

MULTIPLE CHOICE

1. When providing care for a pregnant woman, the nurse should be aware that one of the most frequently reported maternal medical risk factors is
 - a. diabetes mellitus.
 - b. mitral valve prolapse (MVP).
 - c. chronic hypertension.
 - d. anemia.

ANS: A

The most frequently reported maternal medical risk factors are diabetes and hypertension associated with pregnancy. Both of these conditions are associated with maternal obesity. There are no studies that indicate MVP is among the most frequently reported maternal risk factors. Hypertension associated with pregnancy, not chronic hypertension, is one of the most frequently reported maternal medical risk factors. Although anemia is a concern in pregnancy, it is not one of the most frequently reported maternal medical risk factors in pregnancy.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Assessment

MSC: Client Needs: Physiologic Integrity

2. To ensure optimal outcomes for the patient, the contemporary maternity nurse must incorporate both teamwork and communication with clinicians into care delivery. The SBAR technique of communication is an easy-to-remember mechanism for communication. Which of the following correctly defines this acronym?
 - a. Situation, baseline assessment, response
 - b. Situation, background, assessment, recommendation
 - c. Subjective background, assessment, recommendation
 - d. Situation, background, anticipated recommendation

ANS: B

The situation, background, assessment, recommendation (SBAR) technique provides a specific framework for communication among health care providers. Failure to communicate is one of the major reasons for errors in health care. The SBAR technique has the potential to serve as a means to reduce errors.

DIF: Cognitive Level: Comprehension

OBJ: Nursing Process: Assessment | Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment

3. The role of the professional nurse caring for childbearing families has evolved to emphasize
 - a. providing care to patients directly at the bedside.
 - b. primarily hospital care of maternity patients.
 - c. practice using an evidence-based approach.
 - d. planning patient care to cover longer hospital stays.

ANS: C

Professional nurses are part of the team of health care providers who collaboratively care for patients throughout the childbearing cycle. Providing care to patients directly at the bedside is one of the nurse's tasks; however, it does not encompass the concept of the evolved professional nurse. Throughout the prenatal period, nurses care for women in clinics and physician's offices and teach classes to help families prepare for childbirth. Nurses also care for childbearing families in birthing centers and in the home. Nurses have been critically important in developing strategies to improve the well-being of women and their infants and

have led the efforts to implement clinical practice guidelines using an evidence-based approach. Maternity patients have experienced a decreased, rather than an increased, length of stay over the past two decades.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment

4. A 23-year-old African-American woman is pregnant with her first child. Based on the statistics for infant mortality, which plan is most important for the nurse to implement?
 - a. Perform a nutrition assessment.
 - b. Refer the woman to a social worker.
 - c. Advise the woman to see an obstetrician, not a midwife.
 - d. Explain to the woman the importance of keeping her prenatal care appointments.

ANS: D

Consistent prenatal care is the best method of preventing or controlling risk factors associated with infant mortality. Nutritional status is an important modifiable risk factor, but a nutrition assessment is not the most important action a nurse should take in this situation. The patient may need assistance from a social worker at some time during her pregnancy, but a referral to a social worker is not the most important aspect the nurse should address at this time. If the woman has identifiable high-risk problems, her health care may need to be provided by a physician. However, it cannot be assumed that all African-American women have high risk issues. In addition, advising the woman to see an obstetrician is not the most important aspect on which the nurse should focus at this time, and it is not appropriate for a nurse to advise or manage the type of care a patient is to receive.

DIF: Cognitive Level: Application OBJ: Nursing Process: Planning
MSC: Client Needs: Health Promotion and Maintenance

5. During a prenatal intake interview, the nurse is in the process of obtaining an initial assessment of a 21-year-old Hispanic patient with limited English proficiency. It is important for the nurse to
 - a. use maternity jargon in order for the patient to become familiar with these terms.
 - b. speak quickly and efficiently to expedite the visit.
 - c. provide the patient with handouts.
 - d. assess whether the patient understands the discussion.

ANS: D

Nurses contribute to health literacy by using simple, common words; avoiding jargon; and evaluating whether the patient understands the discussion. Speaking slowly and clearly and focusing on what is important increase understanding. Most patient education materials are written at too high a level for the average adult and may not be useful for a patient with limited English proficiency.

