Chapter 03: Ethical, Social, and Legal Issues

MULTIPLE CHOICE

1. The nurse is teaching a homeless pregnant teenager about prenatal care. Which should the nurse emphasize in the teaching session?
   a. The importance of naming the baby
   b. Risk factors associated with pregnancy
   c. Information about employment opportunities
   d. Eating habits that will provide adequate nutrition

   ANS: D
   Homeless teens are more likely to have poor eating habits, smoke, and have greater risks for preterm labor, anemia, and hypertension during pregnancy and to deliver a low-birth-weight (LBW) infant. Teaching about proper eating habits is the priority at this time. Naming the baby, risk factors associated with pregnancy, and information about employment are not the highest priorities to teach at this time.

   PTS: 1 DIF: Cognitive Level: Application REF: 35
   OBJ: Nursing Process Step: Implementation
   MSC: Client Needs: Health Promotion and Maintenance

2. The United States ranks 27th in terms of worldwide infant mortality rates. Which factor has the greatest impact on decreasing the mortality rate of infants?
   a. Providing more women's shelters
   b. Ensuring early and adequate prenatal care
   c. Resolving all language and cultural differences
   d. Enrolling pregnant women in the Medicaid program by their eighth month of pregnancy

   ANS: B
   Because preterm infants form the largest category of those needing expensive intensive care, early pregnancy intervention is essential for decreasing infant mortality. The women in shelters have the same difficulties in obtaining health care as other poor people, particularly lack of transportation and inconvenient clinic hours. Language and cultural differences are not infant mortality issues but must be addressed to improve overall health care. Medicaid provides health care for poor pregnant women, but the process may take weeks to take effect. The eighth month is too late to apply and receive benefits for this pregnancy.

   PTS: 1 DIF: Cognitive Level: Understanding REF: 35
   OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

3. Which statement is true regarding the quality assurance or incident report?
   a. Reports are a permanent part of the patient's chart.
   b. The report assures the legal department that there is no problem.
   c. The nurse's notes should contain this statement: "Incident report filed and copy placed in chart."
   d. This report is a form of documentation of an event that may result in legal action.

   ANS: D

Documentation on the chart should include all factual information regarding the client's condition that would be recorded in any situation. The nurse completes an incident report when something occurs that might result in a legal action against the clinic or hospital. Incident reports are not part of the patient's chart. The report is a warning to the legal department to be prepared for a potential legal action. Incident reports are not mentioned in the nurse's notes.

PTS: 1 DIF: Cognitive Level: Analysis REF: 39
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe and Effective Care Environment

4. The nurse is planning a teaching session for staff on ethical theories. Which situation best reflects the deontologic theory?
   a. Approving a physician-assisted suicide
   b. Supporting the transplantation of fetal tissue and organs
   c. Using experimental medications for the treatment of AIDS
   d. Initiating resuscitative measures on a 90-year-old patient with terminal cancer

   ANS: D
   In the deontologic theory, life must be maintained at all costs, regardless of quality of life. Approving a physician-assisted suicide, supporting the transplantation of fetal tissue and organs, and using experimental medications for the treatment of AIDS are examples of a utilitarian model.

   PTS: 1 DIF: Cognitive Level: Application REF: 29
   OBJ: Nursing Process Step: Planning MSC: Client Needs: Psychosocial Integrity

5. Which step of the nursing process is being used when the nurse decides whether an ethical dilemma exists?
   a. Analysis
   b. Planning
   c. Evaluation
   d. Assessment

   ANS: A
   When a nurse uses the collected data to determine whether an ethical dilemma exists, the data are being analyzed. Planning is done after the data have been analyzed. Evaluation occurs once the outcome has been achieved. Assessment is the data collection phase.

   PTS: 1 DIF: Cognitive Level: Understanding REF: 30
   OBJ: Nursing Process Step: Evaluation
   MSC: Client Needs: Safe and Effective Care Environment: Coordinated Care

6. The nurse is interviewing a 6-week pregnant client. The client asks the nurse, "Why is elective abortion considered an ethical issue?" Which is the best response that the nurse should make?
   a. Abortion requires third-party consent.
   b. The U.S. Supreme Court ruled that life begins at conception.
   c. Abortion law is unclear about a woman's constitutional rights.
   d. There is a conflict between the rights of the woman and the rights of the fetus.

