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MULTIPLE CHOICE

1. Needle-exchange programs are found in many communities. This policy is condemned by many based on political and moral grounds. Supporter of this approach defend the practice based on which of the following concepts?
   a. Libertarian views of self-determination
   b. Studies which show that opioids addiction is less toxic that alcohol abuse
   c. Pragmatic views re: harm-reduction initiatives
   d. All options are correct

   ANS: C
   A current approach in outreach programs for chemically dependent homeless people is **harm reduction**. **Harm reduction** seeks to improve both individual and community health by addressing damaging behaviors. This approach is a collaboration between practitioners and clients that acknowledges both the reality of drug use as a part of life, and the danger and harm associated with drug use. Drug-users are not condemned or condoned, but included as partners in the creation of programs and policies benefitting them. Abstinence is the ultimate goal but there is recognition that this may be unattainable. Therefore, there is a focus on the fact that some drugs are less harmful than others, and some methods of taking drugs are less harmful than others. A pragmatic approach that maintains respect for the human rights of drug users is essential to the success of harm-reduction outreach programs. Methadone clinics and needle exchange programs are two common interventions used in harm reduction.
   A Libertarian approach would be one of a "hands-off" policy but would not actively support the drug-user i.e. providing a needle exchange program. Providing clean needles would do nothing to prevent heroin abusers from also using or abusing alcohol.

   DIF: Cognitive Level: Apply (Application)

2. Which of the following statements about ethnic minorities in the United States is accurate?
   a. Experts predict that the percentage of ethnic minorities will decrease over the next 30 years
   b. Ethnic minorities will likely increase to one in two by 2050.
   c. Refugees are not included in ethnic minority population predictions.
   d. Ethnic groups have not significantly contributed to healthcare disparities.

   ANS: B
   It is estimated that the number of ethnic minorities will increase to one in two by 2050. In 2010, it was estimated that 33% of the population was from an ethnic minority. The increasing population of immigrants has been a significant contributor to the increasing populations of major ethnic groups. The increasing population of ethnic groups is one factor that is producing disparities in health status and access of the health care system. Using the objectives of *Healthy People 2030* (US Department of Health and Human Services, n.d., the Office of Disease Prevention and Health Promotions is committed to the creation of physical and social environments that promote good health for all in the United States).

   DIF: Cognitive Level: Understand (Comprehension)

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3. In the context of Healthy People 2020 and 2030, both of which strive to provide health equity for all, which of the following, which of the following groups of persons represents a vulnerable population?
   a. Manufacturing and assembly line workers
   b. Healthcare workers
   c. LGBTQ persons
   d. The elderly living in nursing homes

   ANS: C
   Vulnerable populations include ethnic minorities, persons who are homeless, LGBT people, immigrants and refugees. Ethnic minority populations in the U.S. could include Blacks/African Americans, Asian Americans, American Indians and Alaska Natives (AI/ANs), Native Hawaiians and other Pacific Islanders (NHPIs), Latino/Hispanic Americans (LHAs), and Arab Americans. Manufacturing and assembly line workers may or may not have health insurance; employers often provide this benefit. Healthcare workers are not considered vulnerable in the context of Healthy People 2020-2030 which seeks to promote economic healthcare equity for all. The same principle would apply to nursing home patients. The issue is access to healthcare and/or societal discrimination not exposure to disease. By contrast, people who are lesbian, gay, bisexual, or **transgender** are diverse and have a variety of health issues and needs. Barriers to health care include stigma, discrimination, lack of access and mistrust of the healthcare system. (Martos et al., 2019).

   DIF: Cognitive Level: Understand (Comprehension)

4. A person states, “My grandmother is the decision maker in our family.” Which of the following concepts is being addressed by this statement?
   a. Culture
   b. Race
   c. Ethnicity
   d. Values

   ANS: A
   Culture, as an element of ethnicity, refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. The term “ethnicity” encompasses more than a cultural practice, which is what is being described by the person; it focuses on differences in meanings, values, and ways of living. Race is associated with power and indices the history or ongoing imposition of one group’s authority above another. Values are beliefs about the worth of something and serve as standards that influence behavior and thinking.

