

## **Chapter 02: Cultural Competence and Health Equity in Nursing Care**

### **Lewis: Medical-Surgical Nursing in Canada, 4th Canadian Edition**

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#### **MULTIPLE CHOICE**

1. Which of the following terms refer to characteristics of a group whose members share a common social, cultural, linguistic, or religious heritage?
  - a. Diversity
  - b. Ethnicity
  - c. Ethnocentrism
  - d. Cultural imposition

ANS: B

Ethnicity is the common social, cultural, linguistic, or religious heritage of a group of people. Diversity is a presence of persons with differences from the majority or dominant group that is assumed to be the norm. Ethnocentrism is a tendency of individuals to believe that their way of viewing and responding to the world is the most correct, natural, and superior one. Cultural imposition is imposition of one person's own cultural beliefs and practices, intentionally or unintentionally, on another person or group of people.

DIF: Cognitive Level: Comprehension      TOP: Nursing Process: Planning  
MSC: NCLEX: Psychosocial Integrity

2. The nurse is caring for Indigenous clients in a community clinic setting. Which of the following would the nurse include when developing strategies to decrease health care disparities?
  - a. Improve public transportation.
  - b. Obtain low-cost medications.
  - c. Update equipment and supplies for the clinic.
  - d. Educate staff about Indigenous health beliefs.

ANS: D

Health care disparities are due to stereotyping, biases, and prejudice of health care providers; the nurse can decrease these through staff education. The other strategies also may be addressed by the nurse but will not impact health disparities.

DIF: Cognitive Level: Application      TOP: Nursing Process: Planning  
MSC: NCLEX: Health Promotion and Maintenance

3. A family member of an elderly Hispanic client admitted to the hospital tells the nurse that the client has traditional beliefs about health and illness. Which of the following actions is most appropriate for the nurse in this situation?
  - a. Avoid asking any questions unless the client initiates conversation.
  - b. Ask the client whether it is important that cultural healers are contacted.
  - c. Explain the usual hospital routines for meal times, care, and family visits.
  - d. Obtain further information about the client's cultural beliefs from the daughter.

ANS: B

Because the client has traditional health care beliefs, it is appropriate for the nurse to ask whether the client would like a visit from a cultural healer. Nurses ask key questions with regard to language, diet, religion, and acculturation and eliciting the client's explanatory model of health and illness. There is no cultural reason for the nurse to avoid asking the client questions, and questions may be necessary to obtain necessary health information. The client (rather than the daughter) should be consulted about personal cultural beliefs. The hospital routines for meals, care, and visits should be adapted to the client's preferences rather than expecting the client to adapt to the hospital schedule.

DIF: Cognitive Level: Application      TOP: Nursing Process: Implementation  
MSC: NCLEX: Psychosocial Integrity

4. When caring for an Indigenous client, which of the following actions is the best initial approach in relation to eye contact for the nurse to take?
  - a. Avoid all eye contact with the client.
  - b. Observe the client's use of eye contact.
  - c. Look directly at the client when interacting.
  - d. Ask the family about the client's cultural beliefs.

ANS: B

Eye contact varies greatly among and within cultures so the nurse's initial action is to assess the client's use of eye contact. Although nurses are often taught to maintain direct eye contact, clients who are Asian, Arab, or Indigenous may avoid direct eye contact and consider direct eye contact disrespectful or aggressive. Looking directly at the client or avoiding eye contact may be appropriate, depending on the client's individual cultural beliefs. The nurse should assess the client, rather than asking family members about the client's beliefs.

DIF: Cognitive Level: Application      TOP: Nursing Process: Implementation  
MSC: NCLEX: Psychosocial Integrity

5. A graduate nurse is assessing a newly admitted non-English-speaking Chinese client who complains of severe headaches. Which of the following actions by the graduate nurse would cause the charge nurse to intervene during this assessment interview?
  - a. Sit down at the bedside.
  - b. Palpate the client's scalp.
  - c. Call for a medical interpreter.
  - d. Avoid eye contact with the client.

ANS: B

Many people of Asian ethnicity believe that touching a person's head is disrespectful; the nurse should always ask permission before touching any client's head. The other actions are appropriate.

DIF: Cognitive Level: Application      TOP: Nursing Process: Implementation  
MSC: NCLEX: Psychosocial Integrity

6. The nurse is caring for a client who speaks a language different from the nurse's language and there is no interpreter available. Which of the following actions is the most appropriate for the nurse to implement?
  - a. Use specific medical terms in the Latin form.