DIF: Cognitive Level: Application OBJ: Nursing Process: Evaluation
MSC: Client Needs: Health Promotion and Maintenance

6. When managing health care for pregnant women at a prenatal clinic, the nurse should recognize that the most significant barrier to access to care is the pregnant woman's
 - a. age.
 - b. minority status.
 - c. educational level.
 - d. inability to pay.

ANS: D

The most significant barrier to health care access is the inability to pay for services; this is compounded by the fact that many physicians refuse to care for women who cannot pay. Although adolescent pregnant patients statistically receive less prenatal care, age is not the

most significant barrier. Significant disparities in morbidity and mortality rates exist for minority women; however, minority status is not the most significant barrier to access of care. Disparities in educational level are associated with morbidity and mortality rates; however, educational level is not the most significant barrier to access of care.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Assessment
MSC: Client Needs: Safe and Effective Care Environment

7. When the nurse is unsure about how to perform a patient care procedure, the best action would be to
- ask another nurse.
 - discuss the procedure with the patient's physician.
 - look up the procedure in a nursing textbook.
 - consult the agency's procedure manual and follow the guidelines for the procedure.

ANS: D

It is always best to follow the agency's policies and procedures manual when seeking information on correct patient procedures. These policies should reflect the current standards of care and state guidelines. Each nurse is responsible for her own practice. Relying on another nurse may not always be safe practice. Each nurse is obligated to follow the standards of care for safe patient care delivery. Physicians are responsible for their own patient care activity. Nurses may follow safe orders from physicians, but they are also responsible for the activities that they as nurses are to carry out. Information provided in a nursing textbook is basic information for general knowledge. Furthermore, the information in a textbook may not reflect the current standard of care or individual state or hospital policies.

DIF: Cognitive Level: Application OBJ: Nursing Process: Implementation
MSC: Client Needs: Physiologic Integrity

8. From the nurse's perspective, what measure should be the focus of the health care system to reduce the rate of infant mortality further?
- Implementing programs to ensure women's early participation in ongoing prenatal care
 - Increasing the length of stay in a hospital after vaginal birth from 2 to 3 days
 - Expanding the number of neonatal intensive care units (NICUs)
 - Mandating that all pregnant women receive care from an obstetrician

ANS: A

Early prenatal care allows for early diagnosis and appropriate interventions to reduce the rate of infant mortality. An increased length of stay has been shown to foster improved self-care and parental education. However, it does not prevent the incidence of leading causes of infant mortality rates, such as low birth weight. Early prevention and diagnosis reduce the rate of infant mortality. NICUs offer care to high-risk infants after they are born. Expanding the number of NICUs would offer better access for high-risk care, but this factor is not the primary focus for further reduction of infant mortality rates. A mandate that all pregnant women receive obstetric care would be nearly impossible to enforce. Furthermore, certified nurse-midwives (CNMs) have demonstrated reliable, safe care for pregnant women.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Implementation
MSC: Client Needs: Health Promotion and Maintenance

9. Alternative and complementary therapies
- replace conventional Western modalities of treatment.
 - are used by only a small number of American adults.
 - recognize the value of patients' input into their health care.
 - focus primarily on the disease an individual is experiencing.

ANS: C

Many popular alternative healing modalities offer human-centered care based on philosophies that recognize the value of the patient's input and honor the individual's beliefs, values, and desires. Alternative and complementary therapies are part of an integrative approach to health care. An increasing number of American adults are seeking alternative and complementary health care options. Alternative healing modalities offer a holistic approach to health, focusing on the whole person, not just the disease.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Planning
MSC: Client Needs: Physiologic Integrity

10. A 38-year-old Hispanic woman delivered a 9-pound, 6-ounce girl vaginally after being in labor for 43 hours. The baby died 3 days later from sepsis. On what grounds would the woman potentially have a legitimate legal case for negligence?
- She is Hispanic.
 - She delivered a girl.
 - The standards of care were not met.
 - She refused fetal monitoring.

