

Chapter 02: Cross-Cultural Caring and Aging

Touhy & Jett: Ebersole and Hess' Gerontological Nursing & Healthy Aging, 5th Edition

MULTIPLE CHOICE

1. Which of the following is a *true* statement about differing health belief systems?
 - a. Personalistic or magicoreligious beliefs have been superseded in Western minds by biomedical principles.
 - b. In most cultures, older adults are likely to treat themselves using traditional methods before turning to biomedical professionals.
 - c. Ayurvedic medicine is another name for traditional Chinese medicine.
 - d. The belief that health depends on maintaining a balance among opposite qualities is characteristic of a magicoreligious belief system.

ANS: B

Older adults in most cultures usually have had experience with traditional methods that have worked as well as expected. After these treatments fail, older adults turn to the formal health care system. Even in the United States, it is common for older adults to pray for cures or wonder what they did to incur an illness as punishment. The Ayurvedic system is a naturalistic health belief system practiced in India and in some neighboring countries. This belief is characteristic of a holistic or naturalistic approach.

PTS: 1

DIF: Understand

REF: p. 16-17

TOP: Nursing Process: Assessment

MSC: Health Promotion and Maintenance

2. Which of the following considerations is most likely to be true when working with an interpreter?
 - a. An interpreter is never needed if the nurse speaks the same language as the patient.
 - b. When working with interpreters, the nurse can use technical terms or metaphors.
 - c. A patient's young granddaughter who speaks fluent English would make the best interpreter because she is familiar with and loves the patient.
 - d. The nurse should face the patient rather than the interpreter.

ANS: D

The nurse should face the patient rather than the interpreter is a true statement; the intent is to converse with the patient, not with a third party about the patient. Many reasons may prevent the patient from speaking directly to a nurse. Technical terms and metaphors may be difficult or impossible to translate. Cultural restrictions may prevent some topics from being spoken of to a grandparent or child.

PTS: 1

DIF: Understand

REF: p. 18-19

TOP: Nursing Process: Implementation

MSC: Safe, Effective Care Environment

3. An older adult who is a traditional Chinese man has a blood pressure of 80/54 mm Hg and refuses to remain in the bed. Which intervention should the nurse use to promote and maintain his health?
 - a. Have the health care provider speak to him.
 - b. Use principles of the holistic health system.
 - c. Ask about his perceptions and treatment ideas.

d. Consult with a practitioner of Chinese medicine.

ANS: C

Using the LEARN model (listen with sympathy to the patient's perception of the problem, explain your perception of the problem, acknowledge the differences and similarities, recommend treatment, and negotiate agreement), the nurse gathers information from the patient about cultural beliefs concerning health care and avoids stereotyping the patient. In the assessment, the nurse determines what the patient believes about caregiving, decision making, treatment, and other pertinent health-related information. Speaking with the health care provider is premature until the assessment is complete. Unless he accepts the beliefs, principles of the holistic health system can be potentially unsuitable and insulting for this patient. Unless he accepts the treatments, consulting with a practitioner of Chinese medicine can also be unsuitable and insulting for this patient.

PTS: 1

DIF: Apply

REF: p. 18

TOP: Nursing Process: Implementation

MSC: Health Promotion and Maintenance

4. Which action should the nurse take when addressing older adults?
- Speak in an exaggerated pitch.
 - Use a lower quality of speech.
 - Use endearing terms such as "honey."
 - Speak clearly.

ANS: D

Some health professionals demonstrate ageism, in part because providers tend to see many frail, older persons and fewer of those who are healthy and active. Providers should not assume that all older adults are hearing or mentally impaired. The most appropriate action when addressing an older adult would be to speak clearly. Examples of unintentional ageism in language are an exaggerated pitch, a demeaning emotional tone, and a lower quality of speech.

PTS: 1

DIF: Apply

REF: p. 15

TOP: Nursing Process: Assessment

MSC: Health Promotion and Maintenance

5. The nurse prepares an older woman, who is Polish, for discharge through an interpreter and notes that she becomes tense during the instructions about elimination. Which intervention should the nurse implement?
- Move on to the discussion about medication.
 - Ask the older woman how she feels about this topic.
 - Instruct the interpreter to repeat the instructions.
 - Have the older woman repeat the instructions for clarity.

ANS: B

When working with an interpreter, the nurse closely watches the older adult for nonverbal communication and emotion regarding a specific topic and therefore validates the assessment about the older adult's tension before proceeding. Because the nurse notices her tension, the nurse temporarily suspends the preparation to validate her assessment. If the nurse proceeds and the older adult is uncomfortable discussing elimination, then important instructions can be missed, leading to adverse effects for the older adult. Repeating the instructions can aggravate the older adult's discomfort. Instructing the older adult to repeat the nurse's instruction ignores her needs.

