Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

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Chapter 2: Diverse Populations and Health
Dames, Luctkar-Flude and Tyerman: Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span, 1st Edition

MULTIPLE CHOICE

1. Which of the following statements about the Canadian population is accurate?
   a. It is estimated that the percentage of ethnic minorities will decrease during the next 30 years.
   b. It is estimated that by 2024, one in five individuals will be aged 65 and older.
   c. The increasing population of refugees has been a significant contributor to the increase in visible minorities.
   d. The increasing population of visible minorities has helped decrease the health disparities faced by this population.

   ANS: B
   It is estimated that by 2024, one in five individuals in Canada will be aged 65 and older. The increasing population of immigrants has been a significant contributor to the increasing populations of major visible minority groups. The increasing population of visible minorities is one factor that is producing disparities in health status and access to the health care system.

   DIF: Cognitive Level: Understand (Comprehension)
   REF: Population Statistics and Demographic Trends OBJ: 4
   TOP: Assessment MSC: Health Promotion and Maintenance

2. A person states, "My grandmother is the decision maker in our family." Which of the following is being described by the person?
   a. Culture
   b. Race
   c. Ethnicity
   d. Values

   ANS: A
   Culture, as an element of ethnicity, refers to integrated patterns of human behaviour 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 the person is describing; it focuses on differences in meanings, values, and ways of living. The term "race" is associated with power and indicates the history or ongoing imposition of one group's authority over another. In Canada, the term "race" is no longer used, because "racialization" is closely linked to *discrimination*, the systemic inequitable treatment of individuals or groups based on stratified classifications. Values are beliefs about the worth of something and serve as standards that influence behaviour and thinking.

   DIF: Cognitive Level: Analyze (Analysis)
   REF: Culture, Values, and Value Orientation OBJ: 2
   TOP: Assessment MSC: Health Promotion and Maintenance

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

3. 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. Her spirituality
   b. Her ethnicity
   c. Her cultural values
   d. Her value orientation

   ANS: C
   Cultural values guide actions and decision making that facilitates self-worth and self-esteem. They shape human behaviours and determine what individuals will do to maintain their health status, how they will care for themselves and others who become ill, and where and from whom they will seek health care. Spirituality is associated with a person's spiritual beliefs and practices. Ethnicity focuses on differences in meanings, values, and ways of living. Value orientations reflect the personality type of a particular society.

   DIF: Cognitive Level: Apply (Application)
   REF: Culture, Values, and Value Orientation OBJ: 2
   TOP: Implementation MSC: Health Promotion and Maintenance

4. Which of the following actions demonstrates a health care provider who is providing culturally competent care?
   a. Encouraging the person to take medications as prescribed
   b. Asking the person to describe his traditional 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 of providing culturally competent care. A culturally competent health care provider should be able to consistently and thoroughly recognize and understand the differences in their own 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. Asking the person to describe his traditional healing methods is the only action from the options presented that demonstrates the health care provider seeking input from the person into the care that is received.

   DIF: Cognitive Level: Analyze (Analysis)
   REF: Cultural Competency and Cultural Humility OBJ: 3
   TOP: Assessment MSC: Health Promotion and Maintenance

5. 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 is knowledgeable in disease-specific epidemiology and treatment efficacy for different population groups.
   c. A nurse who provides ethnocentric care in emergency scenarios where time matters
   d. A nurse who assists diverse populations to integrate into the mainstream culture

   ANS: B

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

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 providers 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 call for swift action (at the expense of culturally competent care), ethnocentric care is not consistent with 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)
REF: Cultural Competency and Cultural Humility OBJ: 3
TOP: Implementation MSC: Health Promotion and Maintenance

6. 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 told me that the current treatments were helping your pain.
   b. Tell me more about your treatments from the acupuncturist.
   c. Tell me why you decided not to continue with your treatment plan.
   d. You should not be seeing an acupuncturist while receiving professional care.

   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)
   REF: Cultural Competency and Cultural Humility OBJ: 3
   TOP: Assessment MSC: Health Promotion and Maintenance

7. A Syrian family has recently immigrated to Canada. Which of the following would provide an appropriate rationale when encouraging the family to send their child to school?
   a. The child will get a good education.
   b. According to law, all children must go to school.
   c. The child can get health care at school.
   d. Exposure to different cultures in school will enhance socialization.

   ANS: D
   Exposure to different cultures in school facilitates the adoption of other cultural beliefs and aids in the socialization of the child into a new environment.

