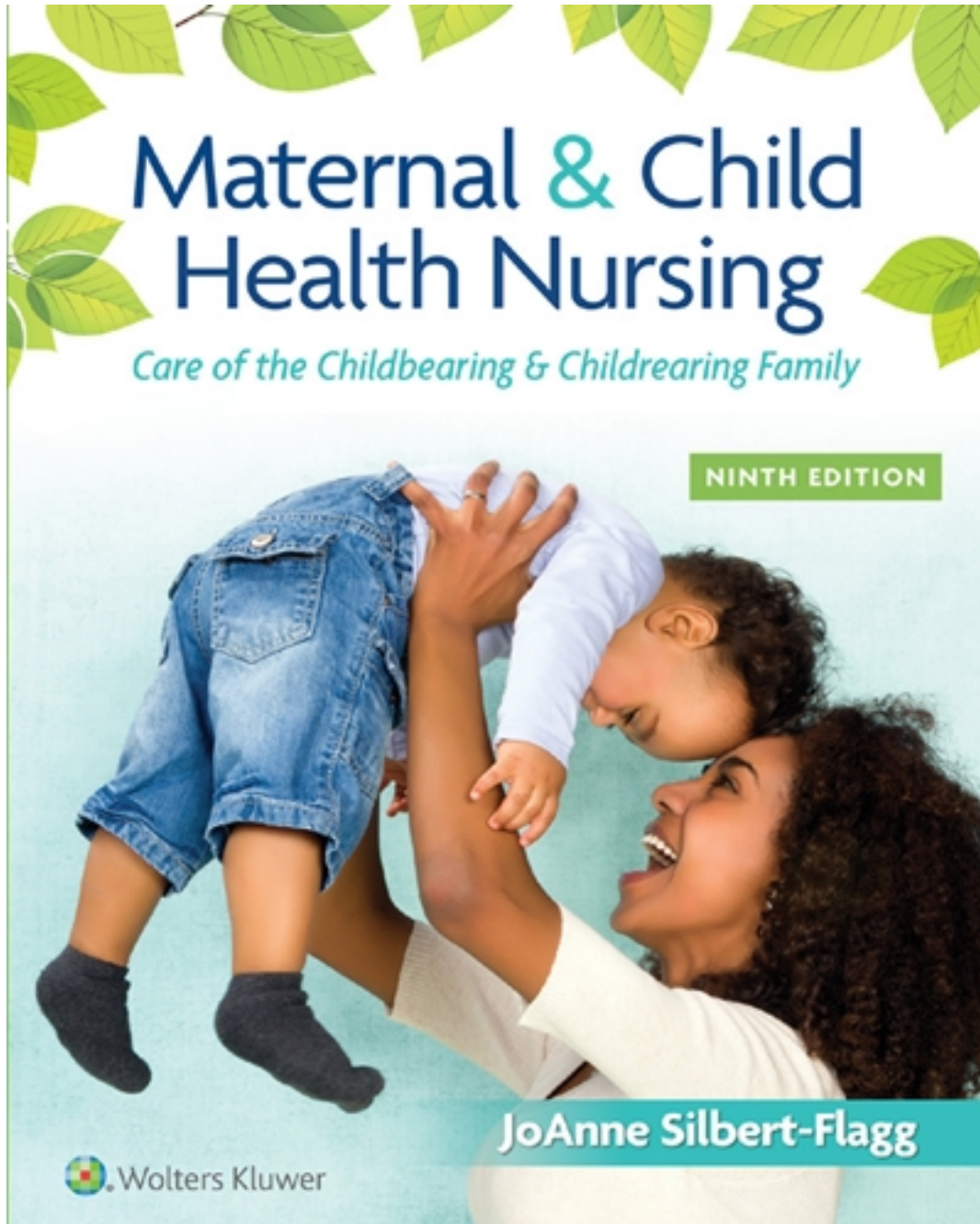


Test Bank for Maternal and Child Health Nursing 9th Edition by Silbert Flagg

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Test Bank

Chapter 2: Diversity and Inclusion Maternal Child Nursing

1. To assess the sociocultural aspects of the family of an adolescent being seen in an ambulatory clinic, the nurse would try to find out more about:
- A. The mother's occupation.
 - B. The mother's attitude toward citizenship.
 - C. the adolescent's education level.
 - D. Adolescent's family structure.

Answer: D

Rationale: Family structure is a characteristic strongly influenced by culture and ethnicity.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 31

2. An adolescent believes that people from the Bronx are stupid. What does this type of belief represent?
- A. group analysis
 - B. definitive analysis
 - C. ethnocentrism
 - D. stereotyping

Answer: D

Rationale: Stereotyping is viewing people and things from preconceived notions.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Understand

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 26

3. An adolescent tells the nurse that it is taboo in his family to use credit cards. The nurse would interpret this to mean that:
- A. the adolescent's parents do not use credit cards.
 - B. the adolescent's parents probably have few credit cards.
 - C. the family is wealthy.
 - D. the adolescent is too young to apply for a credit card.