   DIF: Cognitive Level: Analyze (Analysis)

5. The nurse recommended to a 50-year-old woman that she schedule a routine mammogram. Which of the following would be the most important factor in this woman’s decision to schedule this exam?
   a. Race
   b. Ethnicity
   c. Cultural values
   d. Value orientation

   ANS: C

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For this healthcare issue (mammogram), race and ethnicity are not especially relevant. Value orientation deals with relationships with others and shared belief systems of group members. Cultural values would be relevant in determining the person's receptivity to a mammogram.

Values are beliefs about the worth of something and serve as standards that influence behavior and thinking. **Cultural values** "are unique, individual expressions of a particular culture that have been accepted as appropriate over time. They guide actions and decision-making that facilitate self-worth and self-esteem." Cultural values are integral to the manner in which individuals will employ health behaviors, maintain their health, how they will seek care for themselves and others, and where they are likely to go to receive care.

By contrast, **value orientations,** learned and shared through the socialization process, reflect the personality type of a particular society. The dominant value orientations are shared by the majority of the group. Kluckhohn's model (1953) of value orientations incorporates themes regarding basic human nature, the relationship of human beings to nature, human beings' time orientation, valued personality type, and relationships between human beings.

DIF: Cognitive Level: Apply (Application)

6. Which of the following actions demonstrates a health care professional providing culturally competent care?
   a. Encouraging the person to take medications as prescribed
   b. Asking the person to describe his folk healing methods
   c. Demonstrating the proper way to administer an insulin injection
   d. Assisting the person with discussing his health problems with the family

   ANS: B
   It is very important for health care providers to be aware of how people interpret their health issues or illnesses to be capable to provide culturally competent care. A culturally competent health care professional should be able to consistently and thoroughly recognize and understand the differences in his or her culture and that of the person or an individual, to respect the person's values and beliefs, and adjust the approach of delivering care to meet each person's needs and expectations. Of the choices offered, asking the person to describe his folk healing methods is the only action that demonstrates the health care professional seeking input from the person into the care that is received.

   DIF: Cognitive Level: Analyze (Analysis)

7. Which of the following nurses is most likely to provide culturally competent care?
   a. A nurse who recognizes and accepts cultural diversity.
   b. A nurse who adjusts care to reflect population-specific belief systems.
   c. A nurse who provides standard care in emergency scenarios where time matters.
   d. A nurse who is committed to helping diverse populations to integrate into the mainstream culture.

   ANS: B

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It is very important for health care providers to be aware of how persons interpret their health issues or illnesses and to be capable of providing culturally competent care. Simply recognizing and accepting cultural diversity is insufficient to attain cultural competency in health care. Culturally competent health care professionals should be able to consistently and thoroughly recognize and understand the differences in their culture and the culture of others; to respect others' values, beliefs, and expectations; to understand the disease-specific epidemiology and treatment efficacy of different population groups; and to adjust the approach of delivering care to meet each person's needs and expectations. Cultural competency is usually reflected in a health care provider's attitude and his or her communication style. While emergency scenarios may well call for swift action (at the expense of culturally competent care), doing so would not demonstrate culturally competent care. Similarly, a goal of facilitating an individual to adopt mainstream values does not speak to respect for culturally diverse values, beliefs, or expectations.

DIF: Cognitive Level: Apply (Application)

8. A person reports that she has been seeking care from an acupuncturist to help relieve the chronic pain that she has been experiencing. Which of the following statements would be the most appropriate response from the nurse?
   a. You should have informed the doctor that acupuncture was helping your pain.
   b. Tell me more about your treatments from the acupuncturist.
   c. Tell me why you decided to discontinue your treatment plan.
   d. An acupuncturist might interfere with your current professional healthcare.

   ANS: B
   Through a culturally sensitive assessment process, nurses can determine what specific remedies individuals are using and whether their continued use would interfere with the prescribed method. The nurse asking the person to describe the treatments from the acupuncturist allows the nurse to learn this information. The other responses demonstrate an ethnocentric perspective by the nurse, viewing the treatments from the acupuncturist as inferior to professional care.

   DIF: Cognitive Level: Analyze (Analysis)

9. Which of the following statements is true concerning healthcare issues for immigrants and refugees?
   a. The majority will qualify for medical coverage to include Medicaid.
   b. Anxiety and depression are less common in this population vs physical disease.
   c. TB and parasites are common for this population, depending on country of origin.
   d. All options are correct.

