Stanhope and Lancasters Community Health Nursing in Canada (Canadian) 4th edition MacDonald Test Bank

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Chapter 02: The Evolution of Community Health Nursing in Canada
MacDonald/Jakubec: Stanhope and Lancaster's Community Health Nursing in Canada, 4th Edition

MULTIPLE CHOICE

1. Which one of the following is a reason to study nursing history?
   a. To fulfill provincial/territorial nursing requirements
   b. To help fill up the necessary credit hours for graduation
   c. To meet accreditation requirements
   d. To understand the present and plan for tomorrow

   ANS: D
   One of the best ways to make plans for today and tomorrow is to look at the past to see what did or did not work. Lessons learned through history provide direction for current and future community health nursing practice.

   PTS: 1 DIF: Cognitive Level: Knowledge/Remember
   REF: Introduction OBJ: 2.1 TOP: Safe and Effective Care Environment

2. Which group was the first to establish hospitals?
   a. Feudal lords, to keep their peons working
   b. Small towns, to care for their own citizens
   c. The military, to enable soldiers to keep fighting
   d. Religious orders, to care for the sick, poor, and neglected

   ANS: D
   Historically, most people were responsible for their own health care services. However, during the Middles Ages, religious convents and monasteries established hospitals to care for the aged, disabled, orphaned, sick, poor, and neglected.

   PTS: 1 DIF: Cognitive Level: Knowledge/Remember
   REF: The Global Historical Roots of Public Health OBJ: 2.1
   TOP: Safe and Effective Care Environment

3. The Industrial Revolution caused earlier caregiving approaches—where care was provided by families, friends, and neighbours—to become inadequate because of constantly increasing demand. Which situation also contributed to the inadequacy of caregiving approaches at this time?
   a. Ongoing wars, which caused frequent deaths and injuries
   b. Horrific plagues that swept through Europe
   c. Migration and urbanization
   d. The need to pay caregivers

   ANS: C
   Older forms of care became inadequate because of the social changes in Europe, with great advances in transportation, communication, and other technologies. Increased mobility led to increased demand for health care, migration, and urbanization.

   PTS: 1 DIF: Cognitive Level: Knowledge/Remember
   REF: The Global Historical Roots of Public Health OBJ: 2.1

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TOP: Safe and Effective Care Environment

4. Which event most notably changed health care?
   a. The creation of the discipline of nursing by Florence Nightingale
   b. The formation of sisterhoods by nuns who gave care
   c. The establishment of the Sisters of Mercy in Dublin
   d. The formation of the Dames de la Charité by Saint Vincent de Paul

   ANS: A
   Many innovations in health care led to improvements in care, but Florence Nightingale revolutionized health care by establishing the discipline of nursing.

   PTS: 1 DIF: Cognitive Level: Knowledge/Remember
   REF: Evidence Informed Practice box OBJ: 2.1
   TOP: Safe and Effective Care Environment

5. Eunice Dyke was a public health nursing pioneer in Canada. In which area did she play a key role at the beginning of the twentieth century?
   a. Decentralization of public health nursing
   b. Specialization of public health nursing
   c. Inclusion of powerful citizens on health department boards to ensure adequate funds to pay for care
   d. Development of a system for accurate records of births and deaths

   ANS: A
   Eunice Dyke played a key role in the decentralization of public health nursing in 1914. Before this time, public health nurses (PHNs) had been working in specialized areas of nursing, such as tuberculosis (TB) care, but now they became generalists (though they did not provide bedside nursing care in the home as community health nurses [CHNs] or visiting nurses would).

   PTS: 1 DIF: Cognitive Level: Knowledge/Remember
   REF: Eunice Dyke OBJ: 2.2 TOP: Safe and Effective Care Environment

6. Which was a very important factor in the success of early visiting nurses?
   a. The care they provided that served as a model for all later hospitals
   b. The more economical care they provided to families
   c. Their role model, Edna Moore
   d. The superb publicity campaign that was created by the health departments

   ANS: B
   Visiting nurses, who provided care wherever the client was located—at home, work, or school—took care of several families in one day (rather than taking care of only one patient or family as the private duty nurse did), which made their care more economical.

