Arnold and Boggs's Interpersonal Relationships for Canadian Nurses (Canadian) 2nd edition Mallette Test Bank

SKU: 9780443284540-TEST-BANK

Test Bank - Chapter 01

Q1: Which statement best reflects the concept of professionalism in nursing?

A. Following organizational rules is the primary indicator of professionalism.

B. Professionalism is demonstrated through ethical behaviour, accountability, and relational competence. (Correct)

C. Professionalism develops automatically with years of experience.

D. Professionalism is achieved by avoiding emotional engagement with patients.

Rationale: Rationale: Professionalism involves ethical conduct, accountability, reflective judgment, relational integrity, and commitment to safe care. It is an active, intentional process not something achieved solely through experience or rule following. Emotional avoidance does not support therapeutic nursing practice.

Q2: Which priority responsibility guides the work of nursing regulatory bodies?

A. Promoting professional networking opportunities

B. Ensuring fair employment policies for nurses

C. Supporting health care administrators in decision making

D. Protecting the public through standards of safe and competent nursing practice (Correct)

Rationale: Rationale: Regulatory bodies exist primarily to protect the public. They establish standards, maintain accountability, and ensure that nurses deliver safe, ethical, competent care. Their mandate is not employment advocacy or organizational support.

Q3: Which question should a nurse ask to apply relational inquiry when meeting a person for the first time?

A. “What medications are you currently taking?”

B. “What personal or situational factors may be influencing your experience right now?” (Correct)

C. “Why didn’t you access care sooner?”

D. “Can you tell me the most efficient way to proceed with your care?”

Rationale: Rationale: Relational inquiry requires exploring context, meaning, lived experience, structural influences, and relational factors affecting the person's health. Judgmental or efficiency-focused questioning undermines relational safety and person-centred communication.

Q4: Which action best reflects the nurse’s social mandate?

A. Providing care that promotes health, justice, safety, and public trust (Correct)

B. Ensuring care focuses on organizational priorities

C. Limiting decision-making to professional expertise

D. Avoiding advocacy to maintain neutrality

Arnold and Boggs's Interpersonal Relationships for Canadian Nurses (Canadian) 2nd edition Mallette Test Bank

Rationale: Rationale: Nursing's social contract commits nurses to ethical behaviour, public trust, health equity, social justice, and person-centred care. This mandate extends beyond tasks to include relational, cultural, and structural responsibilities.

Q5: Which of the following demonstrates that a nurse engages in reflective practice after a difficult interaction?

A. Examining personal assumptions and communication choices to understand their impact (Correct)
B. Critiquing the patient's behaviour and receiving constructive criticism
C. Avoiding emotional responses to remain professional
D. Asking colleagues for validation

Rationale: Rationale: Reflective practice involves critically examining beliefs, biases, reactions, power, and relational impact to improve future care. It supports self-awareness and ethical, person-centred decision-making.

Q6: In relational practice, which factor must the nurse consider when assessing a person's health experience?

A. Personal convenience in organizing care
B. The interplay between intrapersonal, interpersonal, and structural influences (Correct)
C. The nurse's preferred approach to communication
D. Whether the person's emotions are appropriate

Rationale: Rationale: Relational practice requires attention to contextual, interpersonal, emotional, cultural, and structural factors influencing health and communication. These interactions shape how people make meaning and what care they require.

Q7: Which behaviour best demonstrates relational presence?

A. Completing documentation during the interaction
B. Redirecting the conversation quickly to maintain efficiency
C. Focusing fully on the person with grounded posture and attentive listening (Correct)
D. Maintaining emotional distance to avoid over-involvement

Rationale: Rationale: Relational presence involves attunement, mindful attention, emotional grounding, and full engagement with the person. It strengthens trust, connection, and therapeutic communication.

Q8: Which scenario best reflects a therapeutic (not social) relationship?

A. A nurse shares personal challenges to build rapport.
B. A nurse and patient exchange personal contact information after discharge.
C. A nurse maintains clear boundaries while collaborating toward the patient's health goals. (Correct)
D. A nurse becomes a friend to the patient to build trust.

Rationale: Rationale: Therapeutic relationships are goal-directed, time-limited, professional, and centred on the patient's needs, not reciprocal or social. Sharing personal details or forming friendships disrupts boundaries and therapeutic focus.

Q9: Which statement best represents the purpose of professional boundaries?

