Canadian Fundamentals of Nursing (Canadian) 6th edition Potter Test Bank

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MULTIPLE CHOICE

1. The nurse is using the population health promotion model to develop actions for improving health. After asking, "On what should we take action?"; "How should we take action?"; and "Why should we take action?" the nurse will ask which of the following questions?
   a. "With whom should we act?"
   b. "When should we take action?"
   c. "Which government should take action?"
   d. "Where should we first act?"

   ANS: A
   The next question to ask when using the population health model approach is "With whom should we act?" The other choices are not questions included in this model.

   DIF: Apply REF: 13 (Figure 1-5)
   OBJ: Contrast distinguishing features of health promotion and disease prevention.
   TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

2. The principle "Health promotion is multisectoral" means which of the following?
   a. Relationships between individual, social, and environmental factors must be recognized.
   b. Physical, mental, social, ecological, cultural, and spiritual aspects of health must be recognized.
   c. In order to change unhealthy living and working conditions, areas other than health must also be involved.
   d. Health promotion uses knowledge from disciplines such as social, economic, political, environmental, medical, and nursing sciences, as well as from first-hand experience.

   ANS: C
   The statement "Health promotion is multisectoral" is the principle explained by the necessity to involve areas other than health in order to change unhealthy living and working conditions.

   DIF: Understand REF: 11
   OBJ: Contrast distinguishing features of health promotion and disease prevention.
   TOP: Planning MSC: NCLEX: Health Promotion and Maintenance

3. According to the World Health Organization, what is the best description of "health"?
   a. Simply the absence of disease.
   b. Involving the total person and environment.
   c. Strictly personal in nature.
   d. Status of pathological state.

   ANS: B

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WHO defines health as ". . .*the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.*" Nurses' attitudes toward health and illness should consider the total person, as well as the environment in which the person lives. People free of disease are not equally healthy. Views of health have broadened to include mental, social, and spiritual well-being, as well as a focus on health at family and community levels. Conditions of life, rather than pathological states, are what determine health.

DIF: Knowledge REF: 2
OBJ: Discuss ways that definitions of health have been conceptualized.
TOP: Evaluate MSC: NCLEX: Health Promotion and Maintenance

4. What priority strategy for health promotion in Canada is optional but seen as important to incorporate in nursing education curricula?
   a. Knowledge of disease prevention.
   b. Strategies for health promotion.
   c. Policy advocacy.
   d. Concepts of determinants of health.

ANS: C
Increasingly, policy advocacy is incorporated into nursing role statements and nursing education curricula. Nurses should think about policies that have contributed to health problems, policies that would help alleviate health problems, and how nurses champion public policies. Disease prevention, health promotion, and concepts of determinants of health are integral parts of nursing curricula.

DIF: Understand REF: 11| 12
OBJ: Analyze how the nature and scope of nursing practice are influenced by different conceptualizations of health and health determinants. TOP: Planning
MSC: NCLEX: Health Promotion and Maintenance

5. Which of the following is a prerequisite for health, as identified by the *Ottawa Charter for Health Promotion?*
   a. Education.
   b. Social support.
   c. Self-esteem.
   d. Physical environment.

ANS: A
Education is one of the nine prerequisites for health that were identified in the *Ottawa Charter for Health Promotion.* Lack of social support and low self-esteem were identified as psychosocial risk factors by Labonte (1993). Dangerous physical environments were identified as socioenvironmental risk factors by Labonte (1993).

DIF: Understand REF: 4
OBJ: Discuss contributions of the following Canadian publications to conceptualizations of health and health determinants: Lalonde Report, Ottawa Charter, Epp Report, Strategies for Population Health, Jakarta Declaration, Bangkok Charter, Toronto Charter. TOP: Planning
MSC: NCLEX: Health Promotion and Maintenance

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6. The determinant of health with the greatest effect on the health of Canadians is which of the following?
   a. Education.
   b. Health services.
   c. Social support networks.
   d. Income and social status.

   ANS: D
   Income, income distribution, and social status constitute the greatest determinant of health because they influence most other determinants. Some investigators suggest that literacy and education are important influences on health status because they affect many other health determinants. Approximately 25% of a population's health status is attributed to the quality of its health care services. Social support affects health, health behaviours, and health care utilization but is not the greatest determinant of health.

