Olds Maternal Newborn Nursing and Womens Health Across the Lifespan 11th edition Davidson Test Bank

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Old's Maternal-Newborn Nursing and Women's Health, 11e (Davidson/London/Ladewig)

Chapter 2 Families, Cultures, and Complementary Therapies

1) A couple who came to the United States two years ago with their two children are seeing the nurse in the community clinic. The nurse knows their family is acculturating when the mother makes which statement?

   A) "The children are much less well-behaved than they used to be."
   B) "Our diet now includes hamburgers and French fries."
   C) "We celebrate the same holidays that we used to at home."
   D) "When the children leave the house, I worry about them."

Answer: B

Explanation:
   A) Concern about behavior of the children is nearly universal, and is not an indicator of a family's acculturation.
   B) Inclusion of fast food in the diet is an indication of acculturation, because it shows a belief in the nutritional value of these foods and an acceptance of purchasing fast food as equivalent in value to home-cooked meals.
   C) The holidays that are celebrated might not change as a part of acculturation.
   D) Concern about the children leaving the home is universal, and is not an indicator of a family's acculturation.

Page Ref: 20

Cognitive Level: Understanding
Client Need/Sub: Psychosocial Integrity: Cultural Awareness/Cultural Influences on Health
Standards: QSEN Competencies: Ⅰ. B. 3. Provide patient-centered care with sensitivity and respect for the diversity of human experience. | AACN Essentials Competencies: Ⅶ. 7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person, with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 1 Compare the characteristics of different types of families.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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2) Which of the following best describes a nuclear family?

A) An unmarried woman who chooses to conceive or adopt without a life partner.
B) Children live in a household with both biologic parents and no other relatives or persons.
C) A couple shares household and childrearing responsibilities with parents, siblings, or other relatives.
D) The head of the household is widowed, divorced, abandoned, separated, or most often, the mother remains unmarried.

Answer: B

Explanation:
A) The single mother by choice family represents a family composed of an unmarried woman who chooses to conceive or adopt without a life partner.
B) In the nuclear family, children live in a household with both biologic parents and no other relatives or persons.
C) In an extended family, a couple shares household and childrearing responsibilities with parents, siblings, or other relatives.
D) In the single-parent family, the head of the household is widowed, divorced, abandoned, separated, or most often, the mother remains unmarried.

Page Ref: 17

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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3) What is the term for when children alternate between two homes, spending varying amounts of time with each parent in a situation called *co-parenting* and usually involving joint custody?

A) Blended or reconstituted nuclear family
B) Extended kin network family
C) Binuclear family
D) Extended family

Answer: C

Explanation:
A) The blended or reconstituted nuclear family includes two parents with biologic children from a previous marriage or relationship who marry or cohabitate.
B) An extended kin network family is a specific form of an extended family in which two nuclear families of primary or unmarried kin live in proximity to each other.
C) A binuclear family is a post-divorce family in which the biologic children are members of two nuclear households, with parenting by both the father and the mother.
D) In an extended family, a couple shares household and childrearing responsibilities with parents, siblings, or other relatives.

Page Ref: 18

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AAC N Essentials Competencies: Ⅷ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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4) Duvall's eight stages in the family life cycle of a traditional nuclear family have been used as the foundation for contemporary models that describe the developmental processes and role expectations for different family types. Which of the following is an example of Stage Ⅳ of this family life cycle?

A) Families launching young adults (all children leave home)
B) Families with preschool-age children (oldest child is between 2.5 and 6 years of age)
C) Middle-aged parents (empty nest through retirement)
D) Families with schoolchildren (oldest child is between 6 and 13 years of age)

Answer: D

Explanation:
A) Stage Ⅵ is families launching young adults (all children leave home).
B) Stage Ⅲ is families with preschool-age children (oldest child is between 2.5 and 6 years of age).
C) Stage Ⅶ is middle-aged parents (empty nest through retirement).
D) Stage Ⅳ is families with schoolchildren (oldest child is between 6 and 13 years of age).

Page Ref: 19

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Implementation.
Learning Outcome: 2 Identify the stages of a family life cycle.
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5) A 7-year-old client tells the nurse that "Grandpa, Mommy, Daddy, and my brother live at my house." The nurse identifies this as what type of family?

A) Binuclear
B) Extended
C) Gay or lesbian
D) Traditional

Answer: B

Explanation:
A) A binuclear family includes divorced parents with joint custody of their biologic children, who alternate spending varying amounts of time in the home of each parent.
B) An extended family consists of a couple who share the house with their parents, siblings, or other relatives.
C) A gay or lesbian family is composed of two same-sex domestic partners; they might not have children.
D) The traditional nuclear family consists of a husband provider, a wife who stays home, and the biologic children of this union.

Page Ref: 17

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AAC N Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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6) A nurse is performing an assessment on a family with a father and mother who both work. What type of family does she record this family as being?

A) A traditional nuclear family
B) A dual-career/dual-earner family
C) An extended family
D) An extended kin family

Answer: B

Explanation:
A) The traditional nuclear family is defined as a husband provider, a wife who stays home, and children.
B) A dual-career/dual-earner family is characterized by both parents working, either by choice or necessity.
C) An extended family is defined as a couple who share household and childrearing responsibilities with parents, siblings, or other relatives.
D) An extended kin family is a specific form of an extended family in which two nuclear families of primary or unmarried kin live in close proximity to each other.

