

Page Ref: 11

Cognitive Level: Applying

Client Need & Sub: Health Promotion and Maintenance; Lifestyle Choices

Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes. | AACN Essentials Competencies: VII.1. Assess protective and predictive factors, including genetics, which influence the health of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation
Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

29) The nurse using the Health Belief Model is evaluating a client's interpersonal influences.

Which statement made by the client reflects an interpersonal influence?

1. "My family responsibilities may interfere with my success."
2. "My Mother is going to help me create healthier recipes."
3. "I feel like some of the recommended dietary changes will be difficult."
4. "I am concerned about the time it will take to grocery shop for the recommended foods."

Answer: 2

Explanation: 1. The statement, "My family responsibilities may interfere with my success," reflects a competing demand. Competing demands are alternative activities over which the individual has little control. These demands include family or work responsibilities.

2. The statement, "My Mother is going to help me create healthier recipes," reflects an interpersonal influence. Family, peers, and health professionals are interpersonal influences.

3. The statement, "I feel like some of the recommended dietary changes will be difficult," is a perceived self-efficacy. Perceived self-efficacy is a judgment of one's ability to successfully participate in a health-promoting activity to achieve a desired outcome.

4. The statement, "I am concerned about the time it will take to grocery shop for the recommended foods," is a perceived barrier to action. Barriers to participation in health promotion may be real or imagined. Barriers include the perception of convenience.

Page Ref: 15

Cognitive Level: Analyzing

Client Need & Sub: Health Promotion and Maintenance; Lifestyle Choices

Standards: QSEN Competencies: III.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences and values; coordination and integration of care; information, communication, and education; physical comfort and emotional support; involvement of family and friends; and transition and continuity. | AACN Essentials Competencies: VII.3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated

Concepts: Nursing Process: Evaluation

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

30) The nurse using the Health Belief Model is evaluating a client's statement for competing preferences. Which statement should the nurse recognize is a competing preference?

1. "I am going to skip the gym today and have lunch with a friend."
2. "I will have to miss going to the gym because I have to work overtime."
3. "I have to attend a meeting with my child's teacher so I cannot go to the gym."
4. "I cannot make it to the gym because I do not have childcare."

Answer: 1

Explanation: 1. The statement, "I am going to skip the gym today and have lunch with a friend," is an example of a competing preference. Competing preferences are alternative behaviors over which the individual has high control. The control is dependent on the ability to self-regulate.

2. Competing demands are alternative activities over which the individual has little control. These demands include family or work responsibilities. Working overtime is a competing demand.

3. Competing demands are alternative activities over which the individual has little control. These demands include family or work responsibilities. A meeting with a child's teacher is a competing demand.

4. Competing demands are alternative activities over which the individual has little control. These demands include family or work responsibilities. Lack of childcare is a competing demand.

Page Ref: 15

Cognitive Level: Analyzing

Client Need & Sub: Health Promotion and Maintenance; Lifestyle Choices

Standards: QSEN Competencies: III.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences and values; coordination and integration of care; information, communication, and education; physical comfort and emotional support; involvement of family and friends; and transition and continuity. | AACN Essentials Competencies: VII.3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Context and Environment: Environmental health; health promotion/disease prevention (e.g., transmission of disease, disease patterns, epidemiological principles); chronic disease management; healthcare systems; transcultural approaches to health; and family dynamics. | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: 2.3: Relate perspectives of health promotion to the individual, family, and community.

MNL Learning Outcome: 2.2: Consider how the models of health and theories of wellness relate to patient care.