ANS: C

Not meeting the standards of care is a legitimate factor for a case of negligence. The patient's race is not a factor for a case of negligence. The infant's gender is not a factor for a case of negligence. Although fetal monitoring is the standard of care, the patient has the right to refuse treatment. This refusal is not a case for negligence; however, informed consent should be properly obtained, and the patient should sign an against medical advice form for refusal of any treatment that is within the standard of care.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Planning
MSC: Client Needs: Health Promotion and Maintenance

11. A newly graduated nurse is attempting to understand the reason for increasing health care spending in the United States. Her research finds that these costs are much higher compared with other developed countries as a result of
- a higher rate of obesity among pregnant women.
 - limited access to technology.
 - increased usage of health care services along with lower prices.
 - homogeneity of the population.

ANS: A

Health care is one of the fastest growing sectors of the U.S. economy. Currently, 17.7% of the gross domestic product is spent on health care. Higher spending in the United States compared with 12 other industrialized countries is related to higher prices and readily accessible technology along with greater obesity rates among women. More than one third of women in the United States are obese. Of the U.S. population, 8.5% is uninsured and has limited access to health care. Maternal morbidity and mortality are directly related to racial disparities.

DIF: Cognitive Level: Analysis OBJ: Nursing Process: Planning
MSC: Client Needs: Safe and Effective Care Environment

12. The term used to describe legal and professional responsibility for practice for maternity nurses is
- collegiality.
 - ethics.
 - evaluation.
 - accountability.

ANS: D

Accountability refers to legal and professional responsibility for practice. Collegiality refers to

a working relationship with one's colleagues. Ethics refers to a code to guide practice. Evaluation refers to examination of the effectiveness of interventions in relation to expected outcomes.

DIF: Cognitive Level: Understanding OBJ: Nursing Process: Evaluation
MSC: Client Needs: Health Promotion and Maintenance

13. Through the use of social media technology, nurses can link with other nurses who may share similar interests, insights about practice, and advocate for patients. The most concerning pitfall for nurses using this technology is
- violation of patient privacy and confidentiality.
 - institutions and colleagues may be cast in an unfavorable light.
 - unintended negative consequences for using social media.
 - lack of institutional policy governing online contact.

ANS: A

The most significant pitfall for nurses using this technology is the violation of patient privacy and confidentiality. Furthermore, institutions and colleagues can be cast in unfavorable lights with negative consequences for those posting information. Nursing students have been expelled from school and nurses have been fired or reprimanded by their Board of Nursing for injudicious posts. The American Nurses Association has published six principles for social networking and nurses. All institutions should have policies guiding the use of social media, and nurses should be familiar with these guidelines.

DIF: Cognitive Level: Analysis OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment

14. An important development that affects maternity nursing is integrative health care, which
- seeks to provide the same health care for all racial and ethnic groups.
 - blends complementary and alternative therapies with conventional Western treatment.
 - focuses on the disease or condition rather than the background of the patient.
 - has been mandated by Congress.

ANS: B

Integrative health care tries to mix the old with the new at the discretion of the patient and health care providers. Integrative health care is a blending of new and traditional practices. Integrative health care focuses on the whole person, not just the disease or condition. U.S. law supports complementary and alternative therapies but does not mandate them.

DIF: Cognitive Level: Understanding OBJ: Nursing Process: Implementation
MSC: Client Needs: Health Promotion and Maintenance

15. The nurse caring for a pregnant patient should be aware that the U.S. birth rate shows which trend?
- Births to unmarried women are more likely to have less favorable outcomes.
 - Birth rates for women 40 to 44 years old are beginning to decline.
 - Cigarette smoking among pregnant women continues to increase.
 - The rates of maternal death owing to racial disparity are elevated in the United States.

ANS: A

Low-birth-weight infants and preterm birth are more likely because of the large number of teenagers in the unmarried group. Birth rates for women in their early 40s continue to increase. Fewer pregnant women smoke. In the United States, there is significant racial disparity in the rates of maternal death.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Assessment
MSC: Client Needs: Safe and Effective Care Environment

16. Maternity nursing care that is based on knowledge gained through research and clinical trials is
- derived from the Nursing Intervention Classification.
 - known as *evidence-based practice*.
 - at odds with the Cochrane School of traditional nursing.
 - an outgrowth of telemedicine.

ANS: B

Evidence-based practice is based on knowledge gained from research and clinical trials. The Nursing Intervention Classification is a method of standardizing language and categorizing care. Dr. Cochrane systematically reviewed research trials and is part of the evidence-based practice movement. Telemedicine uses communication technologies to support health care.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Assessment
MSC: Client Needs: Psychosocial Integrity

17. The level of practice a reasonably prudent nurse provides is called
- the standard of care.
 - risk management.
 - a sentinel event.
 - failure to rescue.