Page Ref: 17

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials Competencies: Ⅷ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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7) Why is it important for the nurse to understand the type of family that a client comes from?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) Family structure can influence finances.
B) Some families choose to conceive or adopt without a life partner.
C) The nurse can anticipate which problems a client will experience based on the type of family the client has.
D) Understanding if the client's family is nuclear or blended will help the nurse teach the client the appropriate information.
E) The values of the family will be predictable if the nurse knows what type of family the client is a part of.

Answer: A, B

Explanation:

A) Single-parent families often face difficulties because the sole parent may lack social and emotional support, need assistance with childrearing issues, and face financial strain.
B) In the single mother by choice family, the mother is typically older, college-educated, and financially stable and has contemplated pregnancy significantly prior to conceiving.
C) Each client and family must be assessed as individuals, without making assumptions. Although generalities can be drawn based on the type of family that a client comes from or currently is part of, stereotypes must be avoided.
D) Each client and family must be assessed as individuals, without making assumptions. Although generalities can be drawn based on the type of family that a client comes from or currently is part of, stereotypes must be avoided.
E) Each client and family must be assessed as individuals, without making assumptions. Although generalities can be drawn based on the type of family that a client comes from or currently is part of, stereotypes must be avoided.

Page Ref: 17—19

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. B. 3. Provide patient-centered care with sensitivity and respect for the diversity of human experience. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Promote and accept the patient's emotions; accept and respond to distress in patient and self; facilitate hope, trust, and faith. | Nursing/Integrated Concepts: Nursing Process: Assessment.

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8) The public health nurse is working with a student nurse. The student nurse asks which of the six groups of people they have seen today are considered to be families. How should the nurse respond?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) "The married heterosexual couple without children"
B) "The gay couple with two adopted children"
C) "The unmarried heterosexual couple with two biological children"
D) "The lesbian couple not living together that have no children"
E) "The married heterosexual couple with three children, living with grandparents"

Answer: A, B, C, E

Explanation:

A) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. A couple without children is still a family.
B) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. Gay and lesbian families are those in which two or more people who share a same-sex orientation live together, or in which a gay or lesbian single parent rears a child.
C) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. A family may be formed without a legal marriage.
D) A couple not living together and without children together are considered dating and not yet a family.
E) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. Extended family members, including parents or grandparents, will often live with their adult children or grandchildren, creating intergenerational families.

Page Ref: 17

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. C. 5. Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds. | AACN Essentials Competencies: Ⅷ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Demonstrate self-awareness, self-care,

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self-growth, be open and nonjudgmental. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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9) In assessing a new family coming to the clinic, the nurse determines they are an extended kin family because the family exhibits what as characteristics of an extended kin network family?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) A sharing of a social support network
B) Each family establishes their own sources of goods and services
C) Elderly parents share housing
D) Children are members of two nuclear families
E) A sharing of goods and services

Answer: A, E

Explanation:

A) Extended kin family networks share a social support network.
B) Extended kin family networks share goods and services, rather than establishing their own sources of goods and services.
C) Elderly parents sharing a household is a feature of the extended family system.
D) Children being members of two nuclear families applies to the binuclear family.
E) Extended kin family networks share goods and services.

Page Ref: 17

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. B. 1. Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Demonstrate self-awareness, self-care, self-growth; be open and non-judgmental. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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10) The transcultural nursing theory was developed in 1961 by Dr. Madeleine Leininger. Its foundation is in which of the following?

A) The framework categorizes a family's progression over time
B) The family life cycle of a traditional nuclear family
C) Anthropology and nursing
D) Holistic health beliefs

Answer: C

Explanation:
A) Family development theories use a framework to categorize a family's progression over time according to specific, typical stages in family life.
B) Duvall's eight stages is the foundation of the family life cycle of a traditional nuclear family.
C) Transcultural nursing theory is rooted in caring that embraces the beliefs and practices of individuals or groups of similar or different cultures.
D) An example of a holistic health belief is the hot and cold theory of disease.

Page Ref: 19

Cognitive Level: Remembering
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅰ. B. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 3 Identify prevalent cultural norms related to childbearing and childrearing.
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11) The nurse is preparing a community presentation on family development. Which statement should the nurse include?

A) The youngest child determines the family's current stage.
B) A family does not experience overlapping of stages.
C) Family development ends when the youngest child leaves home.
D) The stages describe the family's progression over time.

Answer: D

Explanation:
A) The youngest child is not a marker for which stage the family is in.
B) Families with more than one child can experience multiple stages simultaneously.
C) Families' development continues after the youngest child leaves home.
D) Family development stages describe the changes and adaptations that a family goes through over time as children are added to the family.

