

**Test Bank for Patient Focused Assessment The Art and Science
of Clinical Data Gathering 1st Edition Mansen 0132239388
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Patient-Focused Assessment: The Art and Science of Clinical Data Gathering (Mansen)
Chapter 2 The Individual in Context

1) When asked about culture in an initial assessment the patient states, "I don't have a culture." The nurse attributes this statement to which situations?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.
Select all that apply.

1. Learning culture occurs unconsciously.
2. The patient's culture is similar to all of those he encounters.
3. The patient is trying to hide his culture.
4. Culture is inborn and doesn't change.
5. One's own culture is often invisible to oneself.

Answer: 1, 2, 5

Explanation:

1. The patient may not be aware of his own culture because it has always been present in his life and learning about culture occurs unconsciously.
2. Awareness of culture becomes apparent when one is confronted with other cultures.
3. There is no evidence to support the conclusion that the patient is trying to hide anything about his culture. It is more likely that this is an honest answer, but misguided.
4. Ethnicity is inborn, but culture comes from multiple sources and can change.
5. Because culture is such a part of the daily life of each individual, it often becomes invisible to the person. It may be easier to identify another's culture than one's own culture.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.1 Describe the purpose and functions of an individual's culture.

2) Which statement would the nurse manager evaluate as indicating a nurse has achieved cultural competence?

1. "I generally ask my patients if there is anything I need to know about their cultural practices to help me provide care."
2. "I have been reading about the specific practices of all the different cultures."
3. "I try to make allowances for my patient's cultural practices, no matter how strange they seem to me."
4. "I'll allow cultural practices as long as they don't interfere with what I am doing."

Answer: 1

Explanation:

1. The nurse who engages the patient's culture to provide the best care is practicing cultural competence.
2. The nurse who is studying these differences is developing cultural knowledge.
3. This statement reveals that the nurse is aware of the patient's way of doing things. However, the statement "no matter how strange" indicates belief that the nurse's way of doing things is better. This is cultural awareness.
4. This statement reflects a belief that the nurse's methods are better and take priority over the patient's cultural needs. At best this is an example of cultural awareness. At worst it is an example of cultural insensitivity.

Cognitive Level: Evaluating

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.2 Discuss the importance of cultural competence.

3) A group of nurse managers is working to increase cultural competency within the hospital's nursing staff. One manager suggests posting information about "what specific ethnic groups do." What is a major concern regarding this plan?

1. This information is difficult to obtain.
2. This information changes frequently and would soon be outdated.
3. This type of information leads to stereotyping.
4. Nurses do not have time to review this information.

Answer: 3

Explanation:

1. There are numerous sources for this information.
2. Cultural practices are rooted in tradition and do not change frequently.
3. Not everyone in a specific ethnic group has the same cultural beliefs. Providing only information without further explanation may encourage the staff to think everyone in a particular group believes and acts the same way.
4. While it may be true that nurses are pressed for time, this is not the major concern regarding this suggestion.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.3 Describe the process of becoming culturally competent.

4) During assessment a patient describes herself as "more spiritual than religious." How does the nurse interpret this statement?

1. The patient is agnostic.
2. The patient's belief system focuses on a connection between body, mind, and spirit.
3. The patient is an atheist.
4. The patient has no formal religious affiliation.

Answer: 2

Explanation:

1. People who are agnostic do not deny the existence of God or a supreme being, but believe there is no relationship or way to establish a relationship between God and humans. Being spiritual does not necessarily equate to being agnostic.
2. Spirituality is concerned with the connection between body, mind, and spirit. It is also concerned with relationships that exist between God or a supreme being, self, and others.
3. An atheist denies the existence of God or any higher power. Being spiritual does not necessarily equate to being an atheist.
4. Spirituality is a part of most formal religions. Preferring to describe oneself as spiritual does not preclude a formal religious affiliation.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.4 Compare and contrast religion and spirituality.

5) During spiritual assessment using the FICA tool the nurse asks, "In what ways have your spiritual beliefs affected the way you have been caring for yourself since you have been sick?" The nurse is inquiring about which part of the FICA assessment?