ANS: A

Guidelines for standards of care are published by various professional nursing organizations. Risk management identifies risks and establishes preventive practices, but it does not define the standard of care. Sentinel events are unexpected negative occurrences. They do not establish the standard of care. Failure to rescue is an evaluative process for nursing, but it does not define the standard of care.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Diagnosis
MSC: Client Needs: Safe and Effective Care Environment

18. While obtaining a detailed history from a woman who has recently emigrated from Somalia, the nurse realizes that the patient has undergone female genital mutilation (FGM). The nurse's best response to this patient is
- This is a very abnormal practice and rarely seen in the United States.¶
 - Do you know who performed this so that it can be reported to the authorities?¶
 - We will be able to restore your circumcision fully after delivery.¶
 - The extent of your circumcision will affect the potential for complications.¶

ANS: D

—The extent of your circumcision will affect the potential for complications¶ is the most appropriate response. The patient may experience pain, bleeding, scarring, or infection and may require surgery before childbirth. With the growing number of immigrants from countries where FGM is practiced, nurses will increasingly encounter women who have undergone the procedure. Although this practice is not prevalent in the United States, it is very common in many African and Middle Eastern countries for religious reasons. Responding with, —This is a very abnormal practice and rarely seen in the United States¶ is culturally insensitive. The infibulation may have occurred during infancy or childhood. The patient will have little to no recollection of the event. She would have considered this to be a normal milestone during her growth and development. The International Council of Nurses has spoken out against this procedure as harmful to a woman's health.

DIF: Cognitive Level: Application OBJ: Nursing Process: Planning
MSC: Client Needs: Safe and Effective Care Environment

19. To ensure patient safety, the practicing nurse must have knowledge of the current Joint Commission's —Do Not Use list of abbreviations. Which of the following is acceptable for use?
- q.o.d. or Q.O.D.
 - MSO₄ or MgSO₄
 - International Unit
 - Lack of a leading zero

ANS: C

The abbreviations —i.u. and —I.U. are no longer acceptable because they could be misread as —I.V. or the number —10. The abbreviation —q.o.d. or Q.O.D. should be written out as —every other day. The period after the —Q could be mistaken for an —I; the —o could also be mistaken for an —i. With MSO₄ or MgSO₄, it is too easy to confuse one medication for another. These medications are used for very different purposes and could put a patient at risk for an adverse outcome. They should be written as morphine sulfate and magnesium sulfate. The decimal point should never be missed before a number to avoid confusion (i.e., 0.4 rather than .4).

DIF: Cognitive Level: Application OBJ: Nursing Process: Assessment
MSC: Client Needs: Psychosocial Integrity

20. *Healthy People 2030* has established national health priorities that focus on a number of maternal-child health indicators. Nurses are assuming greater roles in assessing family health and providing care across the perinatal continuum. Therefore, it is important for the nurse to be aware that significant progress has been made in
- the reduction of fetal deaths and use of prenatal care.
 - low birth weight and preterm birth.
 - elimination of health disparities based on race.
 - infant mortality and the prevention of birth defects.

ANS: A

Trends in maternal child health indicate that progress has been made in relation to reduced infant and fetal deaths and increased prenatal care. Notable gaps remain in the rates of low birth weight and preterm births. According to the March of Dimes, persistent disparities still exist between African-Americans and non-Hispanic Caucasians. Many of these negative outcomes are preventable through access to prenatal care and the use of preventive health practices. This demonstrates the need for comprehensive community-based care for all mothers, infants, and families.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. Which interventions would help alleviate the problems associated with access to health care for maternity patients? (*Select all that apply.*)
- Provide transportation to prenatal visits.
 - Provide child care so that a pregnant woman may keep prenatal visits.
 - Mandate that physicians make house calls.
 - Provide low-cost or no-cost health care insurance.
 - Provide job training.

ANS: A, B, D

Lack of transportation to visits, lack of child care, and lack of affordable health insurance are prohibitive factors associated with lack of prenatal care. House calls are not a cost-effective approach to health care. Although job training may result in employment and income, the

likelihood of significant changes during the time frame of the pregnancy is remote.