Page Ref: 19

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials Competencies: Ⅷ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Planning.
Learning Outcome: 2 Identify the stages of a family life cycle.
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12) In learning about Duvall's life-cycle stages ascribed to traditional families, the nursing student recognizes that developmental tasks of each stage include which of the following?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) Adjusting to new roles as mother and father
B) Working out authority and socialization roles with the school
C) Becoming a single parent with custodial responsibilities
D) Becoming a couple and dating
E) Adjusting to the loss of a spouse

Answer: A, B, E

Explanation:

A) Adjusting to new roles as mother and father occurs in Stage Ⅱ, which describes childbearing families with infants.
B) Working out authority and socialization roles with schools occurs in Stage Ⅳ, which describes families with school-age children.
C) Traditional family life-cycle stages do not include those in which divorce occurs.
D) Becoming a couple and dating occurs before marriage, and is not a part of the traditional family life-cycle stages.
E) Stage Ⅷ includes adjusting to the loss of a spouse.

Page Ref: 19

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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13) The nurse is planning a community education program on the role of complementary and alternative therapies during pregnancy. Which statement about alternative and complementary therapies should the nurse include?

A) "They bring about cures for illnesses and diseases."
B) "They are invasive but effective for achieving health."
C) "They emphasize prevention and wellness."
D) "They prevent pregnancy complications."

Answer: C

Explanation:

A) These therapies emphasize prevention and wellness, aiming for holistic health rather than cure or treatment.
B) Most alternative and complimentary therapies are noninvasive. The only ones that are invasive are acupuncture, herbs, and foods.
C) Complementary and alternative therapies have many benefits during pregnancy. They emphasize prevention and wellness, aiming for holistic health rather than cure or treatment.
D) No method of treatment can prevent all pregnancy complications.

Page Ref: 27—30

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅱ. A. 2. Describe scopes of practice and roles of health care team members. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Teamwork: Contribution of other individuals and groups in helping patient/family achieve health goals. | Nursing/Integrated Concepts: Nursing Process: Implementation.
Learning Outcome: 7 Differentiate between complementary and alternative therapies.
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14) The nurse is preparing to assess the development of a family new to the clinic. The nurse understands that which of the following is the primary use of a family assessment tool?

A) Obtain a comprehensive medical history of family members.
B) Determine to which clinic the client should be referred.
C) Predict how a family will likely change with the addition of children.
D) Understand the physical, emotional, and spiritual needs of members.

Answer: D

Explanation:
A) The medical history is one area that is explored using a family assessment tool, but it is not the primary use of the family assessment.
B) Although referrals might take place as a result of the family assessment findings, this is not the primary purpose of the assessment.
C) Family development models help predict how a family will likely change with the addition of children.
D) Understanding the physical, emotional, and spiritual needs of members is the main reason for using a family assessment tool.

Page Ref: 19

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅰ. B. 10. Engage patients or designated surrogates in active partnerships that promote health, safety and well-being, and self-care management. | AACN Essentials Competencies: Ⅳ. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing practice. | NLN Competencies: Quality and Safety: Carefully maintain and use electronic and/or written health records. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 1 Compare the characteristics of different types of families.
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15) The nurse in the community should use a family assessment tool to obtain what type of information?

A) How long the family has lived at its current address
B) What other health insurance the family has had in the past
C) How the family meets its nutritional needs and obtains food
D) What eye color the family desires in its unborn child

Answer: C

Explanation:
A) The length of time at a residence is not included in the family assessment tool.
B) Past health insurance coverage is not included in the family assessment tool.
C) A family assessment is a collection of data about the family's type and structure, current level of functioning, support system, sociocultural background, environment, and needs.
D) Desired eye color of a child is not included in the family assessment tool.

Page Ref: 19

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅵ. A. 2. Identify essential information that must be available in a common database to support patient care. | AACN Essentials Competencies: Ⅳ. 7. Recognize the role of information technology in improving patient care outcomes and creating a safe care environment. | NLN Competencies: Quality and Safety: Carefully maintain and use electronic and/or written health records. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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16) In assessing a family, the community nurse uses a family assessment tool, which provides an organized framework to collect data concerning which of the following?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) Access to laundry and grocery facilities
B) Access to health care
C) Sharing of religious beliefs and values
D) Acculturation to traditional lifestyles
E) Ability to include a new spouse into the family unit

Answer: A, B, C

Explanation:

A) Measuring access to laundry, grocery, and recreational facilities that meet the physical, emotional, and spiritual needs of members is part of the family assessment tool.
B) Measuring access to healthcare that meets the physical, emotional, and spiritual needs of members is part of the family assessment tool.
C) Learning about shared religious beliefs and values, which meet the physical, emotional, and spiritual needs of members, is part of the family assessment tool.
D) Acculturation to traditional lifestyles is not measured with the family assessment tool.
E) The ability to include a new spouse into the family unit is a developmental task/stage of those who are divorced, and is not a part of the family assessment tool.

Page Ref: 19

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅵ. B. 1. Seek education about how information is managed in care settings before providing care. | AACN Essentials Competencies: Ⅳ. 1. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe nursing care. | NLN Competencies: Quality and Safety: Carefully maintain and use electronic and/or written health records. | Nursing/Integrated Concepts: Nursing Process: Assessment.
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17) The nurse is assessing a client who reports seeing an acupuncturist on a weekly basis to treat back pain. The nurse understands that acupuncture is an example of what?

A) A risky practice without evidence of efficacy
B) A folk remedy
C) A complementary therapy
D) An alternative therapy

Answer: C

Explanation:
A) Acupuncture has been used in traditional Chinese medicine for over 3000 years. Good evidence is available on the efficacy of acupuncture for treatment of chronic pain.
B) A folk remedy is a practice of a cultural group that either has no evidence to support efficacy or has been found not to have an effect.
C) Acupuncture is a therapy that is used in conjunction with conventional medical treatment, and therefore is an example of a complementary therapy.
D) Acupuncture is not categorized as an alternative therapy, because it is used in conjunction with conventional medical treatment.