1. Faith
2. Important
3. Community
4. Address

Answer: 2

Explanation:

1. The "F" or Faith section of FICA focuses on identifying the patient's faith or belief system.
2. Questions about the influence of spirituality on a patient's activities, care practices, and health restoration are asked during the "I" or Important portion of the FICA tool.
3. Assessment of the "C" or Community section of the FICA tool involves asking about the influence of the community group and its support.
4. During assessment of the "A" or Address portion of the FICA tool, the nurse asks how the patient wishes to have spiritual issues addressed during care.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.5 Explicate the basic components of a spiritual assessment.

6) A family has gathered in the emergency department waiting area after learning of an accident that critically injured a family member. How can the nurse best intervene to lessen this family's spiritual distress?

1. "Do you want me to pray with you?"
2. "Would you like for me to call the chaplain to be with you?"
3. "What can I do to help?"
4. "Would you like for me to call your minister?"

Answer: 3

Explanation:

1. Assuming that the family prays or would be accepting of a stranger praying with it is not a spiritually competent intervention.
2. Assuming the family would want the chaplain is not a spiritually competent intervention.
3. The nurse should offer general assistance and let the family indicate what is needed.
4. Assuming the family has a minister is not a spiritually competent intervention.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.5 Explicate the basic components of a spiritual assessment.

7) A nurse is conducting the developmental assessment of a 50-year-old patient. Which nursing action is indicated?

1. Follow the formal assessment tool used as a standard.
2. Take a thorough patient history.
3. Ask questions that take advantage of the adult's concrete operational thinking tendency.
4. Be aware of information that reflects the rapid development occurring in this period.

Answer: 2

Explanation:

1. There is no standard formal assessment tool for assessment of the adult's development.
2. The information for the assessment of an adult's development is primarily obtained through careful listening during the patient history.
3. The adult patient should be in a formal operational thinking stage.
4. Rapid growth and development occurs through young adulthood. This patient is a middle adult.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

8) A nurse has completed an interview with a 24-year-old patient. Which statements would the nurse evaluate as indicating this patient's development is occurring at the standard rate?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

1. "I am living with my parents while I finish my master's degree."
2. "I live with a friend close to campus, but my parents are paying tuition."
3. "My mother is elderly and has moved into my apartment with me."
4. "I have recently realized that I am not going to meet many of my life goals."
5. "I wish there were a good place to meet new people, rather than in bars."

Answer: 1, 2, 5

Explanation:

1. More and more early adults are living at home while continuing their education.
2. Independence from parents is an expected development task at this age, but is often delayed if the patient is continuing to work toward educational goals.
3. Caring for an aging parent is generally considered a task of middle adulthood, not early adulthood.
4. This realization is a developmental task of middle adulthood, not early adulthood.
5. Meeting new people and establishing lifelong relationships is a task primarily associated with early adulthood.

Cognitive Level: Evaluating

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

9) During assessment a patient says, "I am the middle child, so I got pushed around a lot by my siblings." The nurse would evaluate this statement as information about which intrinsic family structure?

1. Hierarchy
2. Limits
3. Belonging
4. Linkages

Answer: 1

Explanation:

1. Hierarchy refers to what position a person holds within a family. This may relate to rank order (middle child) or power (pushed around a lot).
2. Limits are the rules, tasks, and expectations of subunits of the family. This description does not clearly match the patient's statement.
3. Belonging is not a subcategory of intrinsic family structure.
4. Linkages are part of the extrinsic structure of the family.

Cognitive Level: Evaluating

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.7 Differentiate the essential components of a family assessment according to its framework, evolution, and operation.

10) Which events would the nurse expect to cause changes in a family's social standing?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

1. The oldest of three children in the family just passed the state driving test.
2. One of the parents in the family just obtained a master's degree.
3. One of the parents in the family is no longer able to work outside the home.
4. One of the parents in the family just passed the law bar exam.
5. The family has changed churches within the same denomination.

Answer: 2, 3, 4

Explanation:

1. There is no reason this event would change the family's social standing.
2. Changes in education affect social standing.
3. Changes in income affect social standing.
4. Some professions, such as the law, hold greater social status than others.
5. Changes in religious practices affect the family milieu, but would be unlikely to change social standing.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.7 Differentiate the essential components of a family assessment according to its framework, evolution, and operation.

11) Initial review of a family assessment reveals that the family is in Stage 4. The nurse would anticipate finding this family engaged in which activities?