A. To prevent emotional expression in nursing
B. To maintain a safe, ethical, and person-centred relationship (Correct)
C. To ensure authority
D. To encourage personal friendship between nurse and patient

Rationale: Rationale: Boundaries protect both patient and nurse by preserving safety, ethical clarity, therapeutic intention, and role integrity. They support not restrict relational, compassionate care.

Q10: Which finding indicates therapeutic drift?

A. The nurse consistently partners with the patient on health goals.
B. The nurse maintains appropriate emotional presence.
C. The nurse reflects on their communication after an interaction.
D. The nurse begins prioritizing personal needs within the relationship. (Correct)

Rationale: Rationale: Therapeutic drift occurs when the nurse's needs, preferences, or emotions begin directing the interaction, shifting focus away from the patient's well-being. This signals a boundary concern and requires immediate corrective reflection.

Q11: A nurse demonstrates ethical practice as outlined in the Code of Ethics by:

A. Focusing on organizational policy
B. Upholding dignity, equity, accountability, and compassionate care (Correct)
C. Avoiding conversations about cultural identity
D. Using personal judgment in place of evidence

Rationale: Rationale: Ethical nursing practice requires respect for dignity, cultural safety, equity, informed consent, accountability, relational integrity, and evidence-informed care. These guide all professional interactions.

Q12: Which action demonstrates a health-equity informed therapeutic interaction?

A. Considering how structural inequities, trauma, culture, and power influence the patient's experience (Correct)
B. Treating all patients identically to ensure fairness
C. Avoiding discussions about social context
D. Focusing solely on clinical symptoms

Rationale: Rationale: Equity-informed practice recognizes how racism, colonialism, poverty, trauma, and social structures shape people's experiences. Attending to these relational contexts

supports more accurate assessment and safer care.

Q13: Which behaviour demonstrates cultural humility?

A. Assuming shared understanding based on appearance
B. Engaging in ongoing self-reflection about bias, power, and one's cultural lens (Correct)
C. Avoiding cultural dialogue to prevent discomfort
D. Relying on past knowledge to predict patient preferences

Rationale: Rationale: Cultural humility requires intentional self-reflection, awareness of power dynamics, openness to learning, and recognition that patients are the experts of their own identities and experiences.

Q14: Which action best reflects relational advocacy?

A. Making decisions independently to avoid burdening the patient
B. Encouraging the patient to follow the nurse's preferred plan
C. Centering the patient's values and priorities in all decisions (Correct)
D. Minimizing difficult conversations to reduce conflict

Rationale: Rationale: Relational advocacy means partnering with the patient, supporting self-determination, and ensuring the care plan aligns with what matters most to them, not the nurse's preferences.

Q15: Which nursing behaviour helps maintain public trust in the profession?

A. Prioritizing efficiency over engagement
B. Demonstrating ethical behaviour, accountability, cultural safety, and competence (Correct)
C. Engaging in self-reflection to stay confident
D. Making decisions without interprofessional involvement

Rationale: Rationale: Public trust is upheld when nurses demonstrate ethical integrity, reflective judgment, relational communication, cultural safety, and competent practice of core expectations of the profession.

Q16: 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: 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).

Q17: 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: 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.

Q18: 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: 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.

Q19: 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: 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.

Q20: 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: 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.

Q21: 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: 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 defines health as "a state of complete physical, mental, social well-being, not merely the absence of disease or infirmity" (Thompson, 2023). Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled, and dying people.

Q22: 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: 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.

Q23: Which of the following demonstrates the "art" of nursing?

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

Rationale: 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.

Q24: Which elements contribute to professional nursing identity? (Select all that apply.) *(Select all that apply.)*

A. Ethical and accountable behaviour (Correct)
B. Reflective and relational practice (Correct)
C. Maintaining therapeutic boundaries (Correct)
D. Reliance on personal experiences to influence patient decisions
E. Commitment to public trust (Correct)

Rationale: Rationale: Professional identity is grounded in ethics, accountability, relational competence, healthy boundaries, cultural safety, and commitment to the public good. Using personal experiences to guide decisions jeopardizes therapeutic clarity.

Q25: Relational practice requires the nurse to attend to which influencing factors? (Select all that apply.) *(Select all that apply.)*

A. Cultural and historical influences (Correct)
B. Power dynamics (Correct)
C. The person's lived experience (Correct)
D. Structural determinants such as inequity (Correct)
E. Nurse convenience and workload

Rationale: Rationale: Relational practice integrates awareness of culture, history, trauma, identity, power, interpersonal processes, and structural inequities. These contexts shape communication and health experience.