   DIF: Understand REF: 6
   OBJ: Discuss key health determinants and their interrelationships and how they influence health.
   TOP: Planning MSC: NCLEX: Health Promotion and Maintenance

7. A paraplegic patient in the hospital for an electrolyte imbalance is receiving care at which prevention level?
   a. Primary prevention level.
   b. Secondary prevention level.
   c. Tertiary prevention level.
   d. Health promotion level.

   ANS: B
   The secondary prevention level focuses on early detection of disease once pathogenesis has occurred, so that prompt treatment can be initiated to halt disease and limit disability. The primary prevention level focuses on health promotion, specific protection measures such as immunizations, and the reduction of risk factors such as smoking. The tertiary prevention level focuses on minimizing residual disability.

   DIF: Apply REF: 11
   OBJ: Contrast distinguishing features of health promotion and disease prevention.
   TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

8. The nurse incorporates levels of prevention on the basis of patient needs and the type of nursing care provided. Which of the following is an example of tertiary level preventive caregiving?
   a. Teaching a patient how to irrigate a new temporary colostomy.
   b. Providing a lesson on hygiene for an elementary school class.
   c. Informing a patient that immunizations for her infant are available through the health department.
   d. Arranging for a hospice nurse to visit with the family of a patient with cancer.

   ANS: D

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Tertiary prevention is provided when a defect or disability is permanent and irreversible. At this level, the hospice nurse aims to help the patient and his or her family to achieve a high level of function, despite the limitations caused by the patient's illness. Teaching a patient how to irrigate a new colostomy is an example of secondary prevention. If the colostomy is to be permanent, care may later move to the tertiary level of prevention. Providing a lesson on hygiene for an elementary school class and informing a patient about available immunizations are examples of primary prevention.

DIF: Apply REF: 11 OBJ: Discuss the three levels of disease prevention.
TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

9. The nurse is working on a committee to evaluate the need for increasing the levels of fluoride in the drinking water of the community. In doing so, the nurse is fostering which concept?
   a. Anticipatory prevention.
   b. Primary prevention.
   c. Secondary prevention.
   d. Tertiary prevention.

   ANS: B
   Fluoridation of municipal drinking water and fortification of homogenized milk with vitamin D are examples of primary prevention strategies. With active strategies of health promotion, individuals are motivated to adopt specific health programs such as weight reduction and smoking cessation programs. "Anticipatory prevention" is not a known concept. Secondary prevention promotes early detection of disease (e.g., screening). Tertiary prevention activities are initiated in the convalescence phase of disease.

   DIF: Apply REF: 11 OBJ: Discuss the three levels of disease prevention.
   TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

10. The nurse is working in a clinic that is designed to provide health education and immunizations. As such, this clinic focuses on which type of prevention?
    a. Primary prevention.
    b. Secondary prevention.
    c. Tertiary prevention.
    d. Diagnosis and prompt intervention.

    ANS: A
    Primary prevention precedes disease or dysfunction and is applied to people considered physically and emotionally healthy. Health promotion includes health education programs, immunizations, and physical and nutritional fitness activities. Secondary prevention focuses on individuals who are experiencing health problems or illnesses and who are at risk for developing complications or worsening conditions; activities are directed at diagnosis and prompt intervention. Tertiary prevention is provided when a defect or disability is permanent and irreversible. It involves minimizing the effects of long-term disease or disability through interventions directed at preventing complications and deterioration.

    DIF: Understand REF: 11 OBJ: Discuss the three levels of disease prevention.
    TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

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11. The patient is admitted to the emergency department of the local hospital from home with reports of chest discomfort and shortness of breath. She is administered oxygen and breathing treatments, laboratory tests and blood gas measurements are performed, and electrocardiography is conducted. What level of preventive care is this patient receiving?
    a. Primary prevention.
    b. Secondary prevention.
    c. Tertiary prevention.
    d. Health promotion.

    ANS: B
    Secondary prevention focuses on individuals who are experiencing health problems or illnesses and who are at risk for developing complications or worsening conditions. Activities are directed at diagnosis and prompt intervention. Primary prevention precedes disease or dysfunction and is applied to people considered physically and emotionally healthy. Health promotion includes health education programs, immunizations, and physical and nutritional fitness activities. Tertiary prevention is provided when a defect or disability is permanent and irreversible. It involves minimizing the effects of long-term disease or disability through interventions directed at preventing complications and deterioration.