   ANS: D

Elective abortion is an ethical dilemma because two opposing courses of action are available. Abortion does not require third-party consent. The Supreme Court has not ruled on when life begins. Abortion laws are clear concerning a women's constitutional rights.

PTS: 1 DIF: Cognitive Level: Application REF: 31
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe and Effective Care Environment

7. At the present time, surrogate parenting is governed by which of the following?
   a. State law
   b. Federal law
   c. Individual court decision
   d. Protective child services

   ANS: C
   Each surrogacy case is decided individually in a court of law. Surrogacy is not governed by state law. Surrogacy is not governed by federal law. Protective child services does not make decisions about surrogacy.

   PTS: 1 DIF: Cognitive Level: Understanding REF: 33
   OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

8. Which client will most likely seek prenatal care?
   a. Janice, 15 years old, tells her friends, "I don't believe I am pregnant."
   b. Carol, 28 years old, is in her second pregnancy and abuses drugs and alcohol.
   c. Margaret, 20 years old, is in her first pregnancy and has access to a free prenatal clinic.
   d. Glenda, 30 years old, is in her fifth pregnancy and delivered her last infant at home with the help of her mother and sister.

   ANS: C
   The client who acknowledges the pregnancy early, has access to health care, and has no reason to avoid health care is most likely to seek prenatal care. Being in denial about the pregnancy will prevent a client from seeking health care. Substance abusers are less likely to seek health care. Some women see pregnancy and birth as a natural occurrence and do not seek health care.

   PTS: 1 DIF: Cognitive Level: Understanding REF: 35
   OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

9. A medical surgical nurse is asked to float to a women's health unit to care for clients who are scheduled for therapeutic abortions. The nurse refuses to accept this assignment and expresses her personal beliefs as being incongruent with this medical practice. The nursing supervisor states that the unit is short-staffed and that they could really use her expertise because it just involves taking care of clients who have undergone a surgical procedure. In consideration of legal and ethical practices, can the nursing supervisor enforce this assignment?
   a. The staff nurse has the responsibility of accepting any assignment that is made while working for a health care unit, so the nursing supervisor is within his or her rights to enforce this assignment.
   b. Because the unit is short-staffed, the staff nurse should accept the assignment to provide care by benefit of her or his experience to clients who need care.

c. The staff nurse has expressed a legitimate concern based on his or her feelings; the nursing supervisor does not have the authority to enforce this assignment.
d. The nursing supervisor should emphasize that this assignment requires care of a surgical client for which the staff nurse is adequately trained and should therefore enforce the assignment.

ANS: C
The Nurse Practice Act allows nurses to refuse assignments that involve practices that they have expressed as being opposed to their religious, cultural, ethical, and/or moral values. Although the nursing supervisor has a right to arrange assignments, the supervisor, if made aware of a potential bias or limitation, must act accordingly and accept the nurse's position. This should be upheld regardless of staffing limitations and independent of persuasive efforts to make the nurse feel guilty for her or his stated beliefs.

PTS: 1 DIF: Cognitive Level: Analysis REF: 31
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe Effective Care: Ethical Practice/Assignment, Delegation and Supervision

10. With regard to an obstetric litigation case, a nurse working in labor and birth is found to be negligent. Which intervention performed by the nurse indicates that a breach of duty has occurred?
a. The nurse did not document fetal heart tones (FHR) during the second stage of labor.
b. The client was only provided ice chips during the labor period, which lasted 8 hours.
c. The nurse allowed the client to use the bathroom rather than a bedpan during the first stage of labor.
d. The nurse asked family members to leave the room when she prepared to do a pelvic exam on the client.

ANS: A
A breach of duty is indicated by a nurse (or health care provider) failing to provide treatment relative to the standard of care. In this case, documentation of FHR during the second stage of labor is a standard of care. Providing ice chips to laboring clients is within the standard of care. The time period of 8 hours is not excessive. A client without any risk factors can use the bathroom and be ambulatory during the first stage of labor. Asking family members to leave during a vaginal exam helps maintain client privacy.