- b. Talk loudly and slowly so that each word is clearly heard.
- c. Repeat important words so that the client recognizes their importance.
- d. Use simple gestures to demonstrate meaning while talking to the client.

ANS: D

The use of gestures will enable some information to be communicated to the client. The other actions will not improve communication with the client.

DIF: Cognitive Level: Comprehension     TOP: Nursing Process: Implementation  
MSC: NCLEX: Psychosocial Integrity

7. According to the ABC(DE)s of cultural competence, awareness of and sensitivity to cultural values is in which of the following domains?
- a. Skills domain
  - b. Affective domain
  - c. Knowledge domain
  - d. Behavioural domain

ANS: B

*The affective* domain reflects an awareness of and sensitivity to cultural values, needs, and biases. The skills domain does not reflect an awareness of and sensitivity to cultural values, needs, and biases. There is no skills or knowledge domain; with ABC(DE) it is affective, behavioural, and cognitive domains as well as dynamics of difference and environment.

DIF: Cognitive Level: Comprehension     TOP: Nursing Process: Planning  
MSC: NCLEX: Psychosocial Integrity

8. Which of the following actions represent the best example of culturally appropriate nursing care when caring for a newly admitted client?
- a. Have family members provide most of the client's personal care.
  - b. Maintain a personal space of at least 0.5 m when assessing the client.
  - c. Ask permission before touching a client during the physical assessment.
  - d. Consider the client's ethnicity as the most important factor in planning care.

ANS: C

Many cultures consider it disrespectful to touch a client without asking permission, so asking a client for permission is always culturally appropriate. The other actions may be appropriate for some clients but are not appropriate across all cultural groups or for all individual clients.

DIF: Cognitive Level: Comprehension     TOP: Nursing Process: Implementation  
MSC: NCLEX: Psychosocial Integrity

9. While talking with the nursing supervisor, a staff nurse expresses frustration that an Indigenous client always has several family members at the bedside. Which of the following actions is the most appropriate action for the nursing supervisor in this situation?
- a. Remind the nurse that family support is important to this family and client.
  - b. Have the nurse explain to the family that too many visitors will tire the client.
  - c. Suggest that the nurse ask family members to leave the room during client care.
  - d. Ask about the nurse's personal beliefs about family support during hospitalization.

ANS: D

The first step in providing culturally competent care is to understand one's own beliefs and values related to health and health care. Asking the nurse about personal beliefs will help to achieve this step. Reminding the nurse that this cultural practice is important to the family and client will not decrease the nurse's frustration. The remaining responses (suggest that the nurse ask family members to leave the room, and have the nurse explain to family that too many visitors will tire the client) are not culturally appropriate for this client.

DIF: Cognitive Level: Application

TOP: Nursing Process: Implementation

MSC: NCLEX: Psychosocial Integrity

10. An elderly Asian Canadian client tells the nurse that she has lived in Canada for 50 years. The client speaks English but lives in a predominantly Asian neighbourhood. Which of the following actions is most appropriate for the nurse?
  - a. Arrange to have a folk healer available when planning the client's care.
  - b. Ask the client about any special cultural beliefs or practices.
  - c. Avoid making direct eye contact with the client during care.
  - d. Involve the client's oldest son in making health care decisions.

ANS: B

Further assessment of the client's health care preferences is needed before making further plans for culturally appropriate care. The other responses indicate stereotyping of the client, based on ethnicity, and would not be appropriate initial actions.

DIF: Cognitive Level: Application

TOP: Nursing Process: Planning

MSC: NCLEX: Psychosocial Integrity

11. Which of the following statements is true related to immigrants to Canada?
  - a. Decreased risk of social exclusion related to Canada's multicultural population.
  - b. New immigrants tend to be in overall better health than the resident population.
  - c. Health status of immigrants is not related to length of time in Canada.
  - d. Unemployment is not associated with poorer health outcomes for immigrants.

ANS: B

The *healthy immigrant effect* indicates that new immigrants tend to be in better overall health than the general resident population. This finding is not surprising inasmuch as immigrants are screened before being granted admittance to Canada. Health status is related to length of time in Canada, the health of immigrants, 20 years after immigration, as determined by age-standardized mortality rates, is generally poorer than those of the Canadian-born population. Underemployment, unemployment, and workplace stress place immigrants at increased health risks as well as the risk for social exclusion.

DIF: Cognitive Level: Comprehension

TOP: Nursing Process: Planning

MSC: NCLEX: Health Promotion and Maintenance

12. Which of the following question formats is the most appropriate for the nurse to ask when communicating with a client that has limited English proficiency?
  - a. Are you tired and in discomfort?
  - b. You have taken your pills right?
  - c. Are you alright?

d. Are you in pain?