    DIF: Apply REF: 11 OBJ: Discuss the three levels of disease prevention.
    TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

12. A patient is admitted to a rehabilitation facility after a stroke. The patient has right-sided paralysis and is unable to speak. The patient will be receiving physiotherapy and speech therapy. What are these examples of?
    a. Primary prevention.
    b. Secondary prevention.
    c. Tertiary prevention.
    d. Health promotion.

    ANS: C
    Tertiary prevention is provided when a defect or disability is permanent and irreversible. It involves minimizing the effects of long-term disease or disability through interventions directed at preventing complications and deterioration. Secondary prevention focuses on individuals who are experiencing health problems or illnesses, and who are at risk for developing complications or worsening conditions. Activities are directed at diagnosis and prompt intervention. Primary prevention precedes disease or dysfunction and is applied to people considered physically and emotionally healthy. Health promotion includes health education programs, immunizations, and physical and nutritional fitness activities.

    DIF: Apply REF: 11 OBJ: Discuss the three levels of disease prevention.
    TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

13. Risk factors can be placed in the following interrelated categories: genetic and physiological factors, age, physical environment, and lifestyle. The presence of any of these risk factors means which of the following?
    a. A person with the risk factor will get the disease.
    b. The chances of getting the disease are increased.
    c. The disease is guaranteed not to develop if the risk factor is controlled.
    d. Risk modification will have no effect on disease prevention.

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ANS: B
The presence of risk factors does not mean that a disease will develop, but risk factors increase the chances that the individual will experience a particular disease or dysfunction. Control of risk factors does not guarantee that a disease will not develop. However, risk factor identification assists patients in visualizing those areas in life that can be modified or even eliminated to promote wellness and prevent illness.

DIF: Knowledge REF: 3
OBJ: Identify factors that have led to each approach to health. TOP: Assessment
MSC: NCLEX: Health Promotion and Maintenance

14. Since the early 1990s, which group has had the highest amount of absenteeism of all workers in Canada?
    a. "White collar sector" workers.
    b. Nurses.
    c. Workers in the trades.
    d. Transport and equipment operators.

ANS: B
There is considerable concern regarding negative workplace conditions in the health care sector. Nurses have had the highest or second-highest rate of absenteeism of all workers in Canada since the early 1990s. Rates of absenteeism for the "white collar sector," for workers in the trades, and for transport and equipment operators are not available.

DIF: Analyze REF: 7
OBJ: Analyze how the nature and scope of nursing practice are influenced by different conceptualizations of health and health determinants. TOP: Planning
MSC: NCLEX: Health Promotion and Maintenance

15. Which of the following is a true statement about nutrition in Canada, according to the research?
    a. Canadians have increased their total fat and salt consumption.
    b. Canadians report that their children eat the recommended daily number of fruits and vegetables.
    c. Fifty percent of children aged 2 to 17 years are overweight or obese.
    d. The 2004 Canadian Community Health Survey (CCHS) revealed that 40% of adult Canadians were obese (body mass index of 30 or more) and 50% were overweight.

ANS: A
One quarter of Canadians overall, and one third of teenagers aged 14 to 18 years, reported eating at a fast-food outlet the previous day; such foods are high in fats and salts. Seventy percent of children aged 4 to 8 ate fewer than the minimum servings of fruits and vegetables daily. Of children aged 2 to 17 years, 26% were overweight or obese, not 50%. The 2004 Canadian Community Health Survey (CCHS) revealed that 23% of adult Canadians were obese (body mass index of 30 or more), not 40%, and 36% were overweight, not 50%.

DIF: Apply REF: 8| 9
OBJ: Discuss key health determinants and their interrelationships and how they influence health.
TOP: Planning MSC: NCLEX: Health Promotion and Maintenance

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16. One of the five health promotion strategies, as identified by the *Ottawa Charter for Health Promotion,* is which of the following?
    a. Creating supportive environments.
    b. Strengthening educational opportunities.
    c. Developing a medical approach.
    d. Minimizing stressful situations.