Page Ref: 29

Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Basic Care and Comfort
Standards: QSEN Competencies: Ⅱ. A. 2. Describe scope of practice and roles of health care team members. | AACN Essentials Competencies: Ⅸ. 17. Develop a beginning understanding of complementary and alternative modalities and their role in health care. | NLN Competencies: Teamwork: Contribution of other individuals and groups in helping patient/family achieve health goals. | Nursing/Integrated Concepts: Nursing Process: Diagnosis.
Learning Outcome: 7 Differentiate between complementary and alternative therapies.
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18) In working with immigrants in an inner-city setting, the nurse recognizes that acculturation of immigrants often brings with it which of the following benefits?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) Improved socioeconomic status
B) Use of preventive care services
C) Better nutrition
D) Increase in substance abuse over time
E) More physician visits due to language barriers

Answer: A, B, C

Explanation:

A) Improvement of socioeconomic status is a benefit of acculturation in the United States.
B) Acculturation of immigrants increases the likelihood that the family members will use preventive health services.
C) Improved socioeconomic status leads to better nutrition and access to health care.
D) Substance abuse tends to increase over time as immigrants acculturate, especially among Hispanics.
E) Language barriers with physicians tend to decrease the use of healthcare services.

Page Ref: 20

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Management of Care
Standards: QSEN Competencies: Ⅰ. B. 3. Provide patient-centered care with sensitivity and respect for the diversity of human experience. | AACN Essentials Competencies: Ⅶ. 7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person, with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 3 Identify prevalent cultural norms related to childbearing and childrearing.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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19) The nurse is caring for a postpartal client of Hmong descent who immigrated to the United States 5 years ago. The client asks for the regular hospital menu because American food tastes best. The nurse assesses this response to be related to which of the following cultural concepts?

A) Acculturation
B) Ethnocentrism
C) Enculturation
D) Stereotyping

Answer: A

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

Page Ref: 20

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Management of Care
Standards: QSEN Competencies: Ⅰ. B. 3. Provide patient-centered care with sensitivity and respect for the diversity of human experience. | AACN Essentials Competencies: Ⅶ. 7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person, with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 3 Identify prevalent cultural norms related to childbearing and childrearing.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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20) The nurse is teaching a community education class on complementary and alternative therapies. To assess learning, the nurse asks, "In traditional Chinese medicine, what is the invisible flow of energy in the body that maintains health and ensures physiologic functioning?" Which answer indicates that teaching was successful?

A) Meridians
B) Chi
C) Yin
D) Yang

Answer: B

Explanation:
A) Meridians are the 14 pathways along which energy flows, connecting all parts of the body.
B) Chi is the energy that flows through the body along meridians, or pathways, to maintain health.
C) Yin and yang are opposites. Yin is the female force: passive, cool, wet, and close to the earth.
D) Yin and yang are opposites. Yang is the masculine force: aggressive, hot, dry, and celestial.

Page Ref: 28

Cognitive Level: Remembering
Client Need/Sub: Physiological Integrity: Basic Care and Comfort
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Evaluation.
Learning Outcome: 7 Differentiate between complementary and alternative therapies.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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21) During the assessment phase of a family, the community nurse recognizes that culture influences childrearing and childbearing in which of the following ways?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) Beliefs about the importance of children
B) Beliefs and attitudes about pregnancy
C) Norms regarding infant feeding
D) Acculturation is important in rearing children
E) Time orientation to the future is very important

Answer: A, B, C

Explanation:

A) Culture influences beliefs about the importance of children.
B) Culture influences attitudes about pregnancy and the right vs. the obligation of women to bear children.
C) Culture influences infant feeding norms and practices.
D) Acculturation is not important in rearing children.
E) Time orientation is a cultural difference and can emphasize the past, present, or future. It does not influence childbearing and childrearing.

Page Ref: 19

Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions
Standards: QSEN Competencies: Ⅰ. C. 1. Value seeing health care situations "through patient's eyes." | AACN Essentials Competencies: Ⅷ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Affirm and value diversity. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 3 Identify prevalent cultural norms related to childbearing and childrearing.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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22) The nurse is teaching a class to the community on mind-based therapies. A class participant gives an example of a friend with leukemia who was taught by her complementary therapist to concentrate on making antibodies that will fight and kill the cancer cells in the bloodstream. How would the nurse identify this technique?

A) Guided imagery
B) Qigong
C) Biofeedback
D) Homeopathy

Answer: A

Explanation:
A) Guided imagery is a state of intense, focused concentration used to create compelling mental images and is useful in imagining a desired effect.
B) Qigong involves the use of breathing, meditation, self-massage, and movement.
C) Biofeedback is learning to control physiologic responses to stimuli or thoughts.
D) Homeopathy is not a mind-body therapy, but uses the concept of like curing like.