1. Considering parenthood
2. Establishing boundaries for new grandparents
3. Often discussing the occurrences of their life together
4. Adjusting to the emotional trials of having an adolescent in the family

Answer: 4

Explanation:

1. Considering parenthood occurs in an earlier stage.
2. Realigning relationships with the extended family and establishing the roles of extended family members like grandparents occurs in an earlier stage.
3. Life review occurs in a later stage.
4. Shifting relationships between parents and adolescent children occur in Stage 4.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.7 Differentiate the essential components of a family assessment according to its framework, evolution, and operation.

12) Which situation would the nurse evaluate as indicating dysfunction in a family's paraverbal communication?

1. The parents speak French when they do not want the children to understand the communication.
2. One of the parents directs comments to the other parent through one of the children.
3. The parents tend to speak to the children in loud, demanding voices.
4. The children do not make eye contact with the parents during conversation.

Answer: 3

Explanation:

1. Using a different language is an error in verbal communication.
2. Speaking to an inconsequential individual who may or may not redirect the message to the intended recipient is an error of verbal communication.
3. Paraverbal communication is related to the voice sounds used in communicating the message. Voice sounds include tone, inflections, volume, and rate of speech.
4. Lack of eye contact is an issue of nonverbal communication.

Cognitive Level: Evaluating

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.7 Differentiate the essential components of a family assessment according to its framework, evolution, and operation.

13) The provider is admitting a patient of the Muslim faith during the holy month of Ramadan. The patient tells the provider that he must fast during this time. Which of the following would be an appropriate response by the provider?

1. "What can we do to accommodate your needs during your stay here?"
2. "I will let your doctor know so he can discharge you."
3. "Fasting is harmful to your body."
4. "You must have food during times of illness."

Answer: 1

Explanation:

1. Some people report belonging to a particular faith but do not strictly adhere to certain practices. Further assessment is needed to determine this patient's beliefs and desire to adhere to the practice, as well as the extent to which the practice may be altered during illness and hospitalization. Making certain assumptions without further assessment would result in actions not respectful of or beneficial to the patient.
2. Assuming that the healthcare provider would discharge this patient without further assessment would result in actions not respectful of or beneficial to the patient.
3. Characterizing a religious practice such as fasting as bad for the body would be disrespectful. Further assessment is needed.
4. Asserting that the patient cannot fast during illness without further assessment would result in actions not respectful of or beneficial to the patient.

Cognitive Level: Applying

Client Need: Psychosocial Integrity

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.2 Discuss the importance of cultural competence.

14) The provider is assessing a 16-year-old male. The adolescent is fluent in English, participates in high school sports, values riding his dirt bike, and plans to go to college after graduating from high school. The patient's health history indicates the he was born in China and came to the United States at age 4. When asked where he is from, he says "the United States." The provider understands that his behaviors and statements indicate that:

1. He has no interest in the interview.
2. He is embarrassed about his ethnicity.
3. He is assimilated into the American culture.
4. He wishes to deny his Asian heritage.

Answer: 3

Explanation:

1. There is no evidence that this patient is bored with the interview.
2. There is no evidence that this patient is embarrassed.
3. The teen's answers indicate characteristics and behaviors of the American culture.
4. There is no evidence that this patient wishes to deny his Asian heritage.

Cognitive Level: Applying

Client Need: Psychosocial Integrity

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.3 Describe the process of becoming culturally competent.

15) The provider is assessing a patient's spiritual and belief patterns and is asking the patient about participation in organized religion. The provider is on which step of the HOPE assessment with this patient?

1. H
2. O
3. P
4. E

Answer: 2

Explanation:

1. H is for spiritual resources, or sources of hope.
2. O is for participation in organized religion.
3. P is for personal spiritual practices and beliefs.
4. E is for effects on care and end-of-life issues.

Cognitive Level: Applying

Client Need: Psychosocial Integrity

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.5 Explicate the basic components of a spiritual assessment.

16) The provider is interviewing the mother of a toddler who verbalizes concerns that her child uses the toilet to void, but refuses to use the toilet for bowel movements and often hides to defecate. The provider identifies that this child is in which Freudian phase of psychological development?