Answer: A

Rationale: A cultural taboo refers to an action that is disapproved.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Understand

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 28

4. A boy tells you that his family celebrates the Fourth of July by eating out at a local restaurant. He tells you this is a better way to celebrate the holiday than having a picnic like his neighbors. This statement is an example of:

- A. ethnocentrism.
- B. stereotyping.
- C. a taboo.
- D. cultural assimilation.

Answer: A

Rationale: Ethnocentrism is a belief that one's own culture or customs are superior to those of others.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 28

5. During a hospital admission, an 8-year-old of Polish heritage tells you he is angry because so many people have asked him how to pronounce his name. What would be your **best** response?

- A. "Polish names are hard to pronounce."
- B. "No one ever says my name correctly either."
- C. "I will mark in your nursing care plan how to say it correctly."
- D. "I'll never use your name. Then, I can't say it wrong."

Answer: C

Rationale: Respect for other cultures begins with personal respect.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Communication and Documentation

Reference: p. 27

6. A girl comes from a large family that you analyze as being extended. In planning hospital care for her, which factor would be **most** important for you consider?

- A. restricting visitors to reduce the noise level

- B. organizing nursing care at times other than visiting hours
- C. asking the hospital's visitor program to call on her to prevent loneliness
- D. spending increased time with her yourself to prevent loneliness

Answer: B

Rationale: Because extended families have many members, support people in time of an illness are usually available.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 31

7. You see a 3-year-old girl in an ambulatory clinic because she has a bad cold. Her mother tells you the girl's problem was caused by her being affected by "mal ojo." What would be the **best** action?

- A. Tell her mother this is not a legitimate illness.
- B. Teach her mother that colds are caused by viruses.
- C. Ask her mother what symptoms her daughter is experiencing.
- D. Explain there is nothing to do for illnesses caused by evil spirits.

Answer: C

Rationale: Respecting cultural values is important for effective nurse-client relationships.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 27

8. When a woman is admitted to the labor-and-delivery unit, her husband says he is going to work and asks you to call when the baby is born. Your **best** response to this husband would be to

- A. ask him if he knows that he can stay with his wife during labor.
- B. tell him that all fathers now stay with their wives during labor.
- C. tell him he is missing out on the opportunity of a lifetime by leaving.
- D. insist he stay with his wife during labor because she will need his support.

Answer: A

Rationale: Respect for cultural values is important for developing effective nurse-client relationships.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Nursing Process
Reference: p. 25

9. A woman in labor has brought a butcher knife with her and insists on putting it under her hospital mattress to "cut the labor pain." Your **best** response to this practice would be to:

- A. teach her to use chest breathing with contractions.
- B. educate her about the cause of labor pain.
- C. tell her that she cannot keep the knife because it is a lethal weapon.
- D. allow her to keep the knife under her mattress during labor.

Answer: D

Rationale: Respect for cultural values is important for developing effective nurse-client relationships.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Safe, Effective Care Environment: Management of Care

Integrated Process: Culture and Spirituality

Reference: p. 26

10. When caring for a woman in her sixth month of pregnancy, the client reports her plans to nurse her baby for at least 2 to 3 years like the rest of the women in her family. Based upon the nurse's knowledge, the nurse should:

- A. advise her to be careful who she discusses this with as many will consider that a type of reportable child mistreatment.
- B. document her report but do nothing as this is a cultural belief that should be respected.
- C. encourage her to start the baby on formula after the first year as recommended by many health care providers.
- D. discuss how painful this will be once the baby has teeth.

Answer: B

Rationale: Culturally specific decisions should be respected and incorporated into the plan of care.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 33

11. The term used to guide the cultural aspects of nursing care and respect individual differences is:

- A. diversity nursing.
- B. ethnicity nursing.
- C. family nursing.
- D. transcultural nursing.

Answer: D

Rationale: Transcultural nursing is the nursing care method that is guided by cultural aspects and respects individual differences.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Remember

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 27

12. A client is discussing her desires for childbirth with the nurse. She is from Russia originally, but in the discussion of her care plan she states she wants "to birth the American way, with an epidural." What term should the nurse use to describe the statement by the client?

- A. bias
- B. assimilation
- C. ethnicity
- D. prejudice

Answer: B

Rationale: Assimilation into a culture occurs when an individual or group of individuals adapts and adopts the values of the dominate culture. Birthing in Russia is very different, and the client is assimilated to the idea of birthing in the American culture.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Understand

Client Needs: Psychosocial Integrity

Integrated Process: Communication and Documentation

Reference: p. 28

13. A client family recently moved to the United States. They live with their relatives, who were already residing in the United States. This is an example of which family form?

