Fortinash: Psychiatric Mental Health Nursing, 5th Edition

Chapter 02: Nursing Practice in the Clinical Setting

Test Bank

MULTIPLE CHOICE

1. Which nursing action is a reflection of Hildegard Peplau's theoretic framework regarding psychiatric mental health nursing?
a. Basing patient outcomes on expected instinctual responses
b. Discussing a patient's feelings regarding parents and siblings
c. Providing the patient with clean clothes and wholesome food
d. Centering professional practice in a state run psychiatric facility

ANS: B
Peplau's pioneering endeavors and contributions were largely influenced by interpersonal psychotherapy. She believed that disorders evolved in the social context of interpersonal interactions. (i.e., what went on between people). Instinctual responses are more related to intrapersonal interactions. Florence Nightingale was instrumental in the holistic approach to nursing care, whereas Linda Richards' practice was centered on institutional care of the mental ill.

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TOP: Nursing Process: Implementation
MSC: NCLEX: Safe, Effective Care Environment, Psychosocial Integrity

2. The nurse is attempting to provide a safe environment for a patient at great risk for self-harm. Which intervention shows an understanding of evidence-based practice (EBP)?
a. Using physical restraints only after all other options have been proven ineffective
b. Referring to the facility's policies manual for guidelines for applying physical restraints
c. Collecting data regarding the short-term effects of using physical restraints on an aggressive patient
d. Requiring constant monitoring of a patient whose inability to self-regulate anger has required the use of physical restraints

ANS: B
Health care systems are participating in the shift in nursing practice by encouraging research in their facilities and by implementing interventions that increase nurses' knowledge about EBP. Nurses are participating to make evidence-based nursing practices available for their use, and they are helping to determine the outcomes that will benefit patients. The remaining options are examples of long-standing practice related to the use of physical restraints.

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TOP: Nursing Process: Implementation

MSC: NCLEX: Safe, Effective Care Environment, Psychosocial Integrity

3. Which statement by the patient reflects patient education that was based on the concept of integrated patient care?
a. "I know I'm anxious when I get a tension headache."
b. "My anxiety is a result of stressors I don't cope well with."
c. "Medication has helped me tremendously with anxiety control."
d. "Anxiety runs in my family; my entire family is trying to deal with it."

ANS: A
Integrated patient care is the recognition of the interplay between physical and mental health. In integrated care, these disorders are not treated as separate illnesses; rather, they are treated together. The remaining options make no mention of a relationship between mental and physical illness.

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MSC: NCLEX: Psychosocial Integrity

4. The nurse demonstrates objective patient care when:
a. Being sympathetic to the patient's recent loss of a spouse
b. Protecting the anxious patient by eliminating stressors in the milieu
c. Responding to the patient by stating, "I know exactly how you feel."
d. Facilitating the patient's exploration of various stress reduction techniques

ANS: D
The nurse demonstrates objectivity by helping the patient to process and organize thoughts that are directed toward the solving of his or her own problems. With sympathy, the nurse loses objectivity and moves into his or her own personal feelings. Removing all stress does not allow the patient to develop necessary coping skills.

DIF: Cognitive Level: Application REF: Pages 21- 22
TOP: Nursing Process: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Management of Care, Psychosocial Integrity

5. Which nursing intervention would be appropriately addressed during the orientation phase of the nurse–patient relationship?
a. Self reflection by the nurse regarding personal biases and prejudices regarding the patient
b. Patient works at prioritizing personal needs and develops realistic expected outcomes
c. Establishing the contract between the nurse and the patient regarding mutual needs and expectations
d. Patient commits to the reinforcement of positive personal characteristics while working on problems and concerns

ANS: C
A contract or agreement is established during the orientation phase of the relationship. The contract defines limits and expectations of both the patient and the nurse. Self Reflection occurs during the pre-orientation phase while the remaining options are addressed during the working phase of the relationship.