1. Genital
2. Phallic
3. Anal
4. Latency

Answer: 3

Explanation:

1. The genital phase occurs during puberty through adulthood; the individual experiences sexual urges stimulated by hormonal influences and sexual development.
2. The phallic phase is the preschooler years, ages 3 to 5/6; pleasure is focused on the genital area.
3. Freud's anal phase follows the oral phase and continues through age 3. The anus becomes the focus for gratification and the child experiences conflict when expectations about toileting are presented.
4. The latency phase occurs during years 6 to 10/12, when energy is focused on intellectual and physical activities.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

17) The provider is talking with an older adult patient who has recently retired after 45 years of working as an executive at the same company. Which of the following demonstrates to the provider that the patient is adjusting to this new phase of life?

1. The patient spends most of the day at home and declines invitations to outside gatherings with friends because there is "so much to do" at home.
2. The patient has enrolled in courses at the local university to complete the college degree that was started "years ago" but interrupted by family responsibilities.
3. The patient has lunch at the company cafeteria several times each week.
4. The patient has purchased hearing aids but rarely uses them.

Answer: 2

Explanation:

1. Spending the day at home and declining outside invitations may be a sign that the patient is not adjusting well to retirement.
2. Enrolling in college courses is an activity that can be very fulfilling in the older adult years, especially after retirement when there is more time to pursue interests. This can provide a stimulating environment intellectually and socially, as well as give a person a sense of self-worth and accomplishment.
3. Eating lunch at the company cafeteria several times a week does not demonstrate a healthy adjustment to retirement.
4. Refusing to wear hearing aids may indicate that the patient is not adjusting to the physical changes of the older adult years.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

18) The provider is counseling a middle-aged couple when the man asks if his wife is going through menopause. His wife has told him that both men and women experience decreasing hormonal production during middle adulthood, and he asks the provider if this is true. What is the most appropriate response by the provider?

1. "Your wife has obtained some incorrect data."
2. "Why do you ask?"
3. "Your hormonal levels increase, not decrease, with age."
4. "Your wife is correct. Both men and women experience a decrease in hormone production with aging."

Answer: 4

Explanation:

1. Responding that the data is incorrect is not accurate and will also put the wife on the defensive.
2. Responding with another question such as "Why do you ask?" does not answer the husband's initial question. It is more appropriate for the provider to answer the husband's question first and later explore his concerns.
3. Hormone levels in men and women do not increase with aging.
4. During menopause, which usually occurs between ages 40 and 55, the ovaries decrease in size, and the uterus becomes smaller and firmer. Progesterone is not produced and estrogen levels fall. Men also experience a reduction in hormonal production and a gradual decrease in testosterone.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Implementation

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

19) Which action would help to minimize the disparities gap related to delivery of healthcare services in the general population?

1. Increased geographic distribution of ethnic groups
2. Coordination of interdisciplinary services based on commonly identified goals
3. Reluctance of sub-cultural groups to utilize health promotion methods
4. Reorganization of financial structure to delineate patient care services to selected groups with defined health concerns

Answer: 2

Explanation:

1. In order to minimize the disparities gap related to the delivery of healthcare services, a coordinated effort should be implemented in the healthcare system based on commonly identified goals. An increase in the geographic distribution of ethnic groups would be more likely to enhance the disparities gap as it would impact effective distribution of services. Reluctance of sub-cultural groups to utilize health promotion methods would be seen as a barrier to healthcare delivery. Additionally, financial structure reorganization to provide services to selected groups with defined health concerns would be seen as a limiting factor to the overall delivery of healthcare services.

2. In order to minimize the disparities gap related to the delivery of healthcare services, a coordinated effort should be implemented in the healthcare system based on commonly identified goals. An increase in the geographic distribution of ethnic groups would be more likely to enhance the disparities gap as it would impact effective distribution of services. Reluctance of sub-cultural groups to utilize health promotion methods would be seen as a barrier to healthcare delivery. Additionally, financial structure reorganization to provide services to selected groups with defined health concerns would be seen as a limiting factor to the overall delivery of healthcare services.

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Cognitive Level: Analyzing

Client Need: Safe and Effective Care Environment

Client Need Sub: Management of Care

Nursing/Int Conc: Nursing Process: Implementation

Learning Outcome: 2.3 Describe the process of becoming culturally competent.

20) A nurse provider is interviewing a patient from a different culture. The patient relates that his beliefs and values are the only ones that matter and that healthcare providers taking care of him must defer to his wishes. Upon further questioning, the patient does indicate that even though he feels this way, he considers himself a "man of the world." This is an example of:

1. synergistic and ethnocentric stages.
2. parochial stage.
3. ethnocentric stage.
4. parochial and ethnocentric stages.