   DIF: Cognitive Level: Apply (Application) REF: Immigration in Canada
   OBJ: 4 TOP: Implementation

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

MSC: Health Promotion and Maintenance

8. Which of the following was the fastest-growing international group migrating to Canada between 2016 and 2018?
   a. People from Asia and the Middle East
   b. People from England, Scotland, and Ireland
   c. People from South America
   d. People from the Philippines

   ANS: A
   Canada's population was estimated to be over 37 million in 2018, an increase of over half a million people from the previous year. Over much of Canada's history, population growth has occurred as a result of natural increase, the change in size of a population due to the difference between the number of births and deaths in a given period. However, over time, migratory increase has played an expanding role and now accounts for about two-thirds of Canada's population growth. International migration accounted for 79.6% of population growth in 2017–2018. The origin of the majority of international immigrants is now Asia including the Middle East. The proportion of immigrants from Africa is also growing.

   DIF: Cognitive Level: Remember (Knowledge) REF: Immigration in Canada
   OBJ: 4 TOP: Assessment MSC: Health Promotion and Maintenance

9. The interrelationship of poverty and health care dollars spent on visible 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 traditional medicine.
   d. Increased infant mortality rates in Indigenous populations.

   ANS: A
   A decrease in resources for preventive health care leads to the use of emergency departments and other more expensive health care services as resources when severe illness occurs.

   DIF: Cognitive Level: Understand (Comprehension)
   REF: Health Inequalities and Health Equity OBJ: 4
   TOP: Assessment MSC: Health Promotion and Maintenance

10. A health care provider is working with an elderly 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 spiritual practice?
    a. She feels that the church is the only place where prayer can be performed.
    b. Spiritual practice can serve as a social support for members of a religious group or institution.
    c. She can worship together with her other family members.
    d. She can ask her friends from church why they don't visit her more often.

    ANS: B

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

Spirituality can mean many different things to different people, ranging from traditional institutional religion to occult practices. Spirituality can be defined as an individual's sense of peace, purpose, and connection to others as well as the person's beliefs about the meaning of life. Spirituality is not necessarily tied to any particular religion, but religion is one way in which people may express their spirituality. Spiritual health is a fundamental dimension of overall health and well-being that permeates all other dimensions of health (physical, mental, emotional, social, and vocational). Considerable evidence has shown spiritual practices to be an important and effective coping strategy and a common approach to dealing with health problems, particularly chronic diseases such as cardiovascular disease and cancer. Spiritual practices are likely to improve coping skills and social support, promote feelings of optimism and hope, encourage healthy behaviour, decrease feelings of depression and anxiety, and support a sense of relaxation. Many studies have found that spiritual or religious beliefs and practices help patients with cancer as well as their caregivers to cope with the disease. Studies also suggest that many patients would like health care providers to consider spirituality as a factor in their health care.

DIF: Cognitive Level: Apply (Application)
REF: Innovative Practice: Spiritual Practices and Health OBJ: 6
TOP: Assessment MSC: Health Promotion and Maintenance

11. Which of the following population groups in Canada has a disproportionately high death rate from unintentional injuries and suicide?
    a. Indigenous people
    b. Seniors over the age of 79 years
    c. Immigrants from South Asia
    d. Visible minorities

ANS: A
Indigenous people have disproportionately high death rates from unintentional injuries and suicide. Inequities of the past that result from colonialism continue to influence the health status of First Nations, Inuit, and Métis people in Canada. The Truth and Reconciliation Commission of Canada (TRC) documented the attempted indoctrination of Indigenous people into the dominant culture through the residential school system and its effect on the health and well-being of the survivors and their families. This intergenerational trauma has contributed to the persisting disparities in health outcomes between Indigenous and non-Indigenous Canadians. 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) REF: Indigenous People
OBJ: 5 TOP: Assessment MSC: Health Promotion and Maintenance

12. A health care provider is offering an educational session about providing culturally safe care. Which of the following information would be included the presentation?
    a. Cultural safety focuses on the knowledge, skills, and attitudes of the health care practitioner.
    b. Cultural safety is a process.
    c. Cultural safety is an outcome based on respectful engagement that results in people feeling safe when receiving health care.
    d. Cultural safety is grounded in being present.

ANS: C

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

Whereas cultural humility is a process, cultural safety is an outcome based on respectful engagement that results in people feeling safe when receiving health care. Cultural safety extends beyond cultural awareness and acknowledgement of difference to an understanding of the limitations of cultural competence, which is focused on the knowledge, skills, and attitudes of the health care practitioner. Cultural safety is action-oriented and allows unequal power relations to be exposed and managed. Providing cultural safety is historically grounded in the decolonization of health care spaces for Indigenous people, but also applies to other population groups facing discrimination, such as gender-diverse persons and ethnically diverse groups. Cultural safety means that the environment is a physically, emotionally, socially, and spiritually safe space, which can improve both the quality of health care services and access to care.