Page Ref: 29

Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Physiological Adaptation
Standards: QSEN Competencies: Ⅰ. A. 6. Describe strategies to empower patients or families in all aspects of the health care process. | AACN Essentials Competencies: Ⅸ. 3. Implement holistic, patient-centered care that reflects an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health-illness continuum, across the lifespan and in all healthcare settings. | NLN Competencies: Relationship-Centered Care: Respect the patient's dignity, uniqueness, integrity, and self-determination and his or her own power and self-healing process. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 8 Summarize the benefits and risks of complementary health approaches.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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23) The nurse is admitting a Hispanic woman scheduled for a cholecystectomy. The nurse uses a cultural assessment tool during the admission. Which question would be most important for the nurse to ask?

A) "What other treatments have you used for your abdominal pain?"
B) "In what country were you were born?"
C) "When you talk to family members, how close do you stand?"
D) "How would you describe your role within your family?"

Answer: A

Explanation:
A) Knowing what other treatments the client has used for pain is most important because some traditional or folk remedies include the use of herbs, which can have medication interactions.
B) Although information about the country of birth is helpful, it is not a physiological issue. Asking other questions is a higher priority.
C) Although understanding the client's perception of appropriate personal space is helpful, it is not a physiological issue. Asking other questions is a higher priority.
D) Although understanding the client's family roles is helpful, it is not a physiological issue. Asking other questions is a higher priority.

Page Ref: 21

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅰ. B. 1. Elicit patient values, preferences, and expressed needs as part of clinical interview, implementation of care plan and evaluation of care. | AACN Essentials Competencies: Ⅷ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups and communities, and populations. | NLN Competencies: Relationship-Centered Care: Communicate information effectively; listen openly and cooperatively. | Nursing/Integrated Concepts: Nursing Process: Planning.
Learning Outcome: 4 Summarize the importance of cultural competency in providing nursing care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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24) The nurse works in a facility that cares for clients from a broad range of racial, ethnic, cultural, and religious backgrounds. Which statement should the nurse include in a presentation to recently hired nurses on the client population of the facility?

A) "Our clients come from a broad range of backgrounds, but we have a good interpreter service."
B) "Many of our clients come from backgrounds different from your own, but it doesn't cause problems for the nurses."
C) "Because most of the doctors are bilingual, we don't have to deal with the differences in cultural backgrounds of our clients."
D) "Understanding the common values and health practices of our diverse clients will facilitate better care and health outcomes."

Answer: D

Explanation:
A) The role of a foreign language interpreter is to facilitate communication. The interpreter might not be able to interpret the cultural practices of clients. An example is a Spanish interpreter: The interpreter might be from Spain, but interprets language for clients from Guatemala and Nicaragua, countries about which the interpreter might know virtually nothing.
B) Racial, ethnic, cultural, and religious backgrounds of clients have significant implications for how the clients perceive health, illness, and health care. It is important for nurses to understand the backgrounds of the client population that attends that facility.
C) Bilingual physicians, like all physicians, have very busy schedules, and often do not understand nursing care. It is the responsibility of the nurse to become familiar with the backgrounds of the client population.
D) Because of the implications for care based on cultural background, it is important for nurses to understand the backgrounds of the client population that accesses the facility. Without cultural awareness, caregivers 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.

Page Ref: 21—22

Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅰ. B. 1. Elicit patient values, preferences, and expressed needs as part of clinical interview, implementation of care plan and evaluation of care. | AACN Essentials Competencies: Ⅷ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Communicate information effectively; listen openly and cooperatively. | Nursing/Integrated Concepts: Nursing Process: Planning.

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Learning Outcome: 4 Summarize the importance of cultural competency in providing nursing care.
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25) The nurse manager in a hospital with a large immigrant population is planning an in-service. Aware of how ethnocentrism affects nursing care, the nurse manager asks, "The belief that one's own values and beliefs are the only or the best values has which of the following results?"

A) It implies newcomers to the United States should adopt the norms and values of the country.
B) It can create barriers to communication through misunderstanding.
C) It leads to an expectation that all clients will exhibit pain the same way.
D) It improves the quality of care provided to culturally diverse client bases.

Answer: B

Explanation:
A) Although acculturation involves adoption of some of the majority culture's practices and beliefs, each cultural group will continue to hold and express its own set of values and beliefs.
B) When the nurse assumes that a client has the same values and beliefs as the nurse, misunderstanding will frequently occur, which in turn can negatively impact nurse-client communication. Ethnocentrism is the conviction that the values and beliefs of one's own cultural group are the best or only acceptable ones.
C) Expression of pain is one area that varies greatly from one culture to another.
D) The belief that one's own values and beliefs are the best will not improve the quality of care provided to culturally diverse client bases.

Page Ref: 24

Cognitive Level: Understanding
Client Need/Sub: Psychosocial Integrity: Cultural Awareness/Cultural Influences on Health
Standards: QSEN Competencies: Ⅰ. C. 1. Value seeing health care situation "through patients' eyes." | AACN Essentials Competencies: Ⅶ. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person, with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Planning.
Learning Outcome: 4 Summarize the importance of cultural competency in providing nursing care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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26) The client reports using an alternative therapy that involves the manipulation of soft tissues. This therapy has reduced the client's stress, diminished pain, and increased circulation. Which therapy has this client most likely received?