PTS: 1 DIF: Cognitive Level: Analysis REF: 37
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe Effective Care: Legal Rights and Responsibilities

11. A nurse is working with a labor client who is in preterm labor and is designated as a high-risk client. The client is very apprehensive and asks the nurse, "Is everything going to be all right?" The nurse tells the client, "Everything will be okay." Following birth via an emergency cesarean section, the newborn undergoes resuscitation and does not survive. The client is distraught over the outcome and blames the nurse for telling her that everything would be okay. Which ethical principle did the nurse violate?
a. Autonomy
b. Fidelity
c. Beneficence

d. Accountability

ANS: B
In this type of situation, the nurse (and/or health care provider) cannot make statements (promises) that cannot be kept. Telling the client that everything will be okay is not based on the accuracy of medical diagnosis and should not be conveyed to the client. The other ethical principles of autonomy (self-determination), beneficence (greatest good), and accountability (accepting responsibility) do not apply.

PTS: 1 DIF: Cognitive Level: Analysis REF: 30
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe Effective Care: Legal Rights and Responsibilities

12. A nurse is working in the area of labor and birth. Her assignment is to take care of a gravida 1 para 0 who presents in early labor at term. Vaginal exam reflects the following: 2 cm, cervix posterior, −1 station, and vertex with membranes intact. The client asks the nurse "if she can break her water so that her labor can go faster?" The nurse's response, based on the ethical principle of nonmaleficence, is which of the following?
    a. Tell the client that she will have to wait until she has progressed further on the vaginal exam and then she will perform an amniotomy.
    b. Have the client write down her request and then call the physician for an order to implement the amniotomy.
    c. Instruct the client that only a physician or certified midwife can perform this procedure.
    d. Give the client an enema to stimulate labor.

    ANS: C
    The ethical principle of nonmaleficence conveys the concept that one should avoid risk taking or harm to others. The procedure of amniotomy is performed by a physician and/or certified nurse midwife. It is not in the scope of practice of a RN, so option C validates that the nurse is upholding this ethical principle. Options A and B are not within the scope of practice. The use of an enema as a labor stimulant is no longer considered to be part of labor and birth practices.

    PTS: 1 DIF: Cognitive Level: Analysis REF: 30
    OBJ: Nursing Process Step: Implementation
    MSC: Client Needs: Safe Effective Care: Legal Rights and Responsibilities

13. A nurse working in a labor and birth unit is asked to take care of two high-risk clients in the labor and birth suite: a 34 weeks' gestation 28-year-old gravida 3, para 2 in preterm labor and a 40-year-old gravida 1, para 0 who is severely preeclamptic. The nurse refuses this assignment telling the charge nurse that based on individual client acuity, each client should have one-on-one care. Which ethical principle is the nurse advocating?
    a. Accountability
    b. Beneficence
    c. Justice
    d. Fidelity

    ANS: B

In this situation, the clients are each exhibiting significant high-risk conditions and should receive individual nursing care. The nurse is advocating the principle of beneficence in that she is trying to do the "greatest good or the least harm" to improve client outcomes. The other ethical principles do not apply in this situation.

PTS: 1 DIF: Cognitive Level: Analysis REF: 30
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe Effective Care: Legal Rights and Responsibilities

14. A charge nurse is working on a postpartum unit and discovers that one of the clients did not receive AM care during her shift assessment. The charge nurse questions the nurse assigned to provide care and finds out that the nurse thought that "the client should just do it by herself because she will have to do this at home." On further questioning of the nurse, it is determined that the rest of her assigned clients were provided AM care. The assigned nurse has violated which ethical principle?
    a. Justice
    b. Truth
    c. Confidentiality
    d. Autonomy

    ANS: A
    The ethical principle of justice indicates that all clients should be treated equally and fairly. In this case, the charge nurse ascertained that the AM care was not equally applied to all the nurse's assigned clients. The other ethical principles do not apply to this situation.

    PTS: 1 DIF: Cognitive Level: Analysis REF: 30
    OBJ: Nursing Process Step: Implementation
    MSC: Client Needs: Safe Effective Care: Legal Rights and Responsibilities

15. A nurse