DIF: Cognitive Level: Apply (Application)
REF: Cultural Competency and Cultural Humility OBJ: 3
TOP: Planning MSC: Health Promotion and Maintenance

13. A family has recently become homeless. Which of the following factors most likely contributed to this situation?
    a. Being from a visible minority population
    b. Declining rates of poverty
    c. Having multiple chronic illnesses
    d. Being unable to find affordable housing

ANS: D
The inability to find affordable housing, decline in public assistance, poverty, and eroding work opportunities all contribute to homelessness. The increasing prevalence of poverty has caused an increase in the homeless population. Other factors that may affect this situation are lack of affordable health care, domestic violence, mental illness, and addiction disorders.

DIF: Cognitive Level: Apply (Application) REF: Homeless Populations
OBJ: 5 TOP: Assessment MSC: Health Promotion and Maintenance

14. A health care provider is caring for an individual who is homeless. Which of the following considerations should be made?
    a. The prevalence of substance use is much lower among the homeless population than in the general population.
    b. The prevalence of HIV/AIDS is much lower among the homeless population than in the general population.
    c. The percentage of the population who has access to health care is much lower among the homeless than in the general population.
    d. The percentage of the population who has limited access to mental health care is much lower among the homeless than in the general population.

ANS: C
Homelessness and health care are closely interlinked. Most homeless people do not have the ability to access needed health care on a regular basis, and many care providers refuse to deliver treatments to these people. The prevalence of substance use, HIV, sexually transmitted infection, and mental health disorders is higher among the homeless population than in the general population.

DIF: Cognitive Level: Apply (Application)

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

REF: Strategies to Address Homelessness OBJ: 7
TOP: Planning MSC: Health Promotion and Maintenance

15. A health care provider is caring for an individual who is homeless and 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 purchasing the 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)
    REF: Health Issues of Homeless Populations OBJ: 7
    TOP: Planning MSC: Health Promotion and Maintenance

16. A health care provider is leading a community action coalition to address the problem of homelessness within the neighbourhood. Which of the following statements would most likely be made by the health care provider?
    a. Homelessness should be addressed by improving financial assistance programs.
    b. Homelessness should be of concern to everyone in the neighbourhood.
    c. Homelessness should be addressed by encouraging job growth in the area.
    d. Homelessness should be of concern to major retailers and commerce in the area.

    ANS: B
    Homelessness is everyone's problem, and people can ultimately affect the establishment of priorities to facilitate an improved quality of life. As more people understand homelessness, this will serve as an excellent guide in providing input, taking necessary action, and making decisions as to what will make a healthy nation.

    DIF: Cognitive Level: Analyze (Analysis)
    REF: Strategies to Address Homelessness OBJ: 8
    TOP: Planning MSC: Health Promotion and Maintenance

17. What is a health inequality?
    a. Differences in health status between different groups
    b. Inconsistency in nationwide health promotion and disease prevention programs
    c. Inadequate protection of minority populations through development of health policies
    d. Lack of support for communities in addressing health disparities

    ANS: A
    Health inequalities refer to the differences in health status between different groups in society, which can be due to biological factors, individual choices, or chance; however, many health inequalities can be attributed to the unequal and unjust distribution of social and economic factors such as income and education, and exposure to social and environmental conditions that influence health.

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

DIF: Cognitive Level: Remember (Knowledge)
REF: Health Inequalities and Health Equity OBJ: 4
TOP: Assessment MSC: Health Promotion and Maintenance

18. A community health nurse is planning a health clinic for a gender-diverse population. What are important issues to consider in the planning of services?
    a. Nurses and health care providers need to know about every gender identity possible.
    b. Gender equity means that service is provided equally to everyone.
    c. The clinic must be welcoming to all genders and expressions of sexual diversity.
    d. Services are already available for this population.

    ANS: C
    Gender diversity is an umbrella term used to describe a diversity of gender identities or expressions beyond masculine and feminine. These may include lesbian, gay, binary, transgender, queer, intersex, and two-spirit (LGBTQ2). Nurses and health care providers do not need to know about every gender identity possible, but must acknowledge that there are many ways to identify outside of the male/female binary. Gender equity refers to the fair treatment (not equal treatment) of all genders according to their respective needs. The term "gender and sexual diversity" is considered to be more inclusive than "LGBTQ2".