DIF: Cognitive Level: Implementation OBJ: Nursing Process: Planning
MSC: Client Needs: Health Promotion and Maintenance

MATCHING

Medical errors are a leading cause of death in the United States. The National Quality Forum has recommended numerous safe practices that nursing can promote to reduce errors. Match each safe practice with the correct statement.

- a. Ask the patient to —teach back.
- b. Comply with CDC guidelines.
- c. Ensure that information is documented in a timely manner.
- d. Promote interventions that will reduce patient risk.
- e. Reduce exposure to radiation.

1. Hand hygiene
2. Informed consent
3. Culture measurement, feedback, and intervention
4. Pediatric imaging
5. Patient care information

1. ANS: B DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment
NOT: The National Quality Forum updated its publication *Safe Practices for Better Healthcare* in 2010, outlining 24 safe practices that should be used in all health care settings to reduce the risk of harm from the environment of care, processes, and systems. These are only a few of the recommended practices; however, nurses should be familiar with these guidelines.
2. ANS: A DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment
NOT: The National Quality Forum updated its publication *Safe Practices for Better Healthcare* in 2010, outlining 24 safe practices that should be used in all health care settings to reduce the risk of harm from the environment of care, processes, and systems. These are only a few of the recommended practices; however, nurses should be familiar with these guidelines.
3. ANS: D DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment
NOT: The National Quality Forum updated its publication *Safe Practices for Better Healthcare* in 2010, outlining 24 safe practices that should be used in all health care settings to reduce the risk of harm from the environment of care, processes, and systems. These are only a few of the recommended practices; however, nurses should be familiar with these guidelines.
4. ANS: E DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment
NOT: The National Quality Forum updated its publication *Safe Practices for Better Healthcare* in 2010, outlining 24 safe practices that should be used in all health care settings to reduce the risk of harm from the environment of care, processes, and systems. These are only a few of the recommended practices; however, nurses should be familiar with these guidelines.
5. ANS: C DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment
NOT: The National Quality Forum updated its publication *Safe Practices for Better Healthcare* in 2010, outlining 24 safe practices that should be used in all health care settings to reduce the risk of

harm from the environment of care, processes, and systems. These are only a few of the recommended practices; however, nurses should be familiar with these guidelines.

Chapter 02: The Family, Culture, and Home Care
Perry: Maternal Child Nursing Care, 7th Edition

MULTIPLE CHOICE

1. A married couple lives in a single-family house with their newborn son and the husband's daughter from a previous marriage. On the basis of the information given, what family form best describes this family?
 - a. Married-blended family
 - b. Extended family
 - c. Nuclear family
 - d. Same-sex family

ANS: A

Married-blended families are formed as the result of divorce and remarriage. Unrelated family members join together to create a new household. Members of an extended family are kin, or family members related by blood, such as grandparents, aunts, and uncles. A nuclear family is a traditional family with male and female partners and the children resulting from that union. A same-sex family is a family with homosexual partners who cohabit with or without children.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Assessment
MSC: Client Needs: Psychosocial Integrity

2. In what form do families tend to be most socially vulnerable?
 - a. Married-blended family
 - b. Extended family
 - c. Nuclear family
 - d. Single-parent family

ANS: D

The single-parent family tends to be vulnerable economically and socially, creating an unstable and deprived environment for the growth potential of children. The married-blended family, the extended family, and the nuclear family are not the most socially vulnerable.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Planning
MSC: Client Needs: Psychosocial Integrity

3. The nurse should be aware that the criteria used to make decisions and solve problems within families are based primarily on family
 - a. rituals and customs.
 - b. values and beliefs.
 - c. boundaries and channels.
 - d. socialization processes.

ANS: B

Values and beliefs are the most prevalent factors in the decision-making and problem-solving techniques of families. Although culture may play a part in the decision-making process of a family, ultimately values and beliefs dictate the course of action taken by family members. Boundaries and channels affect the relationship between the family members and the health care team, not the decisions within the family. Socialization processes may help families with interactions with the community, but they are not the criteria used for decision making within the family.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity

4. Using the family stress theory as an intervention approach for working with families experiencing parenting, the nurse can help the family change internal context factors. These include
- biologic and genetic makeup.
 - maturation of family members.
 - the family's perception of the event.
 - the prevailing cultural beliefs of society.