    ANS: A
    "Creating supportive environments" is one of the five broad health promotion strategies identified by the *Ottawa Charter for Health Promotion.* The other strategies are building healthy public policy, strengthening community action, developing personal skills, and reorienting health services. "Strengthening educational opportunities," "Developing a medical approach," and "Minimizing stressful situations" are not among the five strategies.

    DIF: Apply REF: 11| 12
    OBJ: Discuss contributions of the following Canadian publications to conceptualizations of health and health determinants: Lalonde Report, Ottawa Charter, Epp Report, Strategies for Population Health, Jakarta Declaration, Bangkok Charter, Toronto Charter. TOP: Planning
    MSC: NCLEX: Health Promotion and Maintenance

17. Which of the following is an example of tertiary prevention?
    a. Reduction of risk factors, such as smoking.
    b. Breast self-examination and testicular self-examination.
    c. Cardiac rehabilitation programs.
    d. Blood pressure screening to detect hypertension.

    ANS: C
    Tertiary prevention activities occur in the convalescence stage of disease and are directed toward minimizing residual disability and helping people to live productively with limitations. An example is a cardiac rehabilitation program after a myocardial infarction. Breast self-examination and testicular self-examination are examples of secondary prevention, as is blood pressure screening to detect hypertension. Reducing risk factors, such as smoking, is an example of primary prevention.

    DIF: Understand REF: 11 OBJ: Describe the three levels of disease prevention.
    TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

18. When the nurse is educating an adult patient about health promotion activities, which of the following is the most important internal patient factor for the nurse to consider?
    a. Emotional wellness.
    b. Developmental stage.
    c. Professed spirituality.
    d. Levels of education and literacy.

    ANS: D

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Levels of education and literacy are important influences to consider when the nurse is educating an adult patient about health promotion activities. Literacy can influence health both directly (e.g., with regard to medication use, safety practices) as well as indirectly (through use of services, lifestyles, income, work environments, and stress levels). Spirituality is reflected in a person's values and beliefs, the relationships established with family and friends, and the ability to find hope and meaning in life; however, these can change throughout life; however, it is not the most important factor to consider. The nurse must consider the patient's level of growth and development when using the patient's health beliefs and practices as a basis for planning care, but this is not the most important patient factor to consider. In this case, the patient is at the adult developmental stage. The patient's emotional wellness—degree of stress, depression, or fear, for example—can influence health beliefs and practices. The manner in which a person handles stress throughout each phase of life will influence the way he or she reacts to illness. However, this is not the best available option.

DIF: Analyze REF: 7
OBJ: Discuss key health determinants and their interrelationships and how they influence health.
TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

19. When discussing the effect of a known risk factor on a patient's health, what would the nurse would say?
    a. "It doesn't mean that you'll get the disease, just that the odds are greater for you."
    b. "Now that you know the possibility is there, you can take steps to prevent it."
    c. "This risk factor can be managed by making a change to your lifestyle."
    d. "You're lucky because you have the benefit of being able to do something about it."

ANS: A
The presence of risk factors does not mean that a disease will develop, but risk factors increase the chances that the individual will experience a particular disease or dysfunction. Although the statement "Now that you know the possibility is there, you can take steps to prevent it" is not incorrect, it does not address the effect of the risk factor on the patient's health. It is not always true that a risk factor can be managed by making lifestyle changes. The strategy of telling the patient that he or she is lucky and has the benefit of being able to do something about a risk factor minimizes the patient's concern, and does not address the effect of the risk factor on the patient's health.

DIF: Apply REF: 3
OBJ: Describe key characteristics of medical, behavioural, and socioenvironmental approaches to health. TOP: Implementation MSC: NCLEX: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. Classifications of health conceptualizations occur in which ways? *(Select all that apply.)*
    a. Health as stability.
    b. Health as free from illness.
    c. Health as universal.
    d. Health as actualization.
    e. Health as individual.

ANS: A, D

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Health can be conceptualized (Pender, 2006) in three ways: health as stability, health as actualization, and health as both of these together.

