

Chapter 2 Culture and the Family

- 1) A 7-year-old client says, “Grandpa, mommy, daddy, and my brother live at my house.” In what type of family should the nurse identify that this child lives?
1. Extended
 2. Binuclear
 3. Traditional
 4. Gay or lesbian

Answer: 1

Explanation:

1. An extended family contains a parent or a couple who share the house with their children and another adult relative.
2. A binuclear family includes the divorced parents, who have joint custody of their biologic children, who alternate spending varying amounts of time in the home of each parent.
3. The traditional nuclear family consists of an employed provider parent, a homemaking parent, and the biologic children of this union.
4. A gay or lesbian family is composed of two same-sex domestic partners; they might or might not have children.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential 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: Relationship Centered; Knowledge; The role of family, culture, and community in a person's development | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.1 Compare the characteristics of different types of families.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 2) The nurse is performing a family assessment. What type of family should the nurse identify when both parents work?
1. An extended family
 2. An extended kin family
 3. A traditional nuclear family
 4. A dual-career/dual-earner family

Answer: 4

Explanation:

1. An extended family is defined as couples who share household and childrearing responsibilities with parents, siblings, or other relatives.
2. An extended kin family is a specific form of an extended family.

3. The traditional nuclear family is defined as a husband/provider, a wife who stays home, and children.
4. A dual-career/dual-earner family is characterized by both parents working, by either choice or necessity.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential 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: Relationship Centered; Knowledge; The role of family, culture, and community in a person's development | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.1 Compare the characteristics of different types of families.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 3) The nurse is comparing several different families' developmental stages. What serves as a marker for a family's developmental stage according to Duvall?
 1. The father's age
 2. The mother's age
 3. The oldest child's age
 4. The youngest child's age

Answer: 3

Explanation:

1. The father's age is not a marker, according to Duvall.
2. The mother's age is not a marker, according to Duvall.
2. The oldest child's age serves as a marker for the family's developmental stage, except in the last two stages, when children are no longer present.
4. The youngest child's age is not a marker, according to Duvall.

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Cognitive Level: Applying

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential 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: Relationship Centered; Knowledge; The role of family, culture, and community in a person's development | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.2 Identify the stages of a family life cycle.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 4) A client of Hmong descent who immigrated to the United States 5 years ago asks for the regular hospital menu because she likes American food. To which cultural concept should the nurse attribute this client's request?
1. Stereotyping
 2. Acculturation
 3. Enculturation
 4. Ethnocentrism

Answer: 2

Explanation:

1. Stereotyping is assuming that all members of a group have the same characteristics.
2. Acculturation (assimilation) is the correct assessment because the client adapted to a new cultural norm in terms of food choices.
3. Enculturation is when culture is learned and passed on from generation to generation, and often happens when a group is isolated.
4. Ethnocentrism refers to a social identity that is associated with shared behaviors and patterns.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches | NLN Competencies: Relationship Centered; Knowledge; The role of family, culture, and community in a person's development | Nursing/Integrated Concepts: Nursing Process: Assessment; Culture and Spirituality

Learning Outcome: 2.3 Identify prevalent cultural norms related to childbearing and childrearing.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 5) The home health nurse visits the home of a Korean couple to follow up on their jaundiced 4-day-old baby. Considering family structure, what family members might the nurse expect to see in the home?
1. The godparents
 2. Just the parents
 3. The grandmother
 4. The grandfather and parents

Answer: 4

Explanation:

1. Asians traditionally revere their elders and their wisdom. The godparents would not have the last word in decision making for this family.
2. Asians traditionally revere their elders and their wisdom. The parents would not have the last word in decision making for this family.

3. Asians traditionally revere their elders and their wisdom. The grandmother would not have the last word in decision making for this family.
4. The grandfather is the family member who plays a key role in decision making and who is likely to be present in this situation. Asians traditionally revere their elders and their wisdom.