ANS: C

The family stress theory is concerned with the family's reaction to stressful events; internal context factors include elements that a family can control such as psychologic defenses. It is not concerned with biologic and genetic makeup, maturation of family members, or the prevailing cultural beliefs of society.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Diagnosis
MSC: Client Needs: Psychosocial Integrity

5. While working in the prenatal clinic, you care for a very diverse group of patients. When planning interventions for these families, you realize that acceptance of the interventions will be most influenced by
- educational achievement.
 - income level.
 - subcultural group.
 - individual beliefs.

ANS: D

The patient's beliefs are ultimately the key to acceptance of health care interventions. However, these beliefs may be influenced by factors such as educational level, income level, and ethnic background. Educational achievement, income level, and subcultural group all are important factors. However, the nurse must understand that a woman's concerns from her own point of view will have the most influence on her compliance.

DIF: Cognitive Level: Application OBJ: Nursing Process: Planning
MSC: Client Needs: Psychosocial Integrity

6. The nurse's care of a Hispanic family includes teaching about infant care. When developing a plan of care, the nurse bases interventions on the knowledge that in traditional Hispanic families
- breastfeeding is encouraged immediately after birth.
 - male infants typically are circumcised.
 - the maternal grandmother participates in the care of the mother and her infant.
 - special herbs mixed in water are used to stimulate the passage of meconium.

ANS: C

In Hispanic families, the expectant mother is influenced strongly by her mother or mother-in-law. Breastfeeding often is delayed until the third postpartum day. Hispanic male infants usually are not circumcised. Olive or castor oil may be given to stimulate the passage of meconium.

DIF: Cognitive Level: Application OBJ: Nursing Process: Planning
MSC: Client Needs: Psychosocial Integrity

7. The patient's family is important to the maternity nurse because
- they pay the bills.
 - the nurse will know which family member to avoid.
 - the nurse will know which mothers will really care for their children.

d. the family culture and structure will influence nursing care decisions.

ANS: D

Family structure and culture influence the health decisions of mothers.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity

8. A mother's household consists of her husband, his mother, and another child. She is living in a(n)
- extended family.
 - single-parent family.
 - married-blended family.
 - nuclear family.

ANS: A

An extended family includes blood relatives living with the nuclear family. Both parents and a grandparent are living in this extended family. Single-parent families comprise an unmarried biologic or adoptive parent who may or may not be living with other adults. Married-blended refers to families reconstructed after divorce. A nuclear family is where male and female partners and their children live as an independent unit.

DIF: Cognitive Level: Application OBJ: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

9. A traditional family structure in which male and female partners and their children live as an independent unit is known as a(n)
- extended family.
 - binuclear family.
 - nuclear family.
 - blended family.

ANS: C

About two thirds of U.S. households meet the definition of a nuclear family. Extended families include additional blood relatives other than the parents. A binuclear family involves two households. A blended family is reconstructed after divorce and involves the merger of two families.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

10. Which statement about family systems theory is inaccurate?
- A family system is part of a larger suprasystem.
 - A family as a whole is equal to the sum of the individual members.
 - A change in one family member affects all family members.
 - The family is able to create a balance between change and stability.

ANS: B

A family as a whole is greater than the sum of its parts. The other statements are characteristics of a system that states that a family is greater than the sum of its parts.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Assessment

MSC: Client Needs: Psychosocial Integrity

11. A pictorial tool that can assist the nurse in assessing aspects of family life related to health care is the
- genogram.
 - family values construct.

- c. life cycle model.
- d. human development wheel.

ANS: A

A genogram depicts the relationships of family members over generations.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Assessment
MSC: Client Needs: Psychosocial Integrity

12. The process by which people retain some of their own culture while adopting the practices of the dominant society is known as
- a. acculturation.
 - b. assimilation.
 - c. ethnocentrism.
 - d. cultural relativism.

ANS: A

Acculturation is the process by which people retain some of their own culture while adopting the practices of the dominant society. This process takes place over the course of generations. Assimilation is a loss of cultural identity. Ethnocentrism is the belief in the superiority of one's own culture over the cultures of others. Cultural relativism recognizes the roles of different cultures.