DIF: Cognitive Level: Analysis REF: Page 22 TOP: Nursing Process: Planning
MSC: NCLEX: Safe, Effective Care Environment: Management of Care, Psychosocial Integrity

6. Which action on the part of a novice psychiatric mental health nurse shows a need for future development of altruism?
a. Excusing a patient from attending group because, "all that talking makes me so anxious"
b. Not permitting two patients who are physically attracted to each other to engage in public displays of affection
c. Placing a physically aggressive patient in restraints when they are unable to internally calm their anger
d. Self-reflecting on "why I continue to work with patients who are so emotionally damaged they will never be normal"

ANS: A
This option shows a misguided kindness that will ultimately have a negative impact on the patient's treatment. The remaining options show responsible nursing interventions that include self-reflection of personal motivation for such work.

DIF: Cognitive Level: Application REF: Page 24 TOP: Nursing Process: Evaluation
MSC: NCLEX: Safe, Effective Care Environment: Management of Care, Psychosocial Integrity

7. The greatest negative outcome resulting from a nurse's fear of a mentally ill patient is that the:
a. Nurse will reinforce negative stereotyping of the mentally ill.
b. Patient will experience increased bias against the nursing staff.
c. Public's fearfulness of the mentally ill will continue to be exaggerated.
d. Therapeutic alliance between the nurse and patient will not develop effectively.

ANS: D
Unrealistic preconceived images, stereotyping, and biases have an effect on nurses that, when resulting in fear, will negatively impact the therapeutic effectiveness of the nurse and the care provided. The remaining options do not have the priority that providing quality patient care has.

DIF: Cognitive Level: Application REF: Page 26
TOP: Nursing Process: Assessment
MSC: NCLEX: Safe, Effective Care Environment: Management of Care, Psychosocial Integrity

8. Which action on the part of a novice mental health nurse will best minimize fear related to effectively working with the psychotic patient?
a. Be knowledgeable about psychotropic medications and their affect on psychosis.
b. Always arrange for staff support when working one-on-one with a psychotic patient.
c. Take advantage of opportunities to attend workshops devoted to the care of the psychotic patient.
d. Recognize that the psychotic patient is not in control of their behaviors due to their altered though processes.

ANS: C
Fear breeds avoidance, but knowledge and preparation diminish fear and bring confidence. Being prepared before entering the psychiatric setting includes having knowledge and understanding of mental disorders. The remaining options do not provide confidence but rather means of controlling or avoiding the psychotic patient.

DIF: Cognitive Level: Analysis REF: Page 26
TOP: Nursing Process: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Management of Care, Psychosocial Integrity

9. Which response by the nurse manager to a novice mental health nurse is most effective when the nurse asks, “How do I justify not keeping a patient’s secret?”
a. “Never promise the patient that you will keep a secret for them.”
b. “Always stop the patient from telling you something as a secret.”
c. “Let the patient know that you will not keep a secret that could ultimately cause harm or affect their treatment.”
d. “Keep reminding yourself that you are not the patient’s friend but rather a professional mental health provider.”

ANS: C
Nurses and other healthcare professionals do not keep secrets or make promises to patients when the secret may interfere with the patient’s treatment or put them or others at risk for harm. The remaining options offer appropriate nursing actions but do not effectively answer the nurse’s question.

DIF: Cognitive Level: Analysis REF: Page 30
TOP: Nursing Process: Implementation
MSC: NCLEX: Safe, Effective Care Environment, Psychosocial Integrity

10. The nurse is effectively facilitating the nurse-patient relationship when:
a. Sharing with an angry patient who is verbally abusive that, "Although I can accept that you are angry, I cannot and will not accept your verbal abuse."
b. Focusing on the patient's life experience without relating to the similarities of one's own experiences
c. Objectively providing constructive criticism that is directed to helping the patient identify inappropriate behaviors
d. Refraining from abandoning the patient regardless of the frustration the interaction causes

ANS: A
Accepting the patient's feelings is essential; however, it is not necessary to accept all of the patient's behaviors. Assist the patient by setting limits on patient behaviors that are self-defeating or that threaten the patient or others in any way. Setting these limits allows for mutual respect in the therapeutic alliance. The remaining options enhance the patient's clinical experience rather than the nurse-patient relationship.

