Family Health Care Nursing 8th edition Robinson Test Bank

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Chapter 1: Family Health Care Nursing: An Introduction

Multiple Choice:

1. The nurse is transferring to a care area that focuses on family nursing practice. What should the nurse realize about this approach to care?

1. Interventions in family care address the future plans for the family.
2. Family members must be present before the implementation of family care.
3. Resources are placed to support a family member experiencing illness with the greatest chance for recovery.
4. The nurse and family together define the family and where therapeutic energy should be placed.

2. The nurse notes that a client has been previously married and participates in raising the current spouse's children from a previous marriage. How should the nurse document this family type?

1. Extended
2. Cohabitation
3. Nuclear dyad
4. Blended

3. The nurse prepares an in-service program on family nursing for new graduate employees. Which definition of family is the best one for the nurse to use?

1. Members of a family are self-defined.
2. People who share strong emotional ties are a family.
3. A family is defined by blood ties, adoption, and marriage.
4. A family is a group of people who live together with or without legal or biological ties.

4. The nurse prepares to assess a client whose family is being used as a resource. Which approach to family nursing care is the nurse implementing?

1. Family as client
2. Family as system
3. Family as context
4. Family as component of society

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5. During a home visit the nurse teaches the client and family about actions to reduce the spread of infection among the family members. Which role is the nurse implementing?

1. Counselor
2. Care deliverer
3. Health teacher
4. Family advocate

6. The nurse is caring for a patient whose family is experiencing emotional distress following a new cancer diagnosis. According to the principles of effective nurse–family communication, which action best demonstrates the nurse's role?

1. Explain the diagnosis in medical terms to assert clinical expertise.
2. Encourage the family to avoid discussing emotional topics to maintain focus on the treatment.
3. Listen actively and summarize the family's concerns to promote mutual understanding.
4. Refer the family to another provider to avoid influencing their decisions.

7. The spouse of a client with complex care needs is unavailable to attend a care conference at 2 p.m. What should the nurse do to support family nursing care?

1. Have the client attend in place of the spouse.
2. Schedule the conference when the spouse is available.
3. Ask the spouse to telephone in during the time of the conference.
4. Provide the spouse with outcomes determined during the meeting.

8. The nurse observes parents discussing an adolescent's plans for the weekend and setting boundaries to which the adolescent agrees. Which function did this family unit demonstrate?

1. Affective
2. Economic
3. Health care
4. Socialization

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9. The adult daughter of an older client is expected to be at the client's bedside, yet personal family responsibilities are not being completed. Which family interactional process is the daughter experiencing?

1. Role strain
2. Role conflict
3. Role ambiguity
4. Role expectations

Multiple Response:

10. The nurse prepares to assess a family during a home visit. Which traits should the nurse expect that demonstrate a healthy family? Select all that apply.

1. Develops suspicion among members
2. Exhibits a sense of shared responsibility
3. Admits to and seeks help with problems
4. Enforces participation in rituals and tradition
5. Shares leisure time

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Answers:

1. The nurse is transferring to a care area that focuses on family nursing practice. What should the nurse realize about this approach to care?

Ans: 4

	Feedback
1.	Family care is concerned with the experience of the family over time. It considers both the history and the future of the family group.
2.	The physical absence of family members does not preclude the nurse from offering family care.
3.	Family nursing is directed at families whose members are both healthy and ill regardless of the severity of the illness in the family member.
4.	The intervention that "family nurses must define with the family which persons constitute the family and where they will place their therapeutic energies" is used by family nurses to provide structure to working with families regardless of the theoretical underpinning of the nursing approach. This is an enduring idea that supports the practice of family nursing.

2. The nurse notes that a client has been previously married and participates in raising the current spouse's children from a previous marriage. How should the nurse document this family type?

Ans: 4

	Feedback
1.	An extended family is defined as two or more adult generations and one that includes grandparents and grandchildren living in the same household.
2.	A cohabitation family type is defined as an unmarried couple sharing a household who are involved in an emotional and/or sexually intimate relationship.
3.	A nuclear dyad is defined as a married couple with no children.
4.	A blended or reconstituted family type is defined as an arrangement in which one or more of the parents was previously married and brings children from the previous marriage into the current marriage.

3. The nurse prepares an in-service program on family nursing for new graduate employees. Which definition of family is the best one for the nurse to use?

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Ans: 1

	Feedback
1.	The definition of family that is most inclusive and takes the individual family members into consideration is that the members of a family are self-defined.
2.	The definition that a family is made up of people who share strong emotional ties is a psychological definition of a family.
3.	The definition that a family is defined by blood ties, adoption, and marriage is a legal definition of a family.
4.	The definition that a family is a group of people who live together with or without legal or biological ties is a sociological definition of a family.