    DIF: Cognitive Level: Analyze (Analysis)
    REF: Gender and Sexual Diverse Populations OBJ: 5
    TOP: Planning MSC: Health Promotion and Maintenance

19. Which of the following best demonstrates the practice of transcultural nursing?
    a. Using previous knowledge about visible minority cultures to plan care
    b. Adapting nursing care to meet the needs of a person from a specific ethnic minority group
    c. Requesting an interpreter when caring for a person from a visible minority group
    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 a specific ethnic minority group 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. A major limitation of transcultural nursing models and theories is their lack of acknowledgement of power relationships, and their implicit cultural essentialism or attribution of fixed characteristics to different ethnic groups. The power relationship between the health care provider and patient is important to providing culturally safe care, and stereotyping cultural groups diminishes the identity of the individual and their unique circumstances.
    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 practising transcultural nursing because no nursing care is being provided when attending a presentation.

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank

DIF: Cognitive Level: Analyze (Analysis)
REF: Nursing's Response to Diverse Populations and Health OBJ: 8
TOP: Implementation MSC: Health Promotion and Maintenance

20. A nurse is told by a colleague that an individual on home care is using complementary and alternative medicine (CAM). Which of the following conclusions can accurately be drawn from this statement?
    a. The care recipient will have adverse complications from using this form of medicine.
    b. The care recipient may be using meditation, acupuncture, or another therapy.
    c. The care recipient will soon be returning to his or her native country for further treatment.
    d. The care recipient does not agree with the current professional care medication regimen.

    ANS: B
    Examples of complementary and alternative medicine (CAM) include acupuncture, feedback, relaxation, music therapy, massage, art, music, and dance therapy. Persons who do not experience relief from chronic conditions often turn to complementary alternative medicine. It is important the nurse learn more about the CAM that the person is using so that any potential interactions between the use of CAM and professional care can be addressed. Complementary and alternative medicine can be used in conjunction with Western medical care.

    DIF: Cognitive Level: Apply (Application)
    REF: Traditional and Complementary and Alternative Medicines
    OBJ: 6 TOP: Assessment MSC: Health Promotion and Maintenance

21. 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 practices are likely to improve coping skills and social support, promote feelings of optimism and hope, encourage healthy behaviour, decrease feelings of depression and anxiety, and support a sense of relaxation.

    DIF: Cognitive Level: Apply (Application)
    REF: Spiritual Practices and Health OBJ: 4 TOP: Assessment
    MSC: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. Which of the following individuals will most likely experience a disparity in health and health care? (*Select all that apply.*)
    a. Indigenous man
    b. Unemployed woman
    c. White middle-aged man
    d. A single woman living in a rural community

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ANS: A, B, D
Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their ethnic group, religion, socioeconomic status, sex, age, mental health, cognitive, sensory, or physical disability, sexual orientation or sex identity, geographical location, or other characteristics historically linked to discrimination or exclusion. A white middle-aged man is the only individual who does not meet that definition.

DIF: Cognitive Level: Apply (Application)
REF: Nursing's Response to Diverse Populations and Health OBJ: 5
TOP: Assessment MSC: Health Promotion and Maintenance

2. A health care provider is providing culturally competent care. Which of the following actions is being performed by the provider? (*Select all that apply.*)
   a. Recognizing and accepting cultural diversity
   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 provider 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 recognizing and accepting cultural diversity and understanding the pathophysiology of disease processes are insufficient measures to reach cultural competency in health care.

DIF: Cognitive Level: Apply (Application)
REF: Cultural Competency and Cultural Humility OBJ: 3
TOP: Implementation MSC: Health Promotion and Maintenance

3. A nurse is developing a continuing education program about strategies to work with culturally diverse populations for health care providers in the community. Which of the following organizations would provide information that could be included in this presentation? (*Select all that apply.*)
   a. Canadian Nurses Association (CNA)
   b. Sigma Theta Tau International (STTI)
   c. Association of Community Health Nurses of Canada (CHNC)
   d. Canadian Association of Schools of Nursing (CASN)

ANS: A, C, D
Major organizations, such as the Canadian Nurses Association (CNA), the Association of Community Health Nurses of Canada (CHNC), and the Canadian Association of Schools of Nursing (CASN), publish culturally relevant materials to guide students, clinicians, and educators. Sigma Theta Tau International is not an organization that provides this kind of information for Canadians.

DIF: Cognitive Level: Apply (Application)
REF: Nursing's Response to Diverse Populations and Health OBJ: 8
TOP: Planning MSC: Health Promotion and Maintenance

Edelman and Kudzma's Canadian Health Promotion Throughout the Life Span (Canadian) 1st edition Dames Test Bank