A) Guided imagery
B) Homeopathy
C) Massage therapy
D) Reflexology

Answer: C

Explanation:
A) Guided imagery involves picturing a desired outcome.
B) Homeopathy uses the concept of like curing like.
C) Massage therapy involves the manipulation of soft tissues.
D) Reflexology is the application of pressure to designated points or reflexes on the client's feet, hands, or ears using the thumb and fingers.

Page Ref: 29

Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Basic Care and Comfort
Standards: QSEN Competencies: Ⅰ. B. 2. Communicate patient values, preferences, and expressed needs to other members of the health care team. | AACN Essentials Competencies: Ⅸ. 17. Develop a beginning understanding of complementary and alternative modalities and their role in health care. | NLN Competencies: Relationship-centered Care: Appreciate the patient as a whole person, with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 8 Summarize the benefits and risks of complementary health approaches.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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27) A nurse is working in a clinic where clients from several cultures are seen. As a first step toward the goal of personal cultural competence, the nurse will do which of the following?

A) Enhance cultural skills.
B) Gain cultural awareness.
C) Seek cultural encounters.
D) Acquire cultural knowledge.

Answer: B

Explanation:
A) Ways to enhance cultural skill include learning a prevalent language and learning how to recognize health-manifesting skin color variations in different races.
B) One begins to gain cultural competence by gaining cultural awareness or by gaining an effective and cognitive self-awareness of personal worldview biases, beliefs, etc.
C) During daily interactions with clients from diverse backgrounds, these cultural encounters allow the nurse to appreciate the uniqueness of individuals from varying backgrounds.
D) Another early step, although not the first step, is acquiring cultural knowledge, and includes studying information about the beliefs, biological variations, and favored treatments of specific cultural groups.

Page Ref: 23

Cognitive Level: Understanding
Client Need/Sub: Psychosocial Integrity: Cultural Awareness/Cultural Influences on Health
Standards: QSEN Competencies: Ⅰ. B. 1. Elicit patient values, preferences, and expressed needs as part of clinical interview, implementation of care plan and evaluation of care. | AACN Essentials Competencies: . 2. Use inter- and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care. | NLN Competencies: Relationship-centered Care: Communicate information effectively: listen openly and cooperatively. | Nursing/Integrated Concepts: Nursing Process: Planning.
Learning Outcome: 4 Summarize the importance of cultural competency in providing nursing care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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28) When teaching a culturally diverse group of childbearing families about hospital birthing options, the culturally competent nurse does which of the following?

A) Understands that the families have the same values as the nurse
B) Teaches the families how childbearing takes place in the United States
C) Insists that the clients answer questions instead of their husbands
D) Incorporates the specific beliefs of the cultural groups that are attending the class

Answer: D

Explanation:
A) Assuming that the families have the same values as the nurse is ethnocentrism.
B) Although it is important to explain health care during pregnancy and childbearing, this is not the top priority.
C) The husband's answering questions might be a cultural norm, and insisting that the client answer could decrease the family's trust in the healthcare system.
D) Providing culturally competent care involves recognizing the importance of the childbearing family's value system, acknowledging that differences occur among people, and respecting and responding to ethnic diversity in a way that leads to mutually desirable outcomes.

Page Ref: 23

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅰ. B. 3. Provide patient-centered care with sensitivity and respect for the diversity of human experience. | AACN Essentials Competencies: Ⅵ. 2. Use inter- and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care. | NLN Competencies: Relationship-centered Care: Communicate information effectively: listen openly and cooperatively. | Nursing/Integrated Concepts: Nursing Process: Planning.
Learning Outcome: 4 Summarize the importance of cultural competency in providing nursing care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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29) Which questions are appropriate for the nurse to ask during a cultural assessment of a client who is new to the clinic?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

A) What genetic and other biological differences affect caregiving?
B) Which family member must be consulted for decisions about care?
C) What type of healthcare provider is the most appropriate?
D) Does the client have beliefs or traditions that might impact the care plan?
E) Are communications patterns established?

Answer: B, C, D

Explanation:

A) Genetic and biological differences are health concerns, such as hypertension that the nurse must keep in mind, but the nurse would not ask about genetic and biological differences during a cultural assessment.
B) It is important that the nurse recognize cultural differences in regard to which family member must be consulted for decisions about care.
C) Some cultures do not allow a person of the opposite sex to touch the client. Cultural sensitivity will recognize and allow for this.
D) The nurse must be aware of traditions and beliefs that might impact the care plan.
E) Communication patterns will have been established. The nurse must be able to communicate with the client, using the patterns of communication the client uses.

Page Ref: 27

Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance: Health Promotion/Disease Prevention
Standards: QSEN Competencies: Ⅰ. B. 1. Elicit patient values, preferences, and expressed needs as part of clinical interview, implementation of care plan and evaluation of care. | AACN Essentials Competencies: Ⅵ. 2. Use inter- and intraprofessional communication and collaborative skills to deliver evidence-based, patient-centered care. | NLN Competencies: Relationship-centered Care: Communicate information effectively: listen openly and cooperatively. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 4 Summarize the importance of cultural competency in providing nursing care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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30) The nurse is working with a client whose religious beliefs differ from those of the general population. What is the best nursing intervention to use to meet the specific spiritual needs of this family?