- A. extended
- B. nuclear
- C. communal
- D. blended

Answer: A

Rationale: The extended family is a nuclear family with other family members in the same house.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Remember

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 31

14. Which topic should the nurse address when assessing the sociocultural aspects of a client's family?

- A. citizenship
- B. occupation
- C. education level
- D. family structure

Answer: D

Rationale: Family structure is a lifestyle area that is culturally determined.

Citizenship, occupation, and education level are influenced by culture but on an individual basis.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Understand

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 31

15. A young client tells the nurse that it is taboo to date before the age of 18 years. How should the nurse interpret this client's statement?

- A. Everyone dates before the age of 18 years.
- B. Dating before the age of 18 years is not permitted.
- C. Dating before the age of 18 years can be done with permission.
- D. Dating before the age of 18 years is permitted in large groups only.

Answer: B

Rationale: A taboo is an action that is not acceptable to a culture. Dating before the age of 18 years being taboo means that it is not permitted. This does not mean that everyone dates before the age of 18 years or that dating is done with permission or in large groups only.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 28

16. Which nursing action supports a 2030 National Health Goal that addresses cultural diversity?

- A. Focusing on actions to enhance disease prevention
- B. Reviewing actions to prevent accidents in the home environment
- C. Discussing breastfeeding with a pregnant client
- D. Analyzing the client's compliance with health promotion activities

Answer: C

Rationale: One 2030 National Health Goal for cultural diversity is to increase the proportion of mothers who breastfeed their babies in the early postpartum period from a baseline of 43.5% to a target of 60.6%. Actions to enhance disease prevention, prevent accidents, and comply with health promotion activities do not support the 2030 National Health Goals for cultural diversity.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 24

17. The nurse is preparing to assess a pregnant client who is a member of a non-English-speaking culture. Which areas should the nurse assess to address cultural diversity? Select all that apply.

- A. pain
- B. time
- C. touch
- D. environment
- E. communication

Answer: A, B, C, E

Rationale: When conducting an assessment, areas to include that address cultural diversity include pain, time, touch, and communication. Environment is a global term that may or may not be appropriate for an assessment on cultural diversity.

Question format: Multiple Select

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 26

18. The nurse is beginning an assessment with a pregnant client from a non-English-speaking culture. The interpreter is having difficulty understanding what the client is trying to say and the client is becoming frustrated. Which nursing diagnosis would be **most** appropriate for this situation?

- A. Fear
- B. Anxiety

- C. Powerlessness
- D. Altered verbal communication

Answer: D

Rationale: For this client, altered verbal communication is the correct diagnosis because of the frustration that is occurring between the client, interpreter, and the nurse. There is no evidence to support the diagnoses of fear, anxiety, or powerlessness with this client.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 25

19. A pregnant client from a nondominant culture arrives for a prenatal examination and is escorted to an examination room. When asked to remove clothing and wear an examination gown, the client hesitates. What should the nurse do to ensure cultural sensitivity in preparation for the examination?

- A. Leave the room.
- B. Stay in the room.
- C. Assist with clothing removal.
- D. Stand the distance of business space from the client.

Answer: A

Rationale: The client may be from a culture that values modesty. Because the client hesitated to remove clothing while the nurse was in attendance, the nurse should leave the room to permit the client to change into the examination gown. Staying in the room, assisting with clothing removal, or standing at the business distance from the client does not respect the client's modesty.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 30

20. The nurse teaches a pregnant client from a nondominant culture that the health care provider wants the client to rest for several hours every afternoon. Which client statement indicates that teaching has been effective?

- A. "I need to go to sleep a few hours earlier every night."
- B. "I can stay in bed for a few more hours every morning."
- C. "I can lie down before lunch and then again right after dinner."
- D. "I need to lie down after lunch and not get up until it's time to prepare dinner."

Answer: D

Rationale: The nurse is evaluating the client's comprehension of teaching regarding obtaining rest for several hours every afternoon. The statement about lying down after lunch and not getting up until time to prepare dinner indicates the client understands the teaching. The other statements indicate that additional teaching is necessary because going to sleep earlier each evening, lying in bed longer each morning, and resting before lunch and after dinner do not demonstrate understanding of the health care provider's instructions.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Analyze

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 31

21. A pregnant client from a nondominant culture arrives 2 hours late for a scheduled sonogram. What does this client's behavior indicate to the nurse?

- A. The client is confused.
- B. The client does not wear a wristwatch.
- C. Time orientation may be different for the client's culture.
- D. The client's culture may focus on the past and not the future.

Answer: C

Rationale: The client who is from a culture that has a different time orientation than the dominant culture will have difficulty adhering to time expectations. The client not arriving for the diagnostic test at the scheduled time does not mean that the client is confused. It is inconsequential if the client does or does not wear a wristwatch. There is not enough information to determine if the client is from a culture that focuses on the past and not the future.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 30

22. A pregnant client from a nondominant culture explains that milk and dairy products cannot be consumed for 2 months during the pregnancy because of the need to fast for her religion. Which response should the nurse make after learning this information?