DIF: Understand REF: 2
OBJ: Discuss ways that definitions of health have been conceptualized.
TOP: Assessment MSC: NCLEX: Health Promotion and Maintenance

2. Health challenges, as identified by *Achieving Health for All: A Framework for Health Promotion* (Epp, 1986), include which of the following? *(Select all that apply.)*
   a. Mutual aid
   b. Reducing inequities
   c. Increasing prevention
   d. Enhancing coping

ANS: B, C, D
Health challenges, as identified by Epp (1986), include reducing inequities, increasing prevention, and enhancing coping. Mutual aid is a health promotion mechanism in the framework; it does not refer to a health challenge.

DIF: Understand REF: 4
OBJ: Discuss contributions of the following Canadian publications to conceptualizations of health and health determinants: Lalonde Report, Ottawa Charter, Epp Report, Strategies for Population Health, Jakarta Declaration, Bangkok Charter, Toronto Charter. TOP: Assessment
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MULTIPLE CHOICE

1. The nurse is using the population health promotion model to develop actions for improving health. After asking, "On what should we take action?"; "How should we take action?"; and "Why should we take action?" the nurse will ask which of the following questions?
   a. "With whom should we act?"
   b. "When should we take action?"
   c. "Which government should take action?"
   d. "Where should we first act?"

   ANS: A
   The next question to ask when using the population health model approach is "With whom should we act?" The other choices are not questions included in this model.

   DIF: Apply REF: 13, Figure 1-5
   OBJ: Contrast distinguishing features of health promotion and disease prevention.
   TOP: Implementation MSC: CPNRE: Foundations of Practice

2. The principle "Health promotion is multisectoral" means which of the following?
   a. Relationships between individual, social, and environmental factors must be recognized.
   b. Physical, mental, social, ecological, cultural, and spiritual aspects of health must be recognized.
   c. In order to change unhealthy living and working conditions, areas other than health must also be involved.
   d. Health promotion involves the use of knowledge from disciplines such as social, economic, political, environmental, medical, and nursing sciences, as well as from first-hand experience.

   ANS: C
   The statement "Health promotion is multisectoral" is the principle explained by the necessity to involve areas other than health in order to change unhealthy living and working conditions.

   DIF: Understand REF: 11
   OBJ: Contrast distinguishing features of health promotion and disease prevention.
   TOP: Planning MSC: CPNRE: Foundations of Practice

3. According to the World Health Organization, what is the best description of "health"?
   a. Simply the absence of disease.
   b. Involving the total person and environment.
   c. Strictly personal in nature.
   d. Status of pathological state.

   ANS: B

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The WHO defines health as "…*the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.*" Nurses' attitudes toward health and illness should account for the total person, as well as the environment in which the person lives. People free of disease are not equally healthy. Views of health have broadened to include mental, social, and spiritual well-being, as well as a focus on health at family and community levels. Conditions of life, rather than pathological states, are what determine health.

DIF: Knowledge REF: 2
OBJ: Discuss ways that definitions of health have been conceptualized.
TOP: Evaluate MSC: CPNRE: Foundations of Practice

4. What priority strategy for health promotion in Canada is optional but seen as important to incorporate in nursing education curricula?
   a. Knowledge of disease prevention.
   b. Strategies for health promotion.
   c. Policy advocacy.
   d. Concepts of determinants of health.

ANS: C
Increasingly, policy advocacy is incorporated into nursing role statements and nursing education curricula. Nurses should think about policies that have contributed to health problems, policies that would help to alleviate health problems, and how nursing champions public policies. Disease prevention is an integral part of nursing curricula. Health promotion is a fundamental part of nursing curricula.

DIF: Understand REF: 11 | 12
OBJ: Analyze how the nature and scope of nursing practice are influenced by different conceptualizations of health and health determinants. TOP: Planning
MSC: CPNRE: Foundations of Practice

5. Which of the following is a prerequisite for health, as identified by the *Ottawa Charter for Health Promotion*?
   a. Education.
   b. Social support.
   c. Self-esteem.
   d. Physical environment.

ANS: A
Education is one of the nine prerequisites for health that were identified in the *Ottawa Charter for Health Promotion*. Lack of social support and low self-esteem were identified as a psychosocial risk factors by Labonte (1993). Dangerous physical environments were identified as socioenvironmental risk factors by Labonte (1993).

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6. The determinant of health with the greatest effect on the health of Canadians is which of the following?
   a. Education.
   b. Health services.
   c. Social support networks.
   d. Income and social status.