A) Ask how important the client's religious and spiritual beliefs are when making decisions about health care.
B) Show respect while allowing time and privacy for religious rituals.
C) Ask for the client's opinion on what caused the illness.
D) Identify healthcare practices forbidden by religious or spiritual beliefs.

Answer: B

Explanation:
A) Considering the impact of religious and spiritual beliefs might be part of the spiritual assessment process but is not an intervention.
B) Providing spiritually sensitive care involves determining the current spiritual and religious beliefs and practices that will affect the mother and baby, accommodating these practices where possible, and examining one's own spiritual or religious beliefs to be more aware and able to provide nonjudgmental care.
C) Asking what caused the client's illness is not an intervention, and does nothing to meet the spiritual needs specific to the family.
D) Identifying what health practices might be forbidden by the family's beliefs might be part of the spiritual assessment process, but is not an intervention.

Page Ref: 22—23

Cognitive Level: Understanding
Client Need/Sub: Psychosocial Integrity: Religious and Spiritual Influences on Health
Standards: QSEN Competencies: Ⅰ. C. 2. Respect and encourage individual expression of patient values, preferences, and expressed need. | AACN Essentials Competencies: Ⅷ. 1. Demonstrate the professional standards of moral, ethical, and legal conduct. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Implementation.
Learning Outcome: 6 Identify key considerations in providing spiritually sensitive care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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31) The labor and delivery nurse is caring for a laboring client who has asked for a priest to visit her during labor. The client's mother died during childbirth, and although there were no complications during her pregnancy, the client is fearful of her own death during labor. What would be the best way for the nurse to respond?

A) "Nothing is going to happen to you. We'll take very good care of you during your birth."
B) "Would you like to have an epidural so that you won't feel the pain of the contractions?"
C) "The priest won't be able to prevent complications, and might get in the way of your providers."
D) "Would you like me to contact someone from your parish or our hospital chaplain to come see you?"

Answer: D

Explanation:
A) Avoid statements of reassurance, as there are no guarantees of outcome during health care. Using such statements shuts down effective communication because the client's concern is downplayed.
B) The client's expressed concern is not about pain; it is a fear of death and a desire to see a priest. The nurse should address the client's concern directly.
C) Although this statement is true, it is not therapeutic. It downplays the client's concerns, and will shut down effective communication. The nurse should address the concerns the client expresses.
D) Providing spiritually sensitive care involves determining the current spiritual and religious beliefs and practices that will affect the mother and baby and accommodating these practices where possible.

Page Ref: 26

Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity: Religious and Spiritual Influences on Health
Standards: QSEN Competencies: Ⅰ. C. 2. Respect and encourage individual expression of patient values, preferences, and expressed need. | AACN Essentials Competencies: Ⅷ. 1. Demonstrate the professional standards of moral, ethical, and legal conduct. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Planning.
Learning Outcome: 6 Identify key considerations in providing spiritually sensitive care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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32) The client reports relief from headaches when she rubs the temples on each side of her head. The nurse understands that this is a form of which of the following?

A) Acupressure
B) Acupuncture
C) Reflexology
D) Hydrotherapy

Answer: A

Explanation:
A) Acupressure uses pressure from the fingers and thumbs to stimulate pressure points to relieve symptoms.
B) Acupuncture uses 6-12 very fine stainless steel needles to stimulate specific points, depending on the client's medical assessment and condition.
C) Reflexology is a form of massage that involves the application of pressure to designated points or reflexes on the client's feet, hands, or ears using the thumb and fingers.
D) Hydrotherapy is therapy that makes use of hot or cold moisture in any form.

Page Ref: 29

Cognitive Level: Understanding
Client Need/Sub: Physiological Integrity: Basic Care and Comfort
Standards: QSEN Competencies: Ⅰ. A. 2. Describe strategies to empower patients or families in all aspects of the health care process. | AACN Essentials Competencies: Ⅸ. 17. Develop a beginning understanding of complementary and alternative modalities and their role in health care. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person, with his or her own life story and ideas about the meaning of health and illness. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 8 Summarize the benefits and risks of complementary health approaches.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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33) The nurse is reviewing a list of families scheduled for community health visits. To visit these families according to the family life cycle each is in, in which order from first to last should the nurse visit these families?

1. Family with a 12-month-old child
2. Family whose oldest child is in the 5th grade
3. Family whose oldest child is attending college
4. Family whose youngest child just got a driver's license
5. Family whose youngest child got married last weekend
6. Family whose male partner retired from full-time employment

Answer: 1, 2, 4, 3, 5, 6

Explanation:
According to the family life cycle stages, the family with a 12-month-old child would be seen first. The family with the oldest child in 5th grade would be seen second. Third, the family with the oldest child in college would be seen. The fourth family seen should be the one with the child who just received a driver's license. The fifth family would be the one whose youngest child was married the previous weekend. And the last family would be the one with a new retiree.

Page Ref: 19

Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values. | AAC N Essentials Competencies: Ⅸ. 5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences. | NLN Competencies: Relationship Centered Care; Knowledge; The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Planning; Nursing Process.
Learning Outcome: 2 Identify the stages of a family life cycle.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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34) The community nurse is planning to visit a family. The grandparents are helping the adult parents with child-rearing activities. For which type of family should the nurse plan care?