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Cognitive Level: Analyzing

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches | NLN Competencies: Relationship Centered; Knowledge; The role of family, culture, and community in a person's development | Nursing/Integrated Concepts: Nursing Process: Assessment; Culture and Spirituality

Learning Outcome: 2.3 Identify prevalent cultural norms related to childbearing and childrearing.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 6) During an assessment, the nurse notices that an African American baby has a darker, slightly bluish patch about 5 by 7 cm on the buttocks and lower back. What should the nurse do?
 1. Chart the presence of a Mongolian spot.
 2. Ask the mother about the cause of the bruise.
 3. Confer with the physician about the possibility of a bleeding tendency.
 4. Call the Department of Social Services (DSS) to report this sign of abuse.

Answer: 1

Explanation:

1. The nurse will chart the presence of a Mongolian spot, such as is observed in races with dark skin tones.
2. Asking the mother about the cause of the bruise reveals cultural ignorance in a less damaging manner than does calling DSS.
3. If choosing to confer with the physician, the nurse will reveal ignorance in culturally competent assessments.
4. The nurse who calls the DSS to report this patch as a sign of abuse will reveal ignorance in culturally competent assessments and possibly provoke harassment of the family.

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Cognitive Level: Applying

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally

and culturally appropriate approaches | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Assessment; Culture and Spirituality

Learning Outcome: 2.4 Summarize the importance of cultural competency in providing nursing care.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 7) A woman of Korean descent has just given birth to a son. Her partner wishes to give her sips of hot broth from a thermos they brought with them. They have refused your offer of ice chips or other cold drinks for the client. What should the nurse do?
1. Explain to the client that she can have the broth if she will also drink cold water or juice.
 2. Encourage the client to have the broth, after the nurse takes it to the kitchen and boils it first.
 3. Explain to the couple that food is not allowed to be brought from home, but that the nurse will make hot broth for them.
 4. Encourage the partner to feed the client sips of their broth. Ask if the client would like you to bring her some warm water to drink as well.

Answer: 4

Explanation:

1. Explaining to the client that she can have broth if she will drink cold water or juice first does not show cultural sensitivity and does not respect the client's beliefs.
2. Encouraging the client to have broth after you take it to the kitchen and boil it first does not demonstrate cultural sensitivity.
3. Explaining to the couple that food is not allowed to be brought from home but that you will make hot broth for them does not demonstrate cultural sensitivity.
4. Encouraging the partner to feed the client sips of their broth and asking if the client would like you to bring her some warm water to drink are approaches that show cultural sensitivity. The equilibrium model of health, based on the concept of balance between light and dark, heat and cold, is the foundation for this belief and practice.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Implementation; Culture and Spirituality

Learning Outcome: 2.4 Summarize the importance of cultural competency in providing nursing care.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 8) The nurse wants to teach a child newly enrolled in English as a second language class about the importance of handwashing before meals and of not eating food dropped on the examination room floor. What is the best way to assimilate the nurse's cultural values about hygienic nutrition?
1. Schedule a medical interpreter to accompany the client to his or her next visit.
 2. Have the child repeat her or his interpretation of the information that was taught.
 3. Provide written materials in English about hygiene and diet for the client to take home.
 4. Have the nurse model proper handwashing before examining the child and throw out the dropped cookie.

Answer: 2

Explanation:

1. In working with families with limited English proficiency, it is optimal to have a medical interpreter present for the entire visit. When teaching has been done, the nurse has a responsibility to assess client understanding; thus, an interpreter at the next visit will not help the nurse or the client now.
2. When an interpreter is not available, asking the client to repeat his or her understanding of what was taught reveals how concepts were understood.
3. Written materials in English hold minimal value for clients with limited understanding.
4. Assimilation is described as adopting and incorporating traits of the new culture within one's practices. Information must be understood before it is assimilated. The purpose of modeled behavior might be misunderstood if it is not accompanied by an explanation.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