   ANS: C
   In the current political climate in the United States, healthcare workers have noted an increase in immigrant mental health conditions including anxiety and depression. In addition, these families and individuals are facing increasing economic challenges due to ineligibility for medical coverage, or fear of accessing available coverage. Disenrollment from Medicaid due to fear of deportation has led to gaps in care and increased burden on nonprofit organizations and local governments.

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Depending upon the country of origin and individual circumstances, immigrants may face a number of acute and chronic health conditions. Some of these conditions include infectious diseases such as tuberculosis or parasite infections, post-traumatic stress disorder, depression, diabetes, and hypertension (US Department of Health and Human Services, n.d.).

DIF: Cognitive Level: Remember (Knowledge)

10. When providing an educational session about the Arab American population, which of the following information would be included?
    a. The largest groups of Arab Americans were refugees in the 1960s.
    b. The largest groups of Arab Americans are from Palestine and Iraq.
    c. Members of the Arab American population are most likely to live in rural communities.
    d. Members of the Arab American population are more likely to have college degrees than Americans at large.

    ANS: D
    Members of the Arab American population are more likely to have college degrees (+45%) than Americans at large (28%). About 94% of Arab Americans live in metropolitan areas. The largest groups of Arab Americans are the Lebanese, Syrians, and Egyptians. Arab Americans came to the United States in three immigration waves; the last occurred in the 1960s and consisted of many professionals, entrepreneurs, and skilled and semiskilled laborers.

    DIF: Cognitive Level: Understand (Comprehension)

11. A health care professional is caring for an Arab American individual. Which of the following cultural practices of this ethnic minority should be considered when planning care?
    a. This ethnic culture tends to be future oriented.
    b. Religion plays an important role in this culture.
    c. Traditional cultural practices are infrequently used during a health crisis.
    d. Members of this culture tend to have smaller families.

    ANS: B
    Religion plays an important part in Arab culture, and there are dietary rules and prescribed rituals for praying and washing. Arab Americans are present oriented and view the future as uncertain. During a health crisis, many Arab Americans seek out their family, community, and traditional values and cultural practices. Arab American families are, on average, larger than non–Arab American families.

    DIF: Cognitive Level: Apply (Application)

12. A health care professional is providing education to the parents of an Asian American child who has recently been diagnosed with Type I diabetes. Which of the following actions should be taken by the health care professional?
    a. Provide instructions to the child's father.
    b. Encourage the parents to bring other siblings into the clinic for screening.
    c. Avoid referencing authority figures which are suspect in Asian culture.
    d. Look for gestures or other signs of disagreement which are commonly expressed.

    ANS: A

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In Asian American culture, the oldest male family member often is the decision maker and spokesperson. Maintaining harmony is an important value in Asian cultures, and it is strongly emphasized to avoid conflict and direct confrontation. As a result of this, Asian Americans may not show their disagreement with the recommendations of health care professionals. Type I diabetes is not a common health problem experienced by this minority, so it is probably not necessary to encourage screening for siblings. Authorities and professionals are usually respected in the Asian American communities. In most cases, physicians and their recommendations are powerful and highly respected and valued.

DIF: Cognitive Level: Analyze (Analysis)

13. Which of the following statements is correct concerning Asian folk medicine?
    a. Animal bones are commonly used for healing while plant parts are rarely used
    b. Chinese principles can be found throughout Asian countries
    c. Hinduism is the theoretical and philosophical foundation of Chinese medicine
    d. All options are correct

    ANS: B
    Asian folk medicine and philosophies have a strong Chinese influence as a result of early Chinese migration throughout Asia; therefore, the folk medicines of Filipinos, Japanese, Koreans, and Southeast Asians are all imbued with Chinese principles. **Taoism** was the philosophical and theoretical foundation of Chinese medicine. The "Tao" is rooted in the idea of balancing natural processes and forces (such as yin and yang) and is closely related to Asians' activities of daily living, including traditional health practices, such as acupuncture, holistic medicine, herbalism, meditation, and martial arts. Hinduism is prominent in India. Asian folk medicine uses a wide variety of herbs for healing purposes, including roots, leaves, seeds, tree bark, and parts of flowers.