PTS: 1 DIF: Apply REF: p. 18-19
TOP: Communication and Documentation
MSC: Safe, Effective Care Environment

6. The nurse plans care for an older African American man who is from Jamaica and resides in New York City. Which should the nurse include in planning care?
- Attribute his illness to breaking a voodoo.
 - Help him improve social relationships.
 - Maintain blood pressure below 120/70 mm Hg.
 - Review the principles of the magicoreligious system.

ANS: C

Because African Americans tend to be at risk for cardiovascular disease and hypertension, the nurse plans to maintain the patient's blood pressure at or below the current recommendation by the American Heart Association. The nurse can be incorrectly assuming that he practices and believes in the magicoreligious system. The nurse should assess his spiritual beliefs and determine how much they influence his attitudes toward Western health care. The magicoreligious system maintains social relationships in good condition to prevent illness; however, if the older adult does not follow this cultural practice, then this goal can be unsuitable. The older adult may not believe in this system; therefore, the information can be irrelevant.

PTS: 1 DIF: Apply REF: p. 18-19 TOP: Nursing Process: Planning
MSC: Safe, Effective Care Environment

7. Which health belief system uses treatments to repair a body part?
- Holistic
 - Biomedical
 - Personalistic
 - Magicoreligious

ANS: B

Because dysfunction or a structural abnormality is thought to cause disease, the biomedical system believes in repairing the structural abnormality. The holistic system holds that health is attained through balance. The personalistic system uses treatments such as meditation, fasting, and praying. The magicoreligious system is the same as the personalistic system.

PTS: 1 DIF: Understand REF: p. 17
TOP: Nursing Process: Assessment MSC: Safe, Effective Care Environment

8. A nurse is caring for a culturally diverse patient who has missed follow-up appointments with the primary care provider three times over the past year. The patient has a chronic illness that requires periodic monitoring of blood test values. The patient tells the nurse: "You don't understand—in my culture, we don't do things like that. I cannot be troubled with worrying about appointments in the future; I deal with each day as it comes." The nurse understands which of the following about the patient's culture?
- The culture does not value Western medicine.
 - The culture has a different orientation to time than Western medicine.
 - The culture is an interdependent culture.
 - The culture does not believe in preventative care.

ANS: B

Time orientation is a culturally constructed factor. Westernized medical care is future oriented. Conflicts between future oriented Westernized medical care and those with a present or past time orientation may arise. Patients are likely to be labeled as noncompliant for failing to keep appointments.

PTS: 1 DIF: Understand REF: p. 15-17 TOP: Nursing Process: Planning
MSC: Safe, Effective Care Environment

9. A paper on culture and illness would be likely to include the statement that
- culture is the same as ethnicity.
 - ethnic groups always share common geographic origin and religion.
 - ethnicity involves recognized traditions, symbols, and literature.
 - most members of an ethnic group exhibit identical cultural traits.

ANS: C

Ethnicity is a complex phenomenon that includes traditions, symbols, literature, folklore, food preferences, and dress. It is a shared identity. Ethnicity is more than just culture. It is social differentiation based on culture. Even within ethnic groups, there is considerable diversity.

PTS: 1 DIF: Remember REF: p. 12 TOP: Teaching and Learning
MSC: Psychosocial Integrity

10. A home care nurse is caring for an older patient from a different culture who is bedbound and high risk for development of a pressure ulcer. The nurse discusses the plan of care with the patient's daughter, emphasizing the importance of turning every 2 hours, and posts a turning clock on the wall. When the nurse returns later in the week, the turning clock has been removed, and the patient's daughter reports that she turns her mother occasionally. She states, "I am taking very good care of my mother. You just don't understand—our ways do not involve doing things on schedules." The best response by the nurse is:
- "You must follow my guidelines and turn her every 2 hours, or I will not be able to take care of her."
 - "I understand that you value your culture, but culture cannot stop you from providing good care to your mother."
 - "I understand that you care very much for your mother. Perhaps caring for her is too much for you."
 - "How can we best work together to provide the best care for your mother?"

ANS: D

In providing cross-cultural care, it is important that the nurse work with the patient and family and listen carefully and find a way to include the values and beliefs of the patient in the plan of care.

PTS: 1 DIF: Analyze REF: p. 15 TOP: Communication and Documentation MSC: Psychosocial Integrity

11. An older patient learns that she has metastatic cancer. The patient states: "I must have angered God." This is an example of which type of belief?
- Biomedical
 - Magicoreligious
 - Naturalistic

d. Ayurvedic

ANS: B

Magico-religious beliefs view illness as caused by actions of a higher authority. Biomedical beliefs view disease as a result of abnormalities in structure and function and disease caused by intrusion of pathogens into the body. Naturalistic beliefs are based on the concepts of balance; health is seen as a sign of balance. Ayurvedic beliefs are of the oldest known paradigm in the naturalistic system; illness is seen as an imbalance.