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Learning Outcome: 2.5 Discuss the use of a cultural assessment tool as a means of providing culturally sensitive care.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 9) The charge nurse is reviewing the healthcare plans written by the unit's staff nurses. Which NANDA nursing diagnosis is most likely to be construed as culturally biased and possibly offensive?
1. *Fear* related to separation from support system during hospitalization

2. *Spiritual Distress* related to discrepancy between beliefs and prescribed treatment
3. *Interrupted Family Processes* related to a shift in family roles secondary to demands of illness
4. *Noncompliance* related to impaired verbal communication secondary to recent immigration from non-English-speaking area

Answer: 4

Explanation:

1. This option seeks to explain how the culturally sensitive nurse can partner with the families more effectively.
2. This option seeks to explain how the culturally sensitive nurse can partner with the families more effectively.
3. This option seeks to explain how the culturally sensitive nurse can partner with the families more effectively.
4. The phrase “impaired verbal communication” might be offensive because speaking a different language is not equivalent to being impaired, and noncompliance does not stem from misunderstanding.

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Cognitive Level: Analyzing

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Diagnosis; Culture and Spirituality

Learning Outcome: 2.5 Discuss the use of a cultural assessment tool as a means of providing culturally sensitive care.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 10) The nurse is working in a clinic where children from several cultures are seen. What should the nurse do as a first step toward the goal of personal cultural competence?
1. Enhance cultural skills.
 2. Gain cultural awareness.
 3. Seek cultural encounters.
 4. Acquire cultural knowledge.

Answer: 2

Explanation:

1. Ways to enhance cultural skill include learning a prevalent language or learning how to recognize health-manifesting skin color variations in different races.

2. Without cultural awareness, healthcare givers tend to project their own cultural responses onto foreign-born clients; clients from different socioeconomic, religious, or educational groups; or clients from different regions of the country.
3. During daily interactions with clients from diverse backgrounds, these cultural encounters allow the nurse to appreciate the uniqueness of individuals from varying backgrounds.
4. Acquiring cultural knowledge includes studying information about the beliefs, biologic variations, and favored treatments of specific cultural groups. This would be important; however, it is not the first step toward the goal of personal cultural competence.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Planning; Culture and Spirituality

Learning Outcome: 2.5 Discuss the use of a cultural assessment tool as a means of providing culturally sensitive care.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

- 11) The nurse is working with a child whose religious beliefs differ from those of the general population. What should the nurse do to meet the specific spiritual needs of this child and family?
 1. Ask, "What do you think caused the child's illness?"
 2. Show respect while allowing time and privacy for religious rituals.
 3. Identify healthcare practices forbidden by religious or spiritual beliefs.
 4. Ask, "How do the child's and family's religious/spiritual beliefs impact their practices for health and illness?"

Answer: 2

Explanation:

1. This may be part of the spiritual assessment process.
2. Whenever possible the nurse should attempt to accommodate religious rituals and practices requested by the family.
3. This may be part of the spiritual assessment process.
4. This may be part of the spiritual assessment process.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies:

IX.18. Develop an awareness of patients as well as healthcare professionals' spiritual beliefs and values and how those beliefs and values impact health care | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Implementation; Culture and Spirituality

Learning Outcome: 2.6 Identify key considerations in providing spiritually sensitive care.

MNL Learning Outcome: 2.2.3. Recognize maternal cultural and spirituality factors that affect pregnancy.

12) The nurse notes a general increase in clients' use of complementary and alternative therapies. What should the nurse identify as reasons for the increase in these therapies? Select all that apply.

1. Increased media attention
2. The advent of the Internet
3. Increased international travel
4. The use of traditional Western medicine for treatment
5. Increased consumer awareness of the limitations of conventional medicine

Answer: 1, 2, 3, 5

Explanation:

1. Increased media attention has spotlighted complementary and alternative therapies.
2. The advent of the Internet has made obtaining complementary and alternative therapies easier.
3. Increased international travel has increased the awareness of complementary and alternative therapies.
4. The use of traditional Western medicine for treatment often has stopped the use of complementary therapies and forced clients to hide the fact they use them from their healthcare providers.
5. Increased consumer awareness of the limitations of current conventional medicine has increased the awareness of complementary and alternative therapies.