4. The nurse prepares to assess a client whose family is being used as a resource. Which approach to family nursing care is the nurse implementing?

Ans: 3

	Feedback
1.	The second approach to family nursing care centers on the assessment of all family members. The family nurse is interested in the way all the family members are individually affected by the health event of one family member. In this approach, all members of the family are in the foreground.
2.	The third approach to care views the family as a system. The focus in this approach is on the family as the client; the family is viewed as an interactional system in which the whole is more than the sum of its parts. In other words, the interactions between family members become the target for the nursing interventions.
3.	The first approach to family nursing care focuses on the assessment and care of an individual client in which the family is the context. This is the traditional nursing focus, in which the individual is foreground and the family is background. The family serves as context for the individual as either a resource or a stressor to the individual's health and illness.
4.	The fourth approach to care looks at the family as a component of society, in which the family is viewed as one of many institutions in society, similar to health, educational, religious, or economic institutions. The family is a basic or primary unit of society, and it is a part of the larger system of society.

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5. During a home visit the nurse teaches the client and family about actions to reduce the spread of infection among the family members. Which role is the nurse implementing?

Ans: 3

	Feedback
1.	As a counselor, the family nurse has a therapeutic role in helping individuals and families solve problems or change behavior.
2.	As a care deliverer, the family nurse either delivers or supervises the care that families receive in various settings. To do this, the nurse must be a technical expert in terms of both knowledge and skill.
3.	The family nurse teaches about family wellness, illness, relations, and parenting.
4.	As an advocate the family nurse advocates for families and empowers family members to speak with their own voices, or the nurse speaks out for the family.

6. The nurse is caring for a patient whose family is experiencing emotional distress following a new cancer diagnosis. According to the principles of effective nurse–family communication, which action best demonstrates the nurse's role?

Ans: 3

	Feedback
1.	Asserting clinical expertise does not build understanding as the nurse's communication role.
2.	The nurse should provide emotional support and help families cope during stress or crisis, not avoid it.
3.	This action aligns with the nurse's role in modeling communications, supporting understanding, and facilitating family-centered care.
4.	The nurse should not withdraw from or defer communication, but be an active facilitator of communication in order to engage the family.

7. The spouse of a client with complex care needs is unavailable to attend a care conference at 2 p.m. What should the nurse do to support family nursing care?

Ans: 2

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	Feedback
1.	It is inappropriate to expect an ill client to attend a care conference.
2.	One obstacle to family nursing practice is the hours for care. Because the spouse is not available during the scheduled meeting, the approach to overcome this obstacle is to schedule the meeting when the spouse can attend.
3.	The spouse is not available. Telephoning in for the conference is not appropriate.
4.	Providing the spouse with the outcomes of the meeting does not take the family's needs into consideration and violates the purpose of the meeting.

8. The nurse observes parents discussing an adolescent's plans for the weekend and setting boundaries to which the adolescent agrees. Which function did this family unit demonstrate?

Ans: 1

	Feedback
1.	The affective function, one of the basic functions of family, is essential for creating a harmonious and stable environment, and optimal for healthy child development and for the satisfaction of all family members. Affective function has to do with the ways family members relate to one another and those outside the immediate family boundaries. Well-functioning families can maintain a consistent level of involvement with one another, yet at the same time not become too involved in each other's lives.
2.	The economic function of the family is focused on providing the necessities of food, clothing, and shelter for the family members.
3.	The health care function of the family is achieved when the family learns how to maintain, protect, and restore health.
4.	The family is the first and one of the most influential settings for socialization. Families are the primary source of individual development and the primary setting in which children begin to acquire the beliefs, attitudes, values, and behaviors considered appropriate to society. This situation does not demonstrate family socialization.

9. The adult daughter of an older client is expected to be at the client's bedside, yet personal family responsibilities are not being completed. Which family interactional process is the daughter experiencing?

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Ans: 2

	Feedback
1.	Role strain occurs when the person lacks knowledge about performance of a role.
2.	Role conflict occurs when expectations about familial roles are incompatible. The adult daughter needs to help an aging parent; however, she is also expected to maintain personal role functions.
3.	Role ambiguity occurs when the person does not know what to do in a situation.
4.	Role expectations occur when a person who is performing a role is expected to pick up additional responsibilities and incorporate them into the current role.

10. The nurse prepares to assess a family during a home visit. Which traits should the nurse expect that demonstrate a healthy family? Select all that apply.

Ans: 2, 3, 5

	Feedback
1.	A healthy family fosters trust and respect instead of fostering suspicion.
2.	A trait common to healthy families is exhibiting a sense of shared responsibility.
3.	A trait common to healthy families is admitting to and seeking help with problems.
4.	A healthy family welcomes rituals and traditions but does not enforce participation in such family practices.
5.	A trait common to healthy families is sharing leisure time.

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