   ANS: D
   Income, income distribution, and social status are the determinants of health that influence most other determinants. Some investigators suggest that literacy and education are important influences on health status because they affect many other health determinants. Approximately 25% of a population's health status is attributed to the quality of its health care services. Social support affects health, health behaviours, and health care utilization but is not the most influential determinant of health.

   DIF: Understand REF: 6
   OBJ: Discuss key health determinants and their interrelationships and how they influence health.
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7. A paraplegic patient in the hospital for an electrolyte imbalance is receiving care at which prevention level?
   a. Primary prevention.
   b. Secondary prevention.
   c. Tertiary prevention.
   d. Health promotion.

   ANS: B
   The secondary prevention level focuses on early detection of disease once pathogenesis has occurred, so that prompt treatment can be initiated to halt disease and limit disability. The primary prevention level focuses on health promotion, specific protection measures such as immunizations, and the reduction of risk factors such as smoking. The tertiary prevention level focuses on minimizing residual disability.

   DIF: Apply REF: 11
   OBJ: Contrast distinguishing features of health promotion and disease prevention.
   TOP: Implementation MSC: CPNRE: Foundations of Practice

8. The nurse incorporates levels of prevention on the basis of patient needs and the type of nursing care provided. Which of the following is an example of tertiary level preventive caregiving?
   a. Teaching a patient how to irrigate a new temporary colostomy.
   b. Providing a lesson on hygiene for an elementary school class.
   c. Informing a patient that immunizations for her infant are available through the health department.
   d. Arranging for a hospice nurse to visit with the family of a patient with cancer.

   ANS: D

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Tertiary prevention is provided when a defect or disability is permanent and irreversible. At this level, the hospice nurse aims to help the patient and his or her family to achieve a high level of function, despite the limitations caused by the patient's illness. Teaching a patient how to irrigate a new colostomy is an example of secondary prevention. If the colostomy is to be permanent, care may later move to the tertiary level of prevention. Providing a lesson on hygiene for an elementary school class and informing a patient about available immunizations are examples of primary prevention.

DIF: Apply REF: 11 OBJ: Discuss the three levels of disease prevention.
TOP: Implementation MSC: CPNRE: Foundations of Practice

9. The nurse is working on a committee to evaluate the need for increasing the levels of fluoride in the drinking water of the community. In doing so, the nurse is fostering which concept?
   a. Anticipatory prevention.
   b. Primary prevention.
   c. Secondary prevention.
   d. Tertiary prevention.

   ANS: B
   Fluoridation of municipal drinking water and fortification of homogenized milk with vitamin D are examples of primary prevention strategies. With active strategies of health promotion, individuals are motivated to adopt specific health programs such as weight reduction and smoking cessation programs. Anticipatory prevention is not a known concept. Secondary prevention promotes early detection of disease (e.g., screening). Tertiary prevention activities are initiated in the convalescence phase of disease.

   DIF: Apply REF: 11 OBJ: Discuss the three levels of disease prevention.
   TOP: Implementation MSC: CPNRE: Foundations of Practice

10. The nurse is working in a clinic that is designed to provide health education and immunizations. As such, this clinic focuses on which type of prevention?
    a. Primary prevention.
    b. Secondary prevention.
    c. Tertiary prevention.
    d. Diagnosis and prompt intervention.

    ANS: A
    Primary prevention precedes disease or dysfunction and is applied to people considered physically and emotionally healthy. Health promotion includes health education programs, immunizations, and physical and nutritional fitness activities. Secondary prevention focuses on individuals who are experiencing health problems or illnesses and who are at risk for developing complications or worsening conditions; activities are directed at diagnosis and prompt intervention. Tertiary prevention is provided when a defect or disability is permanent and irreversible. It involves minimizing the effects of long-term disease or disability through interventions directed at preventing complications and deterioration.

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11. The patient is admitted to the emergency department of the local hospital from home with reports of chest discomfort and shortness of breath. She is administered oxygen and breathing treatments, laboratory tests and blood gas measurements are performed, and electrocardiography is conducted. What level of preventive care is this patient receiving?
    a. Primary prevention.
    b. Secondary prevention.
    c. Tertiary prevention.
    d. Health promotion.