Answer: 4

Explanation:

1. The concept of cultural awareness exists on different levels. It is important for the nurse interviewer to ask questions to facilitate a broader understanding of patient statements as they refer to the patient's belief and value system. In this situation, the patient is exhibiting two levels of cultural awareness, that of parochial stage (mine is the best way) and ethnocentric stage (awareness of others but still has the belief that mine is the best way).

2. The concept of cultural awareness exists on different levels. It is important for the nurse interviewer to ask questions to facilitate a broader understanding of patient statements as they refer to the patient's belief and value system. In this situation, the patient is exhibiting two levels of cultural awareness, that of parochial stage (mine is the best way) and ethnocentric stage (awareness of others but still has the belief that mine is the best way).

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Cognitive Level: Applying

Client Need: Psychosocial Integrity

Nursing/Int Conc: Nursing Process: Application

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

21) The nurse provider is monitoring a patient from a different ethnic culture who does not speak English. At the present time, there is no medical interpreter available at the facility and no family members are present. What options does the nurse provider utilize in order to facilitate patient care?

1. The nurse should use self-reflection as a method to determine his/her cultural humility.
2. By empathizing with the patient, the nurse will be able to deliver care regardless of the language barrier.
3. Wait until the patient's family returns to the bedside and then monitor the patient.
4. Perform monitoring as indicated using non-verbal as well as verbal cues to reinforce caring.

Answer: 4

Explanation:

1. While it is important for the nurse to reflect on their level of cultural humility, ongoing monitoring and assessments are the priority in terms of delivery of care. If the nurse empathizes with the patient, this will not in itself initiate a plan of action and as such could lead to delay in providing care. Additionally, waiting for family members to return to the bedside may delay the delivery of necessary care.
2. While it is important for the nurse to reflect on their level of cultural humility, ongoing monitoring and assessments are the priority in terms of delivery of care. If the nurse empathizes with the patient, this will not in itself initiate a plan of action and as such could lead to delay in providing care. Additionally, waiting for family members to return to the bedside may delay the delivery of necessary care.
3. While it is important for the nurse to reflect on their level of cultural humility, ongoing monitoring and assessments are the priority in terms of delivery of care. If the nurse empathizes with the patient, this will not in itself initiate a plan of action and as such could lead to delay in providing care. Additionally, waiting for family members to return to the bedside may delay the delivery of necessary care.
4. While it is important for the nurse to reflect on their level of cultural humility, ongoing monitoring and assessments are the priority in terms of delivery of care. If the nurse empathizes with the patient, this will not in itself initiate a plan of action and as such could lead to delay in providing care. Additionally, waiting for family members to return to the bedside may delay the delivery of necessary care.

Cognitive Level: Applying

Client Need: Psychosocial Integrity

Nursing/Int Conc: Nursing Process: Implementation

Learning Outcome: 2.3 Describe the process of becoming culturally competent.

22) A provider is performing an assessment on an adolescent boy. Which developmental stages would be attributed to someone in this age group?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

1. Preconventional Level
2. Intimacy vs. Isolation
3. Formal Operations
4. Initiative vs. Guilt
5. Genital

Answer: 2, 3

Explanation:

1. Developmental framework stages are based on several psychosocial theorists including but not limited to Erikson, Piaget, Freud, and Kohlberg. In this situation, an adolescent would be considered to be in both Intimacy vs. Isolation (Erikson) and Formal Operations (Piaget). The adolescent could also be considered as Post conventional (Kohlberg).

2. Developmental framework stages are based on several psychosocial theorists including but not limited to Erikson, Piaget, Freud, and Kohlberg. In this situation, an adolescent would be considered to be in both Intimacy vs. Isolation (Erikson) and Formal Operations (Piaget). The adolescent could also be considered as Post conventional (Kohlberg).