DIF: Cognitive Level: Application REF: Page 35
TOP: Nursing Process: Implementation MSC: NCLEX: Physiological Integrity

11. An often expressed intrinsic reward of psychiatric mental health nursing is:
a. Seeing the seriously ill recover their health
b. Working with patients of all ages and walks of life
c. Working with well-trained, caring health care providers
d. Having time to really focus on the human who is the patient

ANS: D
Psychiatric mental health nurses are able to spend the time to know the patient not only as a patient but as an individual. This is an opportunity most nurses whose practice is based on the physical care of the patient is not afforded. The remaining options are not necessarily unique to psychiatric nursing.

DIF: Cognitive Level: Application REF: Page 36 TOP: Nursing Process: Evaluation
MSC: NCLEX: Psychosocial Integrity

12. Which statement is an example of an inference?
a. "He is an alcoholic because his wife nags a lot."
b. "He states he binges after arguing with his wife."
c. "You say your alcohol intake exceeds a quart a day."
d. "So you are saying that you were drinking earlier today."

ANS: A

An inference is an interpretation of behavior that is made by finding motive and forming conclusions without having all the necessary information. The nurse interprets the patient's behavior, decides on a reason, assigns a motive, and forms a conclusion. The remaining options are validations of observations.

DIF: Cognitive Level: Application REF: Page 34
TOP: Nursing Process: Assessment MSC: NCLEX: Psychosocial Integrity

MULTIPLE RESPONSE

1. Which interactions are likely outcomes of a well-established therapeutic alliance? Select all that apply.

a. The nurse states, "I'm not here to judge but rather to help."
b. The patient states, "I really think I can handle this problem now."
c. The patient asks his abusive father to attend counseling with him.
d. The nurse sets boundaries for a patient who has few social skills.
e. The patient with anger issues voluntarily goes into the seclusion room.

ANS: A, B, C, E
The alliance serves as a vehicle that provides patients with an opportunity to freely discuss their needs and problems in the absence of judgment and criticism, to gain insight into their abilities, to practice new coping skills, and to heal emotional wounds. Setting boundaries is not an outcome of such an alliance.

DIF: Cognitive Level: Application REF: Page 19
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

2. Which nursing interventions are directly related to the principles on which a therapeutic alliance is based? Select all that apply.

a. Graciously declining to, "Come visit when I get discharged."
b. Establishing the topic to be discussed at each group session
c. Explaining to the patient the purpose of terminating the alliance
d. Sharing how the nurse also has experienced the same problems
e. Providing subjective feedback to the patient's efforts at therapy

ANS: A, B, C
The principles that focus on the development and maintenance of a healthy alliance include: the relationship is therapeutic rather than social; the focus remains on the patient's needs and problems rather than on the nurse; the relationship is purposeful and goal directed; the relationship is objective rather than subjective in quality; and the relationship is time-limited rather than open-ended. The sharing of experiencing is not patient centered.

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TOP: Nursing Process: Implementation
MSC: NCLEX: Safe, Effective Care Environment: Management of Care

3. The nurse is attempting to minimize the group's display of resistance during a therapy session. Which patients are at risk for displaying such behavior? Select all that apply
a. The patient who is cognitively impaired
b. The patient who is older and well educated
c. The patient who is aggressive and attention seeking
d. The patient who has attended similar therapy groups in the past
e. The patient who has been diagnosed with paranoid schizophrenia

ANS: A, D, E
A patient who redirects the focus away from himself or herself by changing the subject is engaging in resistance behavior. Patients divert the topic for one or more of several reasons: a fear of being judged; avoiding the repetition of material that has been previously discussed; or the inability to stay cognitively focused. The attention-seeking patient may attempt to monopolize the discussion but not necessarily be at risk for resisting the topic. Age and education are not risk factors.

DIF: Cognitive Level: Application REF: Pages 20-21
TOP: Nursing Process: Assessment
MSC: NCLEX: Safe, Effective Care Environment: Management of Care, Psychosocial Integrity