Arnold and Boggs's Interpersonal Relationships for Canadian Nurses (Canadian) 1st edition Mallette Test Bank

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Test Bank - Chapter 01

Q1: In Canada, which of the following were the first people to provide the origins of nursing practices to people in need?

A. Religious orders from Europe
B. Graduates trained by Florence Nightingale
C. Indigenous healers (Correct)
D. European settlers

Rationale: Historically, nursing is as old as humankind. In Canada, the first origins of nursing began with Indigenous healers providing healing and health practices to those in need (Wytenbroek & Vandenberg, 2017). Starting in the 1600s, nurses trained in religious orders came from Europe to Canada. The "roots of professional nursing as a distinct occupation" began with Florence Nightingale's Notes on Nursing (1859). Nightingale established the first nursing school (St. Thomas's Hospital of London), in 1860. In 1874, the first nursing training school in Canada was opened in St. Catharines, Ontario, guided by two nurses who were trained by Florence Nightingale (CASN, 2012).

Q2: The nursing profession's first nurse researcher, who served as an early advocate for high-quality care and used statistical data to document the need for hand washing in preventing infection, was which of the following?

A. Sister Simone Roach
B. Evelyn Adam
C. Hildegard Peplau
D. Florence Nightingale (Correct)

Rationale: An early advocate for high-quality care, Florence Nightingale's use of statistical data to document the need for hand washing in preventing infection marks her as the profession's first nurse researcher.

Q3: Who was Charlotte Edith Anderson Monture?

A. A graduate from the first nursing training school in Canada
B. The first Black nurse to practise public health in Canada
C. The first Indigenous nurse in Canada (Correct)
D. A Canadian nurse who worked alongside Nightingale in the Crimean War

Rationale: Charlotte Edith Anderson Monture (1890–1996) was the first Indigenous registered nurse in Canada. Her nursing career path was challenging in part because Indigenous women were largely barred from Canadian nursing schools until the 1930s. Bernice Redmon was the first Black nurse allowed to practise in public health in the Nova Scotia Department of Health and went on to become the first Black woman appointed to the Victorian Order of Nurses in Canada.

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Q4: Nursing's metaparadigm, or worldview, distinguishes the nursing profession from other disciplines and emphasizes its unique functional characteristics. The four key concepts that form the foundation for all nursing theories are which of the following?

A. Caring, compassion, health promotion, and education
B. Respect, integrity, honesty, and advocacy
C. Person, environment, health, and nursing (Correct)
D. Nursing, teaching, caring, and health promotion

Rationale: Individual nursing theories represent different interpretations of the phenomenon of nursing, but central constructs—person, environment, health, and nursing—are found in all theories and models. They are referred to as nursing's metaparadigm.

Q5: A 75-year-old with a history of heart disease and high blood pressure is asked by the nurse to describe how their health and wellness is. What is the nurse assessing for based on the person's response?

A. Perception of health and wellness (Correct)
B. Understanding of their chronic disease
C. Disease management
D. Coping mechanisms

Rationale: The perception of what good health is varies from one person to the next. For example, an active 80-year-old can consider themselves quite healthy, despite having osteoporosis and a controlled heart condition. The term wellness is often used in relation to health. Wellness is more than good health, as it explores the way a person feels about their health and quality of life.

Q6: When admitting a person to the medical-surgical unit, the nurse asks them about their culture. The nurse is assessing which of the four nursing conceptual constructs?

A. Person
B. Environment (Correct)
C. Health
D. Nursing

Rationale: Socioenvironmental factors represent the context that directly and indirectly influences a person's health perceptions and health behaviours. Economic status, education, gender, sexual orientation, culture, religious and spiritual beliefs, type of community (rural or urban), family dynamics, level of social support, health resource availability and ease of access to care, and environmental practices and climate change are all examples of significant environmental determinants of health. A person is defined as the recipient of nursing care, having unique bio-psycho-social and spiritual dimensions. The word health derives from the word whole. Health is a multidimensional concept, having physical, psychological, sociocultural, developmental, and spiritual characteristics. The World Health Organization (WHO, 1946) defines health as "a state of complete physical, mental, social well-being, not merely the absence of disease or infirmity." Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled, and dying people.

Q7: The nurse needs to do a morning assessment on a person with pneumonia, which includes taking vital signs and a chest assessment. This is an example of which pattern of knowing?