DIF: Cognitive Level: Knowledge OBJ: Nursing Process: Planning
MSC: Client Needs: Psychosocial Integrity

13. When attempting to communicate with a patient who speaks a different language, the nurse should
- a. respond promptly and positively to project authority.
 - b. never use a family member as an interpreter.
 - c. talk to the interpreter to avoid confusing the patient.
 - d. provide as much privacy as possible.

ANS: D

Providing privacy creates an atmosphere of respect and puts the patient at ease. The nurse should not rush to judgment and should make sure that he or she understands the patient's message clearly. In crisis situations, the nurse may need to use a family member or neighbor as a translator. The nurse should talk directly to the patient to create an atmosphere of respect.

DIF: Cognitive Level: Application OBJ: Nursing Process: Implementation
MSC: Client Needs: Psychosocial Integrity

14. Which statement about cultural competence is *not* accurate?
- a. Local health care workers and community advocates can help extend health care to underserved populations.
 - b. Nursing care is delivered in the context of the patient's culture but not in the context of the nurse's culture.
 - c. Nurses must develop an awareness of and sensitivity to various cultures.
 - d. A culture's economic, religious, and political structures influence practices that affect childbearing.

ANS: B

The cultural context of the nurse also affects nursing care. The work of local health care workers and community advocates is part of cultural competence; the nurse's cultural context is also important. Developing sensitivity to various cultures is part of cultural competence, but the nurse's cultural context is also important. The impact of economic, religious, and political structures is part of cultural competence; the nurse's cultural context is also important.

DIF: Cognitive Level: Comprehension OBJ: Nursing Process: Planning

MATCHING

You are getting ready to participate in discharge teaching with a non-English-speaking new mother. The interpreter has arrived in the patient care unit to assist you in providing culturally competent care. In the correct order, from 1 through 6, number the steps that you would take to work with the interpreter.

- a. Introduce yourself to the interpreter and converse informally.
- b. Outline your statements and questions, listing the key pieces of information you need to know.
- c. Make sure the interpreter is comfortable with technical terms.
- d. Learn something about the culture of the patient.
- e. Make notes on what you learned for future reference.
- f. Stop every now and then and ask the interpreter —How is it going?!

1. Step One
2. Step Two
3. Step Three
4. Step Four
5. Step Five
6. Step Six

1. ANS: B DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance
NOT: To work successfully with an interpreter, the nurse must organize her teaching into four categories. These include actions that are necessary before the interview, meeting with the interpreter, during the interview, and after the interview. The nurse must be sensitive to cultural and situational differences (e.g., a woman from the Middle East may not wish to have a male interpreter present).
2. ANS: D DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance
NOT: To work successfully with an interpreter, the nurse must organize her teaching into four categories. These include actions that are necessary before the interview, meeting with the interpreter, during the interview, and after the interview. The nurse must be sensitive to cultural and situational differences (e.g., a woman from the Middle East may not wish to have a male interpreter present).
3. ANS: A DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance
NOT: To work successfully with an interpreter, the nurse must organize her teaching into four categories. These include actions that are necessary before the interview, meeting with the interpreter, during the interview, and after the interview. The nurse must be sensitive to cultural and situational differences (e.g., a woman from the Middle East may not wish to have a male interpreter present).
4. ANS: C DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance
NOT: To work successfully with an interpreter, the nurse must organize her teaching into four categories. These include actions that are necessary before the interview, meeting with the interpreter, during the interview, and after the interview. The nurse must be sensitive to cultural and situational differences (e.g., a woman from the Middle East may not wish to have a male interpreter present).
5. ANS: F DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance
NOT: To work successfully with an interpreter, the nurse must organize her teaching into four categories. These include actions that are necessary before the interview, meeting with the interpreter, during the interview, and after the interview. The nurse must be sensitive to cultural and situational differences (e.g., a woman from the Middle East may not wish to have a male interpreter present).
6. ANS: E DIF: Cognitive Level: Application
OBJ: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance
NOT: To work successfully with an interpreter, the nurse must organize her teaching into four categories. These include actions that are necessary before the interview, meeting with the interpreter,

during the interview, and after the interview. The nurse must be sensitive to cultural and situational differences (e.g., a woman from the Middle East may not wish to have a male interpreter present).