    ANS: B
    Secondary prevention focuses on individuals who are experiencing health problems or illnesses and who are at risk for developing complications or worsening conditions. Activities are directed at diagnosis and prompt intervention. Primary prevention precedes disease or dysfunction and is applied to people considered physically and emotionally healthy. Health promotion includes health education programs, immunizations, and physical and nutritional fitness activities. Tertiary prevention is provided when a defect or disability is permanent and irreversible. It involves minimizing the effects of long-term disease or disability through interventions directed at preventing complications and deterioration.

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12. A patient is admitted to a rehabilitation facility after a stroke. The patient has right-sided paralysis and is unable to speak. The patient will be receiving physiotherapy and speech therapy. What are these examples of?
    a. Primary prevention.
    b. Secondary prevention.
    c. Tertiary prevention.
    d. Health promotion.

    ANS: C
    Tertiary prevention is provided when a defect or disability is permanent and irreversible. It involves minimizing the effects of long-term disease or disability through interventions directed at preventing complications and deterioration. Secondary prevention focuses on individuals who are experiencing health problems or illnesses and who are at risk for developing complications or worsening conditions. Activities are directed at diagnosis and prompt intervention. Primary prevention precedes disease or dysfunction and is applied to people considered physically and emotionally healthy. Health promotion includes health education programs, immunizations, and physical and nutritional fitness activities.

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13. Risk factors can be placed in the following interrelated categories: genetic and physiological factors, age, physical environment, and lifestyle. The presence of any of these risk factors means which of the following?
    a. A person with the risk factor will get the disease.
    b. The chances of getting the disease are increased.
    c. The disease is guaranteed not to develop if the risk factor is controlled.
    d. Risk modification will have no effect on disease prevention.

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ANS: B
The presence of risk factors does not mean that a disease will develop, but risk factors increase the chances that the individual will experience a particular disease or dysfunction. Control of risk factors does not guarantee that a disease will not develop. However, risk factor identification assists patients in visualizing areas in life that can be modified or even eliminated to promote wellness and prevent illness.

DIF: Knowledge REF: 3
OBJ: Identify factors that have led to each approach to health. TOP: Assessment
MSC: CPNRE: Foundations of Practice

14. Since the early 1990s, which group has had the highest amount of absenteeism of all workers in Canada?
    a. "White collar sector" workers.
    b. Nurses.
    c. Workers in the trades.
    d. Transport and equipment operators.

ANS: B
There is considerable concern regarding negative workplace conditions in the health care sector. Nurses have had the highest or second-highest rate of absenteeism of all workers in Canada since the early 1990s. Rates of absenteeism for the "white collar sector," for workers in the trades, and for transport and equipment operators are not available.

DIF: Analyze REF: 7
OBJ: Analyze how the nature and scope of nursing practice are influenced by different conceptualizations of health and health determinants. TOP: Planning
MSC: CPNRE: Foundations of Practice

15. Which of the following is a true statement about nutrition in Canada, according to the research?
    a. Canadians have increased their total fat and salt consumption.
    b. Canadians report that their children eat the recommended daily number of fruits and vegetables.
    c. Fifty percent of children aged 2 to 17 years were overweight or obese.
    d. The 2004 Canadian Community Health Survey (CCHS) revealed that 40% of adult Canadians were obese (body mass index of 30 or more) and 50% were overweight.

ANS: A
One quarter of Canadians overall, and one third of teenagers aged 14 to 18 years, reported eating at a fast-food outlet the previous day; such foods are high in fats and salts. Of children aged 4 to 8, 70% ate fewer than the minimum servings of fruits and vegetables daily. Of children aged 2 to 17 years, 26% were overweight or obese, not 50%. The 2004 Canadian Community Health Survey (CCHS) revealed that 23% of adult Canadians were obese (body mass index of 30 or more), not 40%, and 36% were overweight, not 50%.

DIF: Apply REF: 8 | 9
OBJ: Discuss key health determinants and their interrelationships and how they influence health.
TOP: Planning MSC: CPNRE: Foundations of Practice

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16. One of the five health promotion strategies, as identified by the *Ottawa Charter for Health Promotion,* is which of the following?
    a. Creating supportive environments.
    b. Strengthening educational opportunities.
    c. Developing a medical approach.
    d. Minimizing stressful situations.