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Cognitive Level: Applying

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.17. Develop a beginning understanding of complementary and alternative modalities and their role in health care | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.7 Differentiate between complementary and alternative therapies.

MNL Learning Outcome: 1.1.3. Relate various factors to their effect on pregnancy outcomes.

13) The nurse is reviewing a client's use of complementary and alternative therapies. Which situations should the nurse identify as being risky for the client? Select all that apply.

1. Trying out a homeopathic medicine obtained from a friend to reduce swelling in the legs

2. Joining a group that practices tai chi weekly to help with physical fitness and movement
3. Taking an herbal preparation suggested by a health food store worker for treatment of leg pain
4. Getting a massage from a licensed massage therapist for back pain, when such treatment has been prescribed by the primary healthcare giver
5. Getting a chiropractic treatment for lower back pain due to discomforts of pregnancy without telling the primary healthcare provider

Answer: 1, 3, 5

Explanation:

1. Lack of standardization, lack of regulation and research to substantiate their safety and effectiveness, and inadequate training and certification of some healers make some therapies risky. Trying out a homeopathic medicine obtained from a friend to reduce swelling in the legs is a risk factor when considering these therapies.
2. Joining a group that practices tai chi weekly to help with physical fitness and movement is a perfectly good use of complementary therapies.
3. Lack of standardization, lack of regulation and research to substantiate their safety and effectiveness, and inadequate training and certification of some healers make some therapies risky. Taking an herbal preparation suggested by a health food store worker for treatment of leg pain is a risk factor when considering these therapies.
4. Getting a massage from a licensed massage therapist for back pain, when such treatment has been prescribed by the primary healthcare giver, is a perfectly good use of complementary therapies.
5. Lack of standardization, lack of regulation and research to substantiate their safety and effectiveness, and inadequate training and certification of some healers make some therapies risky. Getting a chiropractic treatment for lower back pain due to discomforts of pregnancy without telling the primary healthcare provider is a risk factor when considering these therapies.

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Cognitive Level: Analyzing

Client Need/Sub: Physiological Integrity/Reduction of Risk Potential

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.17. Develop a beginning understanding of complementary and alternative modalities and their role in health care | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.8 Determine the benefits and risks of complementary and alternative therapies.

MNL Learning Outcome: 1.1.3. Relate various factors to their effect on pregnancy outcomes.

- 14) A pregnant client is interested in the use of herbs during her pregnancy. How should the nurse counsel this client? Select all that apply.
 1. Do not take any herbs with other medication.
 2. Refer to the list to learn which herbs to avoid during pregnancy.

3. Most herbs are harmless and can be safely taken while pregnant.
4. Refer to the list to learn which herbs to avoid during breastfeeding.
5. Consult with your healthcare provider before taking any herbs, even as teas.

Answer: 1, 2, 4, 5

Explanation:

1. Certain herbs may interact with prescribed medication, and should not be used.
2. Lists identifying common herbs that women are advised to avoid or use with caution during pregnancy are available.
3. Most herbs are not harmless. They are not routinely regulated and should be treated with caution.
4. Lists identifying common herbs that women are advised to avoid or use with caution during lactation are available.
5. Pregnant and lactating women interested in using herbs are best advised to consult with their healthcare provider before taking any herbs, even as teas.

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Cognitive Level: Applying

Client Need/Sub: Physiological Integrity/Basic Care and Comfort

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.17. Develop a beginning understanding of complementary and alternative modalities and their role in health care | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: 2.9 Summarize complementary therapies appropriate for the nurse to use with childbearing and childrearing families.

MNL Learning Outcome: 1.1.3. Relate various factors to their effect on pregnancy outcomes.

