

Chapter 02: Cultural Competence and Health Equity in Nursing Care

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MULTIPLE CHOICE

1. An Aboriginal patient 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. What is this patient describing?
 - a. Awareness and knowledge of his own culture
 - b. Encounters with cultures different from his own
 - c. Explanatory model of health and health practices
 - d. Knowledge about the differences in modern and folk health practices

ANS: C

Further assessment of the patient's cultural beliefs is appropriate before implementing any interventions. A massage may be helpful, but more information about the patient's beliefs is needed to determine which intervention(s) will be most helpful. This is eliciting the patient's explanatory model of health practices.

PTS: 1

DIF: Cognitive Level: Application

REF: page 26

OBJ: 7

TOP: Nursing Process: Assessment

MSC: CRNE: NCP-7

2. Which following term refers 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 refers to characteristics of a group whose members share a common social, cultural, linguistic, or religious heritage. Diversity is differences or variations across individuals and social groups. Ethnocentrism is a tendency for an individual to believe that their way of viewing the world is the most correct. Cultural imposition is the situation in which one's own cultural beliefs are imposed on another, intentionally or unintentionally.

PTS: 1

DIF: Cognitive Level: Comprehension

REF: page 25

OBJ: 1

TOP: Nursing Process: Assessment

MSC: CRNE: NCP-7

3. Having a commitment to the goal of inclusivity and equity is classified as which domain in the ABCs of cultural competence?
 - a. Skills
 - b. Affective
 - c. Knowledge
 - d. Behavioural

ANS: B

Having a commitment to the goal of inclusivity and equity is classified as a component of the affective domain. It is not an example of the skills domain, the knowledge domain, or the behavioural domain.

PTS: 1 DIF: Cognitive Level: Application REF: page 27, Table 2-3
OBJ: 1 TOP: Nursing Process: Planning MSC: CRNE: NCP-7

4. Which of the following is a system factor that influences help-seeking behaviour for health care?
- Lack of health insurance
 - Association by patients of hospitals with death
 - Lack of ethnic-specific health care programs
 - Possible patient distrust of the dominant population and institutions

ANS: C

An example of a system factor that influences help-seeking behaviour for health care is a lack of ethnic-specific health care programs. Lack of health insurance is an economic factor. Patients associating hospitals with death is a belief and practice factor, as is patients' distrust of the dominant population and institutions.

PTS: 1 DIF: Cognitive Level: Comprehension REF: page 30, Table 2-7
OBJ: 7 TOP: Nursing Process: Assessment MSC: CRNE: HW-19

5. What is the most appropriate action when the patient constantly pauses before answering questions about his or her health history on an admission assessment?
- Stop the assessment and return later.
 - Wait for the patient to answer the questions.
 - Ask why the questions require so much time to answer.
 - Give the patient the assessment form listing the questions and a pen.

ANS: B

Although members of some groups may respond effectively to direct questions, members of others will respond more comfortably in interactions that are less direct, in which information is requested and presented in the third person, and more silence and reflection are allowed for; therefore, the nurse should wait for the patient to answer the questions.

PTS: 1 DIF: Cognitive Level: Application REF: page 28
OBJ: 7 TOP: Nursing Process: Implementation MSC: CRNE: NCP-7

6. If an interpreter is not available when a patient speaks a language different from the nurse's, which action is most appropriate?
- Use specific medical terms in the Latin form.
 - Talk loudly and slowly so that each word is clearly heard.
 - Repeat important words so that the patient recognizes their importance.
 - Use pantomime to demonstrate what is to be communicated to the patient.

ANS: D

The use of gestures will enable some information to be communicated to the patient. Using specific medical terms in the Latin form is not appropriate, as one cannot assume that all patients understand Latin. Talking loudly and slowly is not appropriate. Repeating important words is not appropriate.

PTS: 1 DIF: Cognitive Level: Comprehension REF: page 29, Table 2-6
OBJ: 5 TOP: Nursing Process: Implementation MSC: CRNE: NCP-2

7. A recent RN graduate is assessing a newly admitted non-English-speaking Chinese patient. Which action would alert the preceptor to intervene and assist the nurse with culturally appropriate care?
- Sitting down at the bedside
 - Calling for a medical interpreter
 - Beginning the physical assessment with palpation
 - Avoiding eye contact with the patient

ANS: C

Given that touch is an important aspect of cultural practices, the nurse should always ask permission to touch before touching a patient. This demonstrates respect for the patient's cultural values. The other actions are appropriate.

PTS: 1 DIF: Cognitive Level: Application REF: page 30
OBJ: 5 TOP: Nursing Process: Implementation MSC: CRNE: NCP-7

8. Which best describes culturally appropriate nursing care?
- Asking permission to touch a patient
 - Avoiding questions about male-female relationships
 - Explaining how Western medical care differs from cultural folk remedies
 - Applying knowledge of a culture to patients of the same cultural group

ANS: A

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

PTS: 1 DIF: Cognitive Level: Comprehension REF: page 30
OBJ: 7 TOP: Nursing Process: Planning MSC: CRNE: NCP-7

9. What is a primary factor that shapes the health of Canadians?
- Medical treatments
 - Living conditions
 - Lifestyle choices
 - Obesity

ANS: B

Living conditions (economic, social, and political) are the primary factor that shapes the health of Canadians. Medical treatment, lifestyle choices, and obesity all play a role in health, but they are not the primary factor that shapes the health of Canadians.

PTS: 1 DIF: Cognitive Level: Comprehension REF: page 22
OBJ: 3 TOP: Nursing Process: Assessment MSC: CRNE: HW-19

10. Which statement accurately reflects a health inequity experienced in Canada today?
- Aboriginal adults are less likely to smoke tobacco than other adults in Canada.
 - Overall suicide rate among First Nation communities is about twice the rate of the general population.
 - Individuals from lower income neighborhoods undergo preventative health screening more than their higher income counterparts.
 - Recent immigrants are more likely to have a primary care physician than

Canadian-born respondents.

ANS: B

The overall suicide rate among First Nation communities is about twice that of the total Canadian population; the rate among Inuit is still higher—six to ten times that of the general population. Aboriginal adults are more likely to smoke tobacco than other adults in Canada. Individuals from lower income neighbourhoods undergo preventative health screening less than their higher income counterparts. Recent immigrants are less likely to have a primary care physician than Canadian-born respondents.

PTS: 1

DIF: Cognitive Level: Analysis

REF: page 23, Table 2-1

OBJ: 2

TOP: Nursing Process: Assessment

MSC: CRNE: PP-7