PTS: 1 DIF: Remember REF: p. 17

TOP: Communication and Documentation

MSC: Psychosocial Integrity

12. The term *health disparity* is defined as
- the systematic elimination of the culture of another resulting in decreased wellness.
 - differences in health outcomes among groups.
 - the difference between an expected incidence and prevalence and that which actually occurs in a comparison population group.
 - the existence of more than one group with differing values and perspective.

ANS: B

Health disparities are defined as differences in health outcomes among groups. Cultural destructiveness is defined as the systematic elimination of the culture of another. Health inequities are defined as the difference between an expected incidence and prevalence and that which actually occurs in a comparison population group. Cultural diversity is defined as the existence of more than one group with differing values and perspective.

PTS: 1 DIF: Remember REF: p. 13

TOP: Teaching and Learning

MSC: Psychosocial Integrity

MULTIPLE RESPONSE

1. The nurse is assessing an older adult from a culture different than the nurse's by asking questions from the explanatory model for culturally sensitive assessment. Which question(s) should the nurse ask to follow this model? (*Select all that apply.*)
- How can we negotiate to solve the problem?
 - What treatment can improve your condition?
 - Should we try my plan first to see if it helps?
 - Can we discuss differences in our plans now?
 - How long have you experienced the problem?
 - Who, other than me, can make you feel better?

ANS: B, E, F

Asking about potential therapies is a question from the explanatory model and asks what the individual believes will help clear up the problem. The nurse asks about the duration of the problem as a part of applying the explanatory model. The nurse asks about other disciplines that the individual believes can be therapeutic. This question is based on the LEARN model.

PTS: 1 DIF: Apply REF: p. 14

TOP: Nursing Process: Assessment

MSC: Health Promotion and Maintenance

2. A nurse caring for older adults must be aware of which consequences of ageism in language? (*Select all that apply.*)
- Reduced sense of self
 - Poor nutritional intake
 - Lowered sense of self-competence
 - Decreased memory performance

ANS: A, C, D

Some health professionals demonstrate ageism, in part because providers tend to see many frail, older persons and fewer of those who are healthy and active. Consequences of ageism have been identified as a reduced sense of self, lowered self-esteem, lowered sense of self-competence, and decreased memory performance. Poor nutritional intake has not been identified as a consequence.

PTS: 1

DIF: Apply

REF: p. 15

TOP: Nursing Process: Assessment

MSC: Health Promotion and Maintenance

3. Which factor(s) is/are associated with the provision of culturally competent care? (*Select all that apply.*)
- Cultural awareness
 - Cultural knowledge
 - Cultural skills
 - Cultural connections
 - Knowledge of specific details of traditions and practices of all the different cultures

ANS: A, B

As nurses move toward cultural competence, they increase their cultural awareness, knowledge, and skills. Cultural competence means having the skills to put cultural knowledge to use in assessment, communication, negotiation, and intervention. Cultural connections have not been identified as a factor.

PTS: 1

DIF: Apply

REF: p. 15

TOP: Nursing Process: Assessment

MSC: Health Promotion and Maintenance

4. A nurse completes a cultural assessment of an older adult who is being admitted to an assisted living facility. Reasons for completing a cultural assessment include (*Select all that apply.*)
- culture guides decision making about health, illness, and preventive care.
 - culture provides direction for individuals on how to interact during health care encounters.
 - culture impacts attitudes toward aging.
 - all members of a culture react in the same way in similar situations.
 - knowledge of culture eliminates health care disparities.

ANS: A, B, C

Although knowledge of culture has the potential to optimize care, not all individuals will respond in the same way to a specific situation. Knowledge of an individual's culture will not eliminate health care disparities.

PTS: 1

DIF: Understand

REF: p. 15-16

TOP: Teaching and Learning

MSC: Psychosocial Integrity

5. A nurse in the ambulatory care setting is preparing to do an interview with a non-English-speaking client. The nurse secures an interpreter. To have the most effective interview, the nurse should do which of the following? (*Select all that apply.*)
- Look and speak to the interpreter.
 - Use technical terminology to ensure accuracy.
 - Allow more time for the interview.
 - Watch the client's nonverbal communication.
 - Through the interpreter, check whether the client understands the communication.

ANS: C, D, E

For the most effective interview the nurse should look and speak directly to the client; avoid the use of jargon and technical terminology; observe the client's nonverbal communications; and clarify understanding by asking the client to state in his or her own words what he or she understood, facilitated by the interpreter. The interview will naturally take longer.

PTS: 1 DIF: Remember REF: p. 18-19

TOP: Communication and Documentation

MSC: Psychosocial Integrity