- 15) A client says that she is taking a preparation that makes symptoms of a disease worse. Which type of complementary and alternative therapy is this client using?
1. Naturopathy
 2. Homeopathy
 3. Herbal therapy
 4. Chinese medicine

Answer: 2

Explanation:

1. Naturopathy is a form of medicine that utilizes the healing forces of nature and is commonly referred to as natural medicine. It is more precisely defined as a healing system that combines safe and effective traditional means of preventing and treating human disease with the most current advances in modern medicine.
2. Homeopathy is a healing approach in which a sick person is treated with small doses of medicines that would cause illness when given to someone who is healthy.
3. Herbs do not usually cause symptoms when taken.

4. Chinese medicine uses a variety of techniques including acupuncture, acupressure, and herbal therapy.

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Cognitive Level: Analyzing

Client Need/Sub: Physiological Integrity/Basic Care and Comfort

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.17. Develop a beginning understanding of complementary and alternative modalities and their role in health care | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: 2.9 Summarize complementary therapies appropriate for the nurse to use with childbearing and childrearing families.

MNL Learning Outcome: 1.1.3. Relate various factors to their effect on pregnancy outcomes.

16) The nurse is preparing to assess a client who is from a non-English-speaking culture. What should the nurse review about the client's culture before beginning the assessment? Select all that apply.

1. Touch
2. Employment
3. Personal space
4. Physical differences
5. Use of nonverbal communication

Answer: 1, 3, 4, 5

Explanation:

1. The appropriateness of touch varies with each culture.
2. Employment is not culturally determined.
3. An individual's sense of personal space differs by culture.
4. Genetic and physical differences occur among cultural groups and can lead to disparity in needs and care.
5. Depending upon the culture, gestures and body language may be misunderstood or misinterpreted.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Assessment; Culture and Spirituality

Learning Outcome: 2.5 Discuss the use of a cultural assessment tool as a means of providing culturally sensitive care.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

17) The nurse is preparing a teaching session for staff nurses on cultural influences of childbearing practices. Which topics should the nurse include? Select all that apply.

1. Gender of children
2. Number of children
3. Use of contraception
4. Achievement of developmental milestones
5. Pregnancy as an illness or expected condition

Answer: 1, 2, 3, 5

Explanation:

1. In some cultures, a woman who gives birth achieves a higher status, especially if the child is male.
2. In many cultures throughout the world, it is common to have as many children as possible.
3. Culture may also influence attitudes and beliefs about contraception. In some cultures, contraception is appropriate but sterilization is not.
4. Achievement of developmental milestones would be included with content about childrearing practices.
5. Certain behaviors can be expected if a culture views pregnancy as a sickness, whereas other behaviors can be expected if the culture views pregnancy as a natural occurrence.

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Cognitive Level: Applying

Client Need/Sub: Psychosocial Integrity

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential

Competencies: IX.7. Provide appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and health literacy considerations to foster patient engagement in their care | NLN Competencies: Relationship Centered; Knowledge; The role of

family, culture, and community in a person's development | Nursing/Integrated Concepts:

Nursing Process: Planning; Culture and Spirituality; Teaching/Learning

Learning Outcome: 2.3 Identify prevalent cultural norms related to childbearing and childrearing.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

18) The nurse is caring for clients in a major urban community health clinic. For which cultural groups should the nurse make assessing for lactose intolerance a priority? Select all that apply.

1. Asians
2. Mediterranean descent
3. American Indians
4. African Americans
5. Mexican Americans

Answer: 1, 3, 4, 5

Explanation:

1. Lactose intolerance is common in Asians.
2. People of Mediterranean descent are not identified as having lactose intolerance.
3. Lactose intolerance is common in American Indians.
4. Lactose intolerance is common in African Americans.
5. Lactose intolerance is common in Mexican Americans.

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Cognitive Level: Applying

Client Need/Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential Competencies: IX.1. Conduct comprehensive and focused physical, behavioral, psychological, spiritual, socioeconomic, and environmental assessments of health and illness parameters in patients, using developmentally and culturally appropriate approaches | NLN Competencies: Context and Environment; Practice; conduct population-based transcultural health assessments and interventions | Nursing/Integrated Concepts: Nursing Process: Assessment; Culture and Spirituality

Learning Outcome: 2.5 Discuss the use of a cultural assessment tool as a means of providing culturally sensitive care.

MNL Learning Outcome: 1.1.1. Relate the effect of culture and family to the childbearing experience.

19) A pregnant client wants natural childbirth and asks what approaches can be used to keep the mind and body relaxed during labor. Which mind-based therapies should the nurse review with this client? Select all that apply.

1. Qigong
2. Massage
3. Hypnosis
4. Visualization
5. Guided imagery

Answer: 3, 4, 5

Explanation:

1. Qigong is a self-discipline that involves the use of breathing, meditation, self-massage, and movement. It is not considered a mind-based therapy.
2. Massage therapy involves manipulation of the soft tissues of the body to reduce stress and tension, increase circulation, diminish pain, and promote a sense of well-being. It is not considered a mind-based therapy.
3. Hypnosis is a state of great mental and physical relaxation during which a person is very open to suggestions. Pregnant women who receive hypnosis before childbirth have reported shorter, less painful labors and births.
4. Visualization is a complementary therapy in which a person goes into a relaxed state and focuses on, or “visualizes,” soothing or positive scenes such as a beach or a mountain glade. Visualization helps reduce stress and encourage relaxation.
5. Guided imagery is a state of intense, focused concentration used to create compelling mental images. It is sometimes considered a form of hypnosis.

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Cognitive Level: Applying

Client Need/Sub: Health Promotion and Maintenance

Standard: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential

Competencies: IX.17. Develop a beginning understanding of complementary and alternative modalities and their role in health care | NLN Competencies: Context and Environment;

Practice; conduct population-based transcultural health assessments and interventions |

Nursing/Integrated Concepts: Nursing Process: Implementation; Teaching/Learning

Learning Outcome: 2.7 Differentiate between complementary and alternative therapies.

MNL Learning Outcome: 1.1.3. Relate various factors to their effect on pregnancy outcomes.

20) The maternity nurse is planning to incorporate complementary and alternative therapies when providing care to clients in labor. What should the nurse do before implementing these therapies? Select all that apply.

1. Find evidence-based research for the use of the therapies.
2. Identify the therapies that are within the scope of nursing practice.
3. Document the use of therapies within the context of nursing practice.
4. List the therapies that are permitted according to the nurse practice act.
5. Determine which therapies are appropriate for a client's health problem.

Answer: 1, 2, 3, 4

Explanation:

1. The use of complementary and alternative therapies should also be supported by evidence-based research.
2. Nurses should use complementary modalities that are in the scope of their nursing practice.
3. Nurses who use complementary modalities should document their use within the context of nursing practice. This is most effective when the modality is identified as an intervention to address a specific nursing diagnosis or an identified client need.
4. Nurses should use complementary modalities that are in the nursing practice act in their state.
5. Determining which therapies are appropriate for a client's health problem is beyond the nurse's scope of practice.

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Cognitive Level: Applying

Client Need/Sub: Physiological Integrity/Basic Care and Comfort

Standards: QSEN Competencies: I.A.1. Integrate understanding of multiple dimensions of patient centered care: patient/family/community preferences, values | AACN Essential

Competencies: IX.17. Develop a beginning understanding of complementary and alternative modalities and their role in health care | NLN Competencies: Context and Environment;

Practice; conduct population-based transcultural health assessments and interventions |

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: 2.9 Summarize complementary therapies appropriate for the nurse to use with childbearing and childrearing families.

MNL Learning Outcome: 1.1.3. Relate various factors to their effect on pregnancy outcomes.