- A. "I'm sure that you don't need to follow this while you are pregnant."
- B. "Avoiding milk and dairy products for 2 months will harm the fetus."
- C. "There are other food sources where you can obtain the nutrients that are in milk."
- D. "You must have a great deal of willpower to avoid milk and dairy products for 2 months."

Answer: C

Rationale: The client is explaining a religious practice that influences the client's culture. The nurse needs to support this practice by offering other food sources for the client to consume that can provide the same or similar nutrients as the foods that are being abstained. Stating that religious practices do not need to be followed while pregnant is not taking the client's cultural needs into consideration. Stating that avoiding milk and dairy products will harm the fetus is an inappropriate scare tactic to persuade the client to follow the nurse's cultural expectations. Stating that the client has willpower has no value.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Nursing Process

Reference: p. 31

23. A client from a nondominant culture is in the second stage of labor and is not demonstrating any manifestations of pain. What should the nurse do to support this client?

- A. Offer to provide a back rub.
- B. Measure the pain level with a pain rating scale.
- C. Discuss pain control measures with the physician.
- D. Do nothing until the client asks for pain medication.

Answer: B

Rationale: The client may be from a culture where it is inappropriate to respond to pain. The nurse needs to objectively assess the client's level of pain before implementing nonpharmacologic or pharmacologic pain management measures. Offering to provide a back rub may or may not be desired by the client. Discussing pain control measures with the physician may be premature. Doing nothing unless the client asks for pain medication is inappropriate, considering the client is in the second stage of labor.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 35

24. A client follows traditions of the Chinese culture. The client is 7 weeks' pregnant and admitted with vaginal bleeding. During admission, the client tells the nurse, "This is all my fault. I never should have raised my arms above my head." Which response by the nurse is **most** appropriate?

- A. "What caused you to raise your arms up above your head?"
- B. "You should not blame yourself. The cause of your bleeding is unknown."
- C. "I know you are scared, but we will do all we can to help your baby."

D. "You sound concerned. Let's talk about potential causes of miscarriage."

Answer: D

Rationale: A myth among the Chinese culture is that raising one's arms above the level of the head during pregnancy will lead to a miscarriage. The nurse would acknowledge the client's concerns and explain potential causes of a miscarriage to the client. What caused the client to raise her arms is not relevant at this time. Asking this immediately after the client's statement would reinforce the myth. The cause of bleeding may not be known at this time; however, it is not appropriate for the nurse to tell the client how to feel or ignore the client's feelings. The client did not state she was scared; therefore, the nurse should not infer this.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 33

25. A nurse is evaluating the care provided by a peer to a pregnant woman of Middle Eastern descent. The peer is instructing on prenatal testing stating it is the "American way." What evaluation does the nurse report?

A. I would like to speak to you about your interaction. You seem to lack cultural awareness.

B. Some people would say you have cultural blindness. I will provide information on this culture.

C. You have shown your cultural humility. You are expressing how you understand our culture.

D. I would like to see you provide more cultural education. It is in the best interest for the client.

Answer: A

Rationale: Cultural awareness and sensitivity requires a thoughtfulness of care for the client. Attempts to modify the culture and beliefs of others do not reflect cultural awareness. Neglecting the impact of culture is a form of cultural blindness. Cultural humility is a lifelong process of self-reflection and self-critique that begins, not with an assessment of a client's beliefs, but rather with an assessment of one's own. The nurse needs to focus on the client's culture and not the American culture.

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Analyze

Client Needs: Psychosocial Integrity

Integrated Process: Culture and Spirituality

Reference: p. 28

26. The nurse is interacting with an adolescent at a summer camp. Which statement, made by the adolescent, opens a conversation about stereotyping people?

- A. "All kids who study hard are just nerds."
- B. "All people who live in the suburbs drive big cars."
- C. "City people are smarter than those who live on farms."
- D. "I stay away from people who live downtown because they look mean."

Answer: B

Rationale: The nurse in a therapeutic conversation can identify areas where the adolescent can personally grow. Stereotyping is expecting a person to act in a characteristic way without regard to his or her individual traits. The adolescent may or may not realize that they are acting in this way. Ethnocentrism is the belief one's own culture is superior to all others as exemplified by the statement, "City people are smarter than those who live on farms." Discrimination is treating people differently based on their physical or cultural traits, or by performing an act. The statements that exemplify discrimination are "kids who study are just nerds" and "I stay away from people who live downtown because they look mean."

Question format: Multiple Choice

Chapter 2: Cultural Diversity and Maternal Child Nursing

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Culture and Spirituality

Reference: p. 26