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Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Assessment

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

- 23) Which of the statements best explains Kohlberg's moral judgment stages of development?
1. The individual exhibits a conflict between two identified variables in order to achieve master of the moral judgment concept.
 2. Moral judgment is based on reflective adaptation of concepts that evolve based on congruence of norms and values.
 3. Moral judgment consists of exploration of the individual's sexuality aligned with exploration of environment.
 4. Achievement of competency based on cognitive analysis of concepts

Answer: 2

Explanation:

1. Kohlberg's moral judgment stages of development are described within the context of norms and values. Conflicts between identified variables in a developmental stage refer to Erikson's developmental theory. Exploration of the individual's sexuality refers to Freudian theory and achievement of competency based on cognitive analysis refers to Piaget's theory.
2. Kohlberg's moral judgment stages of development are described within the context of norms and values. Conflicts between identified variables in a developmental stage refer to Erikson's developmental theory. Exploration of the individual's sexuality refers to Freudian theory and achievement of competency based on cognitive analysis refers to Piaget's theory.
3. Kohlberg's moral judgment stages of development are described within the context of norms and values. Conflicts between identified variables in a developmental stage refer to Erikson's developmental theory. Exploration of the individual's sexuality refers to Freudian theory and achievement of competency based on cognitive analysis refers to Piaget's theory.
4. Kohlberg's moral judgment stages of development are described within the context of norms and values. Conflicts between identified variables in a developmental stage refer to Erikson's developmental theory. Exploration of the individual's sexuality refers to Freudian theory and achievement of competency based on cognitive analysis refers to Piaget's theory.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

24) A provider is using a genogram as a method to define family relationships. Which information could be included in the graphic?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

1. Religious beliefs or practices
2. Gender
3. Spirituality
4. Marriage
5. Separation
6. Divorce

Answer: 2, 4, 5, 6

Explanation:

1. The genogram is a graphic depiction of family structure. It provides information relative to gender, age, maternal and paternal lineage, marriage, divorce, separation, death, and age. Additionally, notations can be included that reflect pertinent medical history associated with individual members of the family group.
2. The genogram is a graphic depiction of family structure. It provides information relative to gender, age, maternal and paternal lineage, marriage, divorce, separation, death, and age. Additionally, notations can be included that reflect pertinent medical history associated with individual members of the family group.
3. The genogram is a graphic depiction of family structure. It provides information relative to gender, age, maternal and paternal lineage, marriage, divorce, separation, death, and age. Additionally, notations can be included that reflect pertinent medical history associated with individual members of the family group.
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6. The genogram is a graphic depiction of family structure. It provides information relative to gender, age, maternal and paternal lineage, marriage, divorce, separation, death, and age. Additionally, notations can be included that reflect pertinent medical history associated with individual members of the family group.

Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Planning

Learning Outcome: 2.7 Differentiate the essential components of a family assessment according to its framework, evolution, and operation.

25) Based on a family assessment, the provider determines that the father performs the majority of functional roles ranging from caregiver to breadwinner. Individual members of the family express satisfaction with their life. Observed communication patterns reflect a combination of verbal and nonverbal patterns. Decision making for most family choices is made by the father. The family structure consists of 4 members: father age 48, mother age 45, daughter age 10 and son age 8. What can the provider infer from this assessment?

1. Extended use of expressive practices
2. Limited instrumentality, but family appears to be functioning well
3. Concern that affective practices are not being utilized to their full potential
4. Family exhibits decreased functionality in operational components.

Answer: 2

Explanation:

1. The family as described is functioning well despite exhibiting limited instrumentality with regard to individual family participation. Affective and expressive patterns are displayed within normal limits. Although decision making is based solely on the father's choices, this family structure is based on a hierarchal model in which the father is considered to be the patriarch.
2. The family as described is functioning well despite exhibiting limited instrumentality with regard to individual family participation. Affective and expressive patterns are displayed within normal limits. Although decision making is based solely on the father's choices, this family structure is based on a hierarchal model in which the father is considered to be the patriarch.
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4. The family as described is functioning well despite exhibiting limited instrumentality with regard to individual family participation. Affective and expressive patterns are displayed within normal limits. Although decision making is based solely on the father's choices, this family structure is based on a hierarchal model in which the father is considered to be the patriarch.

Cognitive Level: Analyzing

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.7 Differentiate the essential components of a family assessment according to its framework, evolution, and operation.

26) Which statement reflects advances in healthcare technology with regard to growth and development?