    ANS: A
    "Creating supportive environments" is one of the five broad health promotion strategies identified by the *Ottawa Charter for Health Promotion.* The other strategies are building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services. "Strengthening educational opportunities," "Developing a medical approach," and "Minimizing stressful situations" are not among the five strategies.

    DIF: Apply REF: 11 | 12
    OBJ: Discuss contributions of the following Canadian publications to conceptualizations of health and health determinants: Lalonde Report, Ottawa Charter, Epp Report, Strategies for Population Health, Jakarta Declaration, Bangkok Charter, Toronto Charter. TOP: Planning
    MSC: CPNRE: Foundations of Practice

17. Which of the following is an example of tertiary prevention?
    a. Reduction of risk factors, such as smoking.
    b. Breast self-examination and testicular self-examination.
    c. Cardiac rehabilitation programs.
    d. Blood pressure screening to detect hypertension.

    ANS: C
    Tertiary prevention activities are provided in the convalescence stage of disease and are directed toward minimizing residual disability and helping people live productively with limitations. An example is a cardiac rehabilitation program after a myocardial infarction. Breast self-examination and testicular self-examination are examples of secondary prevention, as is blood pressure screening to detect hypertension. Reducing risk factors, such as smoking, is an example of primary prevention.

    DIF: Understand REF: 11 OBJ: Describe the three levels of disease prevention.
    TOP: Implementation MSC: CPNRE: Foundations of Practice

18. When the nurse is educating an adult patient about health promotion activities, which of the following is the most important internal patient factor for the nurse to consider?
    a. Emotional wellness.
    b. Developmental stage.
    c. Professed spirituality.
    d. Levels of education and literacy.

    ANS: D

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Levels of education and literacy are important influences to consider when the nurse is educating an adult patient concerning health promotion activities. Literacy can influence health both directly (e.g., medication use, safety practices) and indirectly through use of services, lifestyles, income, work environments, and stress levels. Spirituality is reflected in how a person lives his or her life, including the values and beliefs exercised, the relationships established with family and friends, and the ability to find hope and meaning in life; however, it is not the most important factor to consider. The nurse must consider the patient's level of growth and development when using the patient's health beliefs and practices as a basis for planning care, but this is not the most important patient factor to consider. In this case, the patient is at the adult developmental stage. The patient's emotional wellness—degree of stress, depression, or fear, for example—can influence health beliefs and practices. The manner in which a person handles stress throughout each phase of life will influence the way he or she reacts to illness. However, this is not the best available option.

DIF: Analyze REF: 7
OBJ: Discuss key health determinants and their interrelationships and how they influence health.
TOP: Implementation MSC: CPNRE: Foundations of Practice

19. When discussing the effect of a known risk factor on a patient's health, what would the nurse say?
    a. "It doesn't mean that you'll get the disease, just that the odds are greater for you."
    b. "Now that you know the possibility is there, you can take steps to prevent it."
    c. "This risk factor can be managed by making a change to your lifestyle."
    d. "You're lucky because you have the benefit of being able to do something about it."

ANS: A
The presence of risk factors does not mean that a disease will develop, but risk factors increase the chances that the individual will experience a particular disease or dysfunction. While the statement, "Now that you know the possibility is there, you can take steps to prevent it" is not incorrect; it does not address the impact of the risk factor on the patient's health. It is not always true that a risk factor can be managed by making lifestyle changes. The strategy of telling the patient that he or she is lucky and has the benefit of being able to do something about a risk factor minimizes the patient's concern, and does not address the effect of the risk factor on the patient's health.

DIF: Apply REF: 3
OBJ: Describe key characteristics of medical, behavioural, and socioenvironmental approaches to health. TOP: Implementation MSC: CPNRE: Foundations of Practice

20. Classifications of health conceptualizations occur in which following way?
    a. Health as stability and actualization.
    b. Health as individual and wellness.
    c. Health as universal and being free from illness.
    d. Health as empowerment and absence of disease.
    e. Health and wellness.

ANS: A
Health can be conceptualized (Pender, 2006) in three ways: health as stability, as actualization, and health as both of these together.

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DIF: Understand REF: 2
OBJ: Discuss ways that definitions of health have been conceptualized.
TOP: Assessment MSC: CPNRE: Foundations of Practice

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