A. Empirical (Correct)
B. Personal
C. Aesthetic
D. Ethical

Rationale: Empirical knowledge is the scientific rationale for skilled nursing interventions. Personal ways of knowing allow the nurse to understand and treat each individual as a unique person. Aesthetic ways of knowing allow the nurse to connect in different and more meaningful ways. Ethical ways of knowing refer to the moral aspects of nursing.

Q8: Which of the following demonstrates the "art" of nursing?

A. Problem solving
B. Clinical competence
C. Clinical judgement
D. Compassionate care (Correct)

Rationale: The "art of nursing" references a blending of the nurse's ability to adapt to the person's individual needs through processes of understanding the nature of health from the person's perspective through caring, compassion, and therapeutic communication (Henry, 2018; Palos, 2014). The science of nursing (theory and evidence-informed knowledge, research, clinical guidelines) provides an essential focus and knowledge basis for professional nursing. Problem solving, clinical competence, and clinical judgement are all part of using evidence-informed care to inform nursing practice.

Q9: Recognizing how the social determinants of health can influence a person's health care concerns and access is which pattern of knowing?

A. Personal ways of knowing
B. Emancipatory ways of knowing (Correct)
C. Empirical ways of knowing
D. Ethical ways of knowing

Rationale: Emancipatory ways of knowing include awareness of social problems and social justice issues as contributory determinants of health disparities. This pattern of knowing focuses on social determinants as a context for health care concerns. Personal ways of knowing are relational. Personal knowledge develops when nurses understand and connect with persons based on their own experience, expertise, and knowledge as unique human beings. The process of empirical ways of knowing includes incorporating logical reasoning and problem solving. This type of knowledge draws upon verifiable data from science. Ethical ways of knowing refers to principled care, which nurses experience when they confront the moral aspects of nursing care (Porter et al., 2011). Ethical ways of knowing refer to knowledge of what is right and wrong, what ought to be done.

Q10: The nurse is told by a colleague that they gave one of the people they were caring for the wrong medication. The colleague then asks the nurse to “not tell anyone as it was not a serious medication error.” What pattern of knowing guides the nurse in deciding what should be done?

A. Emancipatory ways of knowing
B. Empirical ways of knowing
C. Ethical ways of knowing (Correct)
D. Aesthetic ways of knowing

Rationale: Ethical ways of knowing refer to knowledge of what is right and wrong, what ought to be done, attention to professional standards and codes in making moral choices, taking responsibility for one’s actions, and protecting person autonomy and rights. Emancipatory ways of knowing include awareness of social problems and social justice issues as contributory determinants of health disparities. This pattern of knowing focuses on social determinants as a context for health care concerns. Empirical ways of knowing include incorporating logical reasoning and problem solving. This type of knowledge draws upon verifiable data from science. Aesthetic ways of knowing represent a deeper appreciation of the whole person or situation, moving beyond the superficial to see the experience as part of a larger whole to make meaningful connections.

Q11: Professional caring is based on which of the following?

A. Being kind
B. An innate sense of caring for someone in need
C. Demonstrating a concern for others
D. Knowledge, being present with another, and actions focused on positive outcomes (Correct)

Rationale: Professional caring is much more than “being kind.” Instead, it is a complex relationship that encompasses knowledge, being present with another, and actions focusing on achieving positive outcomes and well-being. The other three answers are related to caring for another, but not professional caring associated with the nursing profession.

Q12: Which model of communication focuses on the sending and receiving of messages?

A. Interactional
B. Provisional
C. Linear (Correct)
D. Transactional

Rationale: The linear communication model is the simplest communication model, consisting of sender, message, receiver, channels of communication, and context. Linear models focus only on the sending and receiving of messages and do not necessarily consider communication as enabling the development of co-created meanings. Transactional communication models are more complex. These models define interpersonal communication as a reciprocal interaction in which both sender and receiver influence each other’s messages and responses as they converse. There is no term for provisional communication other than it could be considered a brief communication such as speaking to someone in the hallway who asks a question. An interactional model of communication is similar to transactional communication in that it is a process where the sender

and receiver assume the alternate positions during the dialogue.

Q13: Systems theory is based on which of the following?