1. Appearance of chronic conditions due to early detection leading to a decrease in palliative care
2. Increased quality of life indicators as applied to chronic health conditions
3. Increased longevity with decreased risk of dementia
4. Elderly individuals having better quality of life as compared with prior generations

Answer: 4

Explanation:

1. Advances in technology have led to individuals living longer and experiencing an overall better quality of life than in the past. Although chronic conditions may be diagnosed earlier as a result of advanced technology, there is no correlation with a decrease in palliative care. With regard to chronic health conditions, quality of life indicators would decrease not increase. Unfortunately with longevity there is an increased potential risk that cognitive changes such as dementia might appear.

2. Advances in technology have led to individuals living longer and experiencing an overall better quality of life than in the past. Although chronic conditions may be diagnosed earlier as a result of advanced technology, there is no correlation with a decrease in palliative care. With regard to chronic health conditions, quality of life indicators would decrease not increase. Unfortunately with longevity there is an increased potential risk that cognitive changes such as dementia might appear.

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Cognitive Level: Applying

Client Need: Health Promotion and Maintenance

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.6 Recognize the stages of growth and development related to various frameworks and the significant life events associated with each one.

27) Which statement best describes the difference between spirituality and religion?

1. Spirituality is confined to a framework associated with an individual religion, whereas religion is a broad-based term that identifies beliefs associated with enactment of ritual behaviors.
2. Spirituality represents a generalized response to beliefs and values whereas religion identifies individual beliefs attributed to a higher being.
3. Spirituality allows for an individual response based on concepts of interest whereas religion is based on a more formalized conceptual framework.
4. Spirituality is the expression of one's religious beliefs.

Answer: 2

Explanation:

1. Individuals can be religious but not exhibit spirituality and individuals can have spirituality but not be religious. Spirituality is the individual expression of beliefs and values based on conceptual structures. Spirituality extends beyond the aspects of individual religious doctrines.
2. Individuals can be religious but not exhibit spirituality and individuals can have spirituality but not be religious. Spirituality is the individual expression of beliefs and values based on conceptual structures. Spirituality extends beyond the aspects of individual religious doctrines.
3. Individuals can be religious but not exhibit spirituality and individuals can have spirituality but not be religious. Spirituality is the individual expression of beliefs and values based on conceptual structures. Spirituality extends beyond the aspects of individual religious doctrines.
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Cognitive Level: Analyzing

Client Need: Psychosocial Integrity

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.4 Compare and contrast religion and spirituality.

28) Barriers to assessment of a patient's spiritual beliefs can lead to alterations in delivery of health care. A nursing instructor is working with a group of nursing students in order to facilitate their understanding of nursing interventions relative to decreasing barriers. What action by the nursing student would indicate that the teaching was understood? The nursing student:

1. Sought a counseling referral for a patient who did not provide a religious affiliation
2. Waited until the patient's family member returned to ask if there was anything else that could be done to support the patient during hospitalization
3. Asked the primary nurse to perform the spiritual assessment in order to observe how it should be done
4. Referred the patient to a psychologist for counseling

Answer: 1

Explanation:

1. Assessment of spirituality is an important part of the assessment and should not be deferred. The student nurse should take appropriate actions to provide assistance to patients.

Determination of one's spirituality does not require referral to a psychologist. Delaying assessment until a family member is present would not be warranted; however, the nursing student may want to speak with family members additionally to obtain more information.

2. Assessment of spirituality is an important part of the assessment and should not be deferred.

The student nurse should take appropriate actions to provide assistance to patients.

Determination of one's spirituality does not require referral to a psychologist. Delaying assessment until a family member is present would not be warranted; however, the nursing student may want to speak with family members additionally to obtain more information.

3. Assessment of spirituality is an important part of the assessment and should not be deferred.

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Determination of one's spirituality does not require referral to a psychologist. Delaying assessment until a family member is present would not be warranted; however, the nursing student may want to speak with family members additionally to obtain more information.

4. Assessment of spirituality is an important part of the assessment and should not be deferred.

The student nurse should take appropriate actions to provide assistance to patients.

Determination of one's spirituality does not require referral to a psychologist. Delaying assessment until a family member is present would not be warranted; however, the nursing student may want to speak with family members additionally to obtain more information.

Cognitive Level: Applying

Client Need: Psychosocial Integrity

Nursing/Int Conc: Nursing Process: Evaluation

Learning Outcome: 2.5 Explicate the basic components of a spiritual assessment.