    DIF: Cognitive Level: Understand (Comprehension)

14. Which of the following was the fastest-growing minority group in the United States between 2000 and 2010?
    a. Asian American
    b. Arab American
    c. Hispanic American
    d. Native American

    ANS: A
    Based on 2017 population estimates from the U.S. Census, the number of residents of Asian descent corresponds to 5.6% of the total U.S. population (18.2 million) (Office of Minority Health, n.d.a). Between the 2000 census and the 2010 census, the Asian American population was the fastest growing ethnic minority group in the United States. The number of people reporting Asian (alone or in combination) in the 2010 census grew by 46 percent (Hoeffel et al., 2012). Chinese Americans were the largest Asian group, and following Spanish, Chinese was the most widely spoken non-English language in the United States. Between 2000 and 2010, the Asian American population grew in every state. Much of the growth of this population was from immigration. The six most common countries of origin were (in rank order) China, Philippines, India, Vietnam, Korea, and Japan.

    DIF: Cognitive Level: Remember (Knowledge)

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15. Which of the following statements concerning healthcare for Latino Hispanic Americans is correct?
    a. Obesity and cigarette smoking are the top risk factors for disease
    b. Food insecurity is not a significant concern for this group of people
    c. Folk system of healing plays a relative minor role as compared to other ethnic groups
    d. Ying Yang concept of disease plays an important role in health care beliefs

    ANS: A
    Obesity and cigarette smoking are the top risk factors for disease in the LHA population (Centers for Disease Control and Prevention, 2015). Migrant seasonal farm workers (MSFW) make up a large sub-group of Hispanic Americans. MSFWs face unique health problems related to pesticide exposure, heat exposure, and food insecurity. In addition, they face a large number of musculoskeletal injuries, respiratory illnesses, skin disorders, eye injuries, and depression. Many LHAs may not readily seek care because they have continued reliance on their folk system of healing. Their preference for this is logical given their lack of health insurance and perceived difficulties negotiating the healthcare system because of language and other sociocultural barriers. Some LHAs attribute the origins of disease and illness to hot and cold imbalances, spiritual or natural punishments, supernatural phenomenon, or psychological causes. The folk system of healing which involves the **hot and cold concept of disease** was derived from the Hippocratic theory of disease. Illness occurs when there is an imbalance between hot and cold. Yin-Yang is a component of Asian medicine.

    DIF: Cognitive Level: Remember (Knowledge)

16. The interrelationship of poverty and health care dollars spent by Blacks and other minorities is affected greatly by
    a. lack of access to preventive health care services.
    b. low numbers of minority health care providers.
    c. the practice of folk medicine.
    d. Unhealthy school lunch program menus and policies.

    ANS: A
    A decrease in resources for preventive care leads to the use of emergency rooms and other more expensive health care services that are often used as resources when severe illness occurs. Poverty may be the most profound and pervasive determinant of health status. Individuals and families who are below the poverty level or lack adequate resources have limited access to healthcare services such as prenatal and maternal care, childhood immunizations, dental checkups, well-child care, and a wide range of other health-promoting and preventive services. Folk medicine does not play as big a role in healthcare choices for black Americans as it does for other minority groups. Unhealthy school lunch program choices and policies is not limited to minority students.

    DIF: Cognitive Level: Understand (Comprehension)

17. Black Americans are dying of Covid-19 at significantly higher rates than other ethnic groups. Which of the following is NOT considered a possible explanation for this scenario?
    a. High rates of co-morbidites
    b. More frequent failure to observe recommended precautions
    c. Less opportunity to work from home
    d. Less opportunity for high quality food delivery

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ANS: B
The COVID-19 pandemic and global health crisis of 2019-2020 at the time of writing this chapter brings Black African Americans (BAA) health disparities to the media forefront BAAs are dying of complications from COVID-19 at a disproportionate rate. Counties in the U.S. that have a majority of Black residents have infection rates 3 times higher than counties that are majority White. Death rates from COVID-19 are 5 times higher in Black majority counties.