   PTS: 1 DIF: Cognitive Level: Knowledge/Remember
   REF: The Late 1800s to the Early 1900s OBJ: 2.2
   TOP: Safe and Effective Care Environment

7. Which public health nurse leader was instrumental in establishing the first integrated basic nursing degree program in Canada?
   a. Florence Nightingale

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b. Kathleen Russell
c. Edna Moore
d. Lillian Wald

ANS: B
In 1920, Kathleen Russell, Director of the Department of Public Health Nursing at the University of Toronto, was instrumental in establishing the first integrated basic degree nursing program, a major milestone in nursing education, including public health nursing education.

PTS: 1 DIF: Cognitive Level: Knowledge/Remember
REF: Post–World War I: 1918 to the Early 1940s OBJ: 2.2
TOP: Safe and Effective Care Environment

8. Which argument was used to convince the Metropolitan Life Insurance Company to establish the first community health nursing program for workers in 1909?
a. Creating such a service was the morally right thing to do.
b. Employing nurses directly would be less expensive than paying taxes to the city to provide nursing services.
c. Having the company's nurses make home visits would increase morale among workers.
d. Using PHNs would keep workers healthier, which would increase worker productivity.

ANS: D
Lillian Wald argued that it would be more economical to use the services of a PHN than to employ the company's own nurses and that keeping workers healthier would increase their productivity.

PTS: 1 DIF: Cognitive Level: Knowledge/Remember
REF: Lillian Wald OBJ: 2.2 TOP: Safe and Effective Care Environment

9. What is the main achievement of the Community Health Nurses Association of Canada (CHNAC)?
a. Licensed practical nurses (LPNs) as well as registered nurses (RNs) were allowed to join the association.
b. Nurses who were not PHNs were encouraged to join.
c. National standards of practice were developed.
d. A process was developed to choose the organization's leaders and officers.

ANS: C
In 1987, the CHNAC, an interest group of the Canadian Nurses Association (CNA), was formed. This association developed the national standards of practice (published in 2003) for CHNs. These standards of practice have helped establish the term *community health nursing* as the umbrella term for all nurses working in and with communities and defined the minimum scope of practice for CHNs.

PTS: 1 DIF: Cognitive Level: Knowledge/Remember
REF: 2000 to the Present OBJ: 2.3
TOP: Safe and Effective Care Environment

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10. Following the release of the Romanow Report in 2002, which type of care was identified as the most rapidly growing area of community health care?
    a. Home care
    b. Community problems
    c. Immunization
    d. Women's issues

    ANS: A
    The Romanow Report (2002) identified home care as the most rapidly growing area of community health care.

    PTS: 1 DIF: Cognitive Level: Knowledge/Remember
    REF: 2000 to the Present OBJ: 2.3
    TOP: Safe and Effective Care Environment

11. In which practice area were the first public health nurses (PHNs) in Canada employed?
    a. Healthy baby clinics
    b. Outpost nursing
    c. School health programs
    d. Tuberculosis education, prevention, and treatment

    ANS: D
    From the 1920s to the 1940s, nurses specializing in tuberculosis (TB) care were replaced by PHNs, as it was believed that visiting nurses would be more effective and efficient if they moved to general nursing care. Therefore, PHNs became specialists in TB education, prevention, and treatment.

    PTS: 1 DIF: Cognitive Level: Knowledge/Remember
    REF: Post–World War I: 1918 to the Early 1940s OBJ: 2.3
    TOP: Safe and Effective Care Environment

12. What was the main reason for the brief existence of the nurse practitioner–model educational program?
    a. Inadequate assessment and planning in the local area
    b. Insufficient provincial/territorial funding
    c. The large number of primary care physicians practising in urban areas
    d. The need for nursing expertise and skills in other practice settings

    ANS: C
    In Ontario, the nurse practitioner model for alternative health care delivery was initiated with the educational program offered by McMaster University. However, its existence was short-lived because of a perceived duplication of services and a lack of career opportunities for nurse practitioners, partly because there were too many primary care physicians practising in urban areas.

    PTS: 1 DIF: Cognitive Level: Knowledge/Remember
    REF: 1970 to 1999 OBJ: 2.3
    TOP: Safe and Effective Care Environment

13. Which was the first province in Canada to establish a public health nursing service?
    a. Nova Scotia
    b. Ontario

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c. British Columbia
d. Manitoba

ANS: D
In 1917, Manitoba became the first province in Canada to establish a public health nursing service.

PTS: 1 DIF: Cognitive Level: Knowledge/Remember
REF: Kate Brighty Colley OBJ: 2.3
TOP: Safe and Effective Care Environment

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