A. The interrelationships within a given system and the whole being greater than the parts (Correct)

B. A human system (person/family and provider) receives information from the environment (input), internally processes it, and interprets its meaning (throughput)

C. The therapeutic relationship between the nurse and the person receiving care

D. Health care delivery moving to an interprofessional practice model

Rationale: Systems theory focuses on the interrelationships within a given system and is based on the whole being greater than the sum of its parts (Weberg, 2012). These systems are made up of patterns and relationships with interactions that are nonlinear, interactive, and continually changing, with unpredictable outcomes (Mallette & Rykert, 2018). From a systems perspective, everything within the health care system is interrelated and interdependent (Porter-O'Grady & Malloch, 2014). Answer B describes the transactional model of communication. Answer C is based on Peplau's Theory of Interpersonal Relations, and Answer D is a distractor based on interprofessional care.

Q14: The nurse recognizes that feedback loops

A. do not allow for correction of original information.

B. are solely based on the General Systems Theory.

C. do not allow for validation of information.

D. allow the human system to correct its original information. (Correct)

Rationale: Feedback (from the receiver or the environment) allows the system to correct or maintain its original information. Feedback loops (from the receiver, or the environment) validate the information, or allow the human system to correct its original information. General Systems Theory, initially described by Ludwig von Bertalanffy (1968), focuses on process and interconnected relationships comprising the "whole."

Q15: Members of the interprofessional team should include which of the following?

A. Family physician and nurses

B. Registered nurses, practical/registered nurses, and support workers

C. Registered nurses, practical/registered nurses, physicians, allied health care providers such as physiotherapists and social workers, and the person and family receiving care (Correct)

D. Registered nurses, practical/registered nurses, physicians, and allied health care providers such as physiotherapists and social workers

Rationale: Health care delivery has "moved from a 'one-professional: one person' care model" (Batalden et al., p. 549) to interprofessional practice, with the person and family as integral members of the health care team. As the person and family are the ones who independently care for their health when not engaged with health care providers, it is imperative that they be at the centre of care and actively involved in decision making (Orchard et al., 2017). Recognizing the health care team as a system composed of skilled interdependent team members, each

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representing a relevant discipline involved in the person's care, creates a different care paradigm. The various perspectives of each discipline and the person and family provide a deeper understanding of the issues and development of a more comprehensive treatment plan.

Q16: Where did the first Canadian Indigenous and Black nurses receive their nursing education?

A. The Nightingale nursing training school in St. Catharines, Ontario
B. Hospital nursing training schools in the province or territory they lived in
C. Nursing training schools in the United States (Correct)
D. Religious order nursing training schools in the province or territory they lived in

Rationale: Edith Anderson Monture (1890–1996) was the first Indigenous registered nurse. Her nursing career path was challenging in that Indigenous women were largely barred from Canadian nursing schools until the 1930s (Wytenbroek & Vandenberg, 2017). Monture applied to nursing schools in Ontario but was not accepted. Undeterred, she then applied to nursing schools in the United States and was finally accepted at the New Rochelle Nursing School in New York. Until the late 1940s, those who wanted to be a nurse and were Black were told by Canadian nursing schools to go the United States for their nursing education. In 1874, the first nursing training school in Canada was opened in St. Catharines, Ontario, guided by two nurses who were trained by Florence Nightingale (CASN, 2012).

Q17: Professional nursing represents a practice discipline. Attributes that are identified and used to describe being a professional are which of the following? (Select all that apply.) *(Select all that apply.)*

A. Accountability (Correct)
B. Self-regulated (Correct)
C. Communication
D. Collaboration (Correct)
E. Caring
F. Autonomy (Correct)

Rationale: Professional nursing represents a practice discipline. There are many definitions of what makes up a profession; however, the attributes that are regularly used to describe professionalism include knowledge, accountability, autonomy, self-regulation, inquiry, collegiality, collaboration, innovation, ethics, and values (Registered Nurses' Association of Ontario [RNAO], 2007). Communication and caring practices are ways to convey the attributes of being a professional.

Q18: Which of the following describe the science of nursing? (Select all that apply.) *(Select all that apply.)*

A. Research (Correct)
B. Caring
C. Health promotion (Correct)
D. Clinical guidelines (Correct)
E. Person receiving care's perspective

Rationale: The science of nursing (theory and evidence-informed knowledge, research, clinical guidelines) provides an essential focus and knowledge basis for professional nursing. Evidence-informed nursing actions help people achieve identified health goals through practices ranging from health promotion, preventive care, and health education, to include direct care, rehabilitation, palliative care, research, and health teaching. The "art of nursing" references a blending of the nurse's ability to adapt to the person's individual needs through processes of understanding the nature of health from the person's perspective through caring, compassion, and therapeutic communication.

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