Higher rates of heart disease, lung disease, and diabetes in BAAs leaves them more susceptible to COVID-19 complications. Additionally, the opportunity to work from home, maintain social distancing, and order the delivery of high-quality food (all recommended for prevention of coronavirus infection) is associated with privilege not afforded to many BAAs of lower socioeconomic status. There is no evidence to suggest that African Americans are not following recommended precautions to any greater or lesser degree than any other ethnic group.

DIF: Cognitive Level: Analyze (Analysis)

18. A health care provider is working with an African American woman who has recently suffered a stroke and is homebound. She insists that she must get out of the house and attend Sunday worship services. What is the most likely explanation for her insisting that she participate in this cultural practice?
    a. The church is the only place where prayer can be performed.
    b. The church serves as a social support for its members.
    c. The church is the place where the family meets on a weekly basis.
    d. The church serves as a site for folk healing practices.

    ANS: B
    The church is a significant support system for many African Americans. It serves many purposes beyond worship and formation, including serving as a place to meet where members could pass news, take care of business, and find strength of purpose; providing direct social welfare services; acting as a stabilizing force in the community; facilitating citizenship training and community social action; serving as a transmitter of cultural history; and providing the means for coping and surviving in a hostile world.
    African Americans often find comfort in the support their religious leader can give them, but it does not have to happen within the church. African Americans believe in the healing power of prayer, but that can happen outside of the church as well. Family is the strongest source of support for African Americans, and most meet more often than weekly at church.

    DIF: Cognitive Level: Apply (Application)

19. Which of the following ethnic groups has a disproportionately high death rate from unintentional injuries and suicide?
    a. American Indian/Alaska Native Americans
    b. Asian Americans
    c. Latino/Hispanic Americans
    d. Black/African Americans

    ANS: A

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American Indian/Alaska Native Americans have disproportionately high death rates from unintentional injuries and suicide. Difficult life situations and stresses of daily life contribute to an array of problems, including feelings of hopelessness, desperation, family dissolution, and substance abuse.

DIF: Cognitive Level: Apply (Application)

20. Which ethnic group has the highest rate of Covid-19 infections?
    a. Alaska Natives
    b. The Navajo Nation
    c. The Pima Indians of AZ
    d. Migrants from Central America

    ANS: B
    At the time of the writing of this chapter, the Navajo Nation had the highest COVID-19 infection rate in the U.S., after New York and New Jersey (NPR, 2020). A high prevalence of obesity and diabetes put members of the Navajo Nation at high risk for poorer outcomes with COVID-19 infection. In Arizona, 20% of deaths due to COVID-19 have been Native Americans yet they only make up 5% of the population (PBS, 2020). While the Nation is working hard to implement best practices for infection control and contact tracing, many barriers to effectiveness exist. Many people on the reservation do not have phones and it can take hours to drive to one person's home for contact tracing (NPR, 2020). Many households do not have clean, running water or electricity. Hospitals are few and far between.

    DIF: Cognitive Level: Remember (Knowledge)

21. A health care professional is offering an educational session about providing culturally congruent care. Which of the following information would be included the presentation?
    a. Hispanic Americans value keeping balance and harmony with the earth.
    b. The oldest male is the decision maker in African American families.
    c. Native Americans are present oriented, taking one day at a time.
    d. The hot and cold concept of disease is part of the Arabic-American culture.

    ANS: C
    Native Americans are generally present oriented, emphasizing events that are occurring now rather than events that will happen later. They take one day at a time and in times of illness they cope by hoping for improvements the next day. Native Americans value keeping balance and harmony with the earth. The oldest male is the decision maker and spokesperson in Asian American families. The hot and cold concept of disease is part of the Hispanic culture.

    DIF: Cognitive Level: Apply (Application)

22. A family has recently become homeless. Which of the following factors most likely contributed to this situation?
    a. Being from an ethnic minority background
    b. Lack of family participation in organized religion
    c. Having multiple chronic illnesses
    d. Being unable to find affordable housing

    ANS: D

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The inability to find affordable housing, decline in public assistance, poverty, and eroding work opportunities all contribute to homelessness. An increasing shortage of affordable rental housing and a simultaneous raise in poverty are two trends largely responsible for the growth of homelessness in recent decades. Other factors that may affect this situation are lack of affordable health care, domestic violence, mental illness, and addiction disorders.
Within the context of poverty and the lack of affordable housing, additional factors, such as lack of affordable health care, domestic violence (a major factor leading to homelessness among women), mental illness, and addiction disorders, also contribute to homelessness. One study found that poverty, alcohol-use disorder (only), drug-use disorder (only), and both alcohol-use disorder and drug-use disorder were all significant predictors of first-time homelessness.

DIF: Cognitive Level: Apply (Application)

23. A health care professional is caring for an individual who is homeless. Which of the following considerations should be made?
    a. Substance abuse is not likely to be a significant factor for this individual.
    b. The prevalence of HIV/AIDS is actually lower among the homeless population than in the general population.
    c. The percentage of the population who has health insurance is much lower among the homeless than the general population.
    d. Mental illness is unlikely because the homeless must be street-wise to survive.

    ANS: C
    Most homeless people do not have health insurance nor the ability to pay for needed health care, and many providers refuse to deliver treatments to these people. The prevalence of substance abuse, HIV/AIDS, and mental health disorders is higher among the homeless population than the general population.

    DIF: Cognitive Level: Apply (Application)

24. A health care professional is caring for an individual who is homeless and who has recently been diagnosed with Type II diabetes. Which of the following factors is the most important to consider when planning care?
    a. Considering the cost of the purchasing medications
    b. Determining the pharmacy where medications will be obtained
    c. Obtaining insurance that will pay for the follow-up care
    d. Finding supportive housing for the individual

    ANS: D
    Research and practice have shown that permanent supportive housing works because housing is an essential part of treatment; thus, this is the most important factor that should be considered. If supportive housing is found, the stability will help the homeless individual to follow the prescribed medical regimen.

    DIF: Cognitive Level: Analyze (Analysis)

25. A health care professional is leading a community action coalition to address the problem of homelessness within the neighborhood. Which of the following statements would most likely be made by health care professional?
    a. Homelessness is best addressed by financial assistance programs.

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b. Homelessness should be of concern to everyone in the neighborhood.
c. Economic and job growth in an area has the most significant impact.
d. Major retailers and commercial interests are most positioned to help the homeless.

ANS: B
Homelessness is everyone's problem, and people can ultimately affect the establishment of priorities to facilitate an improved quality of life. Increasing awareness and knowledge of the current status of homeless people will aid in understanding the problem and its ramifications. This understanding will serve as an excellent guide in providing input, taking necessary action, and making the final decision regarding the changes needed to make a healthy nation.

DIF: Cognitive Level: Analyze (Analysis)

26. What is the main focus of the National Institutes of Health (NIH)?
a. Addressing and reducing health disparities
b. Outlining nationwide health promotion and disease prevention
c. Protecting minority populations through development of health policies
d. Supporting communities in attaining federal Medicaid benefits

ANS: A
The main concern of the National Institutes of Health is addressing and reducing health disparities involving cancer, diabetes, infant mortality, AIDS, cardiovascular illnesses, and many other diseases. *Healthy People 2030* outlines a comprehensive, nationwide health promotion and disease prevention agenda. The Office of Minority Health improves and protects the health of racial and ethnic minority populations through the development of health policies and programs that concentrate on eliminating health disparities. The Centers for Disease Control and Prevention's Racial and Ethnic Health Disparities Action Institute supports communities to take action in addressing health disparities.
The framework for *Healthy People 2030* was approved by HHS in June of 2018. The framework is based on Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. The overarching goals of *Healthy People 2030* expand the elimination of health disparities and achievement of health equity to add the attainment of health literacy for the improvement of the health and well-being of all people.

DIF: Cognitive Level: Remember (Knowledge)

27. A health care professional is searching for a funding source to develop a colorectal cancer screening program for ethnic and racial minorities in the community. Which of the following federal agencies would most likely be able to assist with this initiative?
a. The National Institute on Minority Health and Health Disparities
b. The Centers for Disease Control and Prevention
c. The Office of Minority Health
d. The National Institutes of Health

ANS: C
The Office of Minority Health improves and protects the health of racial and ethnic minority populations through the development of health policies and programs that concentrate on eliminating health disparities. Funding is available through this office. The National Institute on Minority Health and Health Disparities, The Centers for Disease Control and Prevention, and National Institutes of Health all address health disparities among racial and ethnic minorities, but their priority is not in funding these initiatives.

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DIF: Cognitive Level: Analyze (Analysis)

28. Which of the following best demonstrates the practice of transcultural nursing?
    a. Using previous knowledge about ethnic minority cultures to plan care
    b. Adapting nursing care to meet the need of a person from an ethnic minority
    c. Requesting an interpreter when caring for a person from an ethnic minority
    d. Attending a presentation about cultural diversity

    ANS: B
    Transcultural nursing is defined as an area of nursing study and practice that focuses on discovering and explaining cultural factors that influence the health, well-being, illness, or death of individuals or groups and seeks to provide culturally based appropriate care to people of diverse cultures. Adapting nursing care to meet the needs of a person from an ethnic minority best meets this definition of transcultural nursing. A nurse may initially use previous knowledge about minority cultures to plan care, but then must individualize the care based on individual differences within the culture. Having an interpreter present will not be necessary when working with all persons from ethnic minorities. Attending a presentation about cultural diversity would assist the nurse in becoming more culturally competent, but it is not the best example of practicing transcultural nursing. Care is not being provided while the nurse is attending a presentation.

    DIF: Cognitive Level: Analyze (Analysis)

29. A woman reports that she has strong spiritual practices. Which of the following is she most likely to experience?
    a. Improved coping skills and social support
    b. Increased understanding of religious differences
    c. Decreased pain and improved healing
    d. Decreased use of Western medicine

    ANS: A
    Spiritual or religious beliefs and practices have been shown to help patients with cancer as well as their caregivers to cope with the disease. Spiritual practices are likely to improve coping skills and social support, promote feelings of optimism and home, encourage healthy behavior, decrease feelings of depression and anxiety, and support a sense of relaxation.

    DIF: Cognitive Level: Apply (Application)

MULTIPLE RESPONSE

1. Which of the following individuals will most likely experience a disparity in health and health care? (*Select all that apply.*)
    a. African American man
    b. Unemployed woman
    c. White middle-aged man
    d. Single white woman

    ANS: A, B, D

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Whenever health outcomes differ between populations for better or for worse, there is a **health disparity.** "Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations" A white middle-aged man is the only individual who does not meet that definition.

DIF: Cognitive Level: Apply (Application)

2. A health care professional is providing culturally competent care. Which of the following actions is being performed by the professional reflects that status? (*Select all that apply.*)
   a. Working with diverse populations
   b. Respecting the patient's values, beliefs, and expectations
   c. Understanding the pathophysiology of disease processes
   d. Providing health care services that are respectful of the individual's cultural beliefs

   ANS: B, D
   A culturally competent health care professional should be able to consistently and thoroughly recognize and understand the differences in his or her culture and that of the care recipient; respect the individual's values and beliefs; and adjust the approach of delivering care to meet each individual's needs and expectations. Simply working with diverse populations and understanding the pathophysiology of disease processes are insufficient measures to reach cultural competency in health care.

   In healthcare there is consensus that **cultural competence** includes the following elements: cultural awareness, cultural knowledge, and cultural skills While there is widespread agreement in health care fields about the elements and operational definition of cultural competence, there is not a large body of evidence describing patient compliance, health status, equity, and quality of care as a result of provider cultural competence (Alizadeh, 2016).

   DIF: Cognitive Level: Apply (Application)

3. A health care provider is discussing the importance of receiving routine preventive care with a Hispanic family who has recently immigrated to the United States. Which of the following would best describe why they may be disinterested in receiving professional care for purposes of prevention? (*Select all that apply.*)
   a. Lack of folk remedies for this population
   b. Lack of interpreter services
   c. Lack of health insurance
   d. Lack of family support

   ANS: B, C
   Barriers experienced by Hispanic Americans in receiving appropriate health care services include lack of racial and ethnic diversity in the leadership and workforce of the health care system, lack of interpreter services for Spanish-speaking people, lack of health insurance, and lack of or inadequate culturally appropriate health care resources. They may not readily seek care because of their continued reliance on their folk system of healing. The family is the most important source of support for Hispanic Americans.

   DIF: Cognitive Level: Apply (Application)

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