ANS: D

When communicating with a client that has limited English proficiency the best questions to ask are ones that are in simple language a couple of words, plain simple terms, such as “Are you in pain?” Asking about tiredness and discomfort in the same sentence should be avoided—ask one item at a time and use the term “pain,” not discomfort. Asking the client “are you alright” is vague and will elicit a yes or no answer. “You have taken your pills, right?” is accusatory and should be avoided.

DIF: Cognitive Level: Application

TOP: Nursing Process: Implementation

MSC: NCLEX: Psychosocial Integrity

13. An Indigenous client tells the nurse that he thinks his abdominal pain is caused by eating too much seal fat and that strong massage over the stomach will help it. Which of the following statements depicts what the client is describing to the nurse?
- a. Evidence-informed national guidelines
  - b. Awareness and knowledge of his own culture
  - c. The explanatory model of health and health practices
  - d. Knowledge about the difference in modern and folk health practices

ANS: C

The explanatory model is a set of beliefs regarding what causes the disease or illness and the methods that would potentially treat the condition best. Different cultural groups have different beliefs about the causes of illness and the appropriateness of various treatments. The situation is not reflective of national guidelines. There is no comparison between modern and folk health practices. The client is explaining experiences and beliefs rather than awareness and knowledge.

DIF: Cognitive Level: Application

TOP: Nursing Process: Assessment

MSC: NCLEX: Psychosocial Integrity

14. Which of the following statements represents a health inequity currently experienced in Canada?
- a. Indigenous adults are less likely to smoke tobacco than other adults in Canada.
  - b. Overall suicide rate among First Nation communities is about twice the rate of the general population.
  - c. Individuals from lower income neighbourhoods undergo preventive health screening more than their higher income counterparts.
  - d. Recent immigrants are more likely to have a primary care physician than Canadian-born individuals.

ANS: B

Suicide rates are five to seven times higher among Indigenous youth than among non-Indigenous youth. Suicide rates among Indigenous youth are among the highest in the world, at 11 times the national average. Smoking rates are more than two times higher among the three Indigenous groups than among the non-Indigenous population.

Individuals from higher income neighbourhoods undergo preventive health screening more than those from lower income neighbourhoods. Recent immigrants are less likely to have a primary care physician than Canadian-born individuals.

DIF: Cognitive Level: Comprehension      TOP: Nursing Process: Assessment  
MSC: NCLEX: Psychosocial Integrity

15. When performing a cultural assessment with a client of a different culture, which of the following actions is the initial action to be taken by the nurse?
- Wait until a cultural healer is available to help with the assessment.
  - Obtain a list of any cultural remedies that the client currently uses.
  - Ask the client about any affiliation with a particular cultural group.
  - Tell the client what the nurse already knows about the client's culture.

ANS: C

An early step in performing a cultural assessment is to determine the cultural group with which the client identifies. The other actions may be appropriate if the client does identify with a particular culture.

DIF: Cognitive Level: Application      TOP: Nursing Process: Assessment  
MSC: NCLEX: Psychosocial Integrity

## MULTIPLE RESPONSE

1. Equity in health care is concerned with creating equal opportunities for good health for everyone in which of the following ways? (*Select all that apply.*)
- Decrease negative effect of social determinants of health.
  - Increase awareness of acute care programs.
  - Enhance access to services.
  - Reduce exclusion.
  - Decrease nonmodifiable risk factors.

ANS: A, C, D

Health equity is concerned with creating equal opportunities for good health for everyone in two ways: (a) decreasing the negative effect of the social determinants of health and (b) by improving services to enhance access and reduce exclusion.

DIF: Cognitive Level: Comprehension      TOP: Nursing Process: Assessment  
MSC: NCLEX: Health Promotion and Maintenance

2. Which of the following characteristics represent the affective domain of the ABCs of cultural competence? (*Select all that apply.*)
- Openness
  - Desire to learn
  - Respect for others
  - Promote health literacy
  - Support informed client choice

ANS: A, B, C

This domain is often seen as the first step toward achieving cultural competence. Openness, a desire to learn, valuing differences, respect for others, and developing humility are characteristics of this domain. Promoting health literacy and supporting informed client choice are part of the behavioural domain of the ABCs of cultural competence.

DIF: Cognitive Level: Comprehension      TOP: Nursing Process: Assessment

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MSC: NCLEX: Health Promotion and Maintenance