A) Nuclear
B) Blended
C) Binuclear
D) Extended

Answer: D

Explanation:
D) In an extended family, a couple shares household and childrearing responsibilities with parents, siblings, or other relatives. Families may reside together to share housing expenses and child care. In many cases, a child may be residing with a grandparent and one parent because of issues associated with unemployment, parental separation, parental death, or parental substance abuse. Grandparents may raise children due to the inability of parents to care for their own children. In the nuclear family, children live in a household with both biologic parents and no other relatives or persons. The blended family includes two parents with biologic children from a previous marriage or relationship who marry or cohabitate. A binuclear family is a post-divorce family in which the biologic children are members of two nuclear households, with parenting by both the father and the mother.

Page Ref: 17

Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values. | AAC N Essentials Competencies: Ⅸ. 5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences. | NLN Competencies: Relationship Centered Care; Knowledge; The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Planning; Nursing Process.
Learning Outcome: 1 Compare the characteristics of different types of families.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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35) A pregnant patient from a culture that treats hot and cold conditions with food is experiencing a severe lower back ache. According to the table shown here, which food should the nurse provide to help this patient?

Table 2-2 Hot and Cold Conditions and Foods

Hot Condition	Cold Food Used to Treat Hot Condition	Cold Condition	Hot Food Used to Treat Cold Condition
Diarrhea	Barley water	Cancer	Beef
Fever	Chicken	Earaches	Cheese
Constipation	Dairy products	Headaches	Eggs
Infection	Raisins	Musculoskeletal conditions	Grains (other than barley)
Kidney problems	Fish	Pneumonia	Liquor
Liver conditions	Cucumber	Menstrual cramps	Pork
Sore throats	Fresh fruits	Malaria	Onions
Stomach ulcers	Fresh vegetables	Arthritis	Spicy foods
	Goat meat	Rhinitis	Chocolate
		Colic	Warm water and honey

Source: Data from Purnell, L.D. (2009). *Guide to culturally competent health care.* Philadelphia, PA: F.A. Davis; Purnell, L.D. (2013). *Transcultural health care: A culturally competent approach* (4th ed.). Philadelphia, PA: F.A. Davis; Spector, R.E. (2013). *Cultural diversity in health and illness* (8th ed.). Upper Saddle River, NJ: Pearson.

A) Green salad
B) Glass of milk
C) String cheese
D) Sliced orange

Answer: C

Explanation:
C) A back ache is a cold musculoskeletal condition and should be treated with a hot food such as string cheese. Salad, milk, and oranges are cold foods and would not be appropriate to treat a cold condition.

Page Ref: 21

Cognitive Level: Applying
Client Need/Sub: Psychosocial Integrity
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values. | AAC

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N Essentials Competencies: IX. 5. Deliver compassionate, patient-centered, evidence-based care that respects patient and family preferences. | NLN Competencies: Relationship Centered Care; Knowledge; The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Implementation; Nursing Process.
Learning Outcome: 5 Discuss the use of a cultural assessment tool as a means of providing culturally sensitive care.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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36) A pregnant patient is attending a class to learn the movements identified in the following photo. What is the primary reason for the patient to learn these movements?



A) Stimulate the flow of chi
B) Stimulate pressure points
C) Mind control over the body
D) Correct spinal misalignment

Answer: A

Explanation:
A) The patient is practicing Qi gong, which is designed to stimulate the flow of chi. Acupressure uses pressure from the fingers and thumbs to stimulate pressure points. Biofeedback is a method used to help individuals learn to control their physiologic responses based on the concept that the mind controls the body. Chiropractic is based on concepts of manipulation to address health problems that are thought to be the result of abnormal nerve transmissions (subluxation) caused by misalignment of the spine.

Page Ref: 29

Cognitive Level: Understanding
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values. | AAC N Essentials Competencies: Ⅸ. 17. Develop a beginning understanding of complementary and alternative modalities and their role in health care | NLN Competencies: Relationship Centered Care; Knowledge; The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Planning;

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Nursing Process.
Learning Outcome: 7 Differentiate between complementary and alternative therapies.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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37) During a home visit the nurse observes a new mother performing the following action. What should the nurse document that the mother is doing with the child?



A) Massage
B) Acupressure
C) Biofeedback
D) Moxibustion

Answer: A

Explanation:
A) Infant massage is also growing in popularity in the United States, and many parents have learned to massage their infants and young children. Acupressure uses pressure from the fingers and thumbs to stimulate pressure points. Biofeedback is a method used to help individuals learn to control their physiologic responses based on the concept that the mind controls the body. Moxibustion involves the application of heat from a small piece of burning herb called moxa (Artemisia vulgaris).

Page Ref: 30

Cognitive Level: Applying
Client Need/Sub: Health Promotion and Maintenance
Standards: QSEN Competencies: Ⅰ. A. 2. Describe how diverse cultural, ethnic and social backgrounds function as sources of patient, family, and community values. | AAC N Essentials Competencies: Ⅸ. 17. Develop a beginning understanding of complementary and alternative modalities and their role in health care. | NLN Competencies: Relationship Centered Care; Knowledge; The role of family, culture, and community in a person's development.
Nursing/Integrated Concepts: Assessment; Communication and Documentation.
Learning Outcome: 9 Describe complementary therapies appropriate for the nurse to use with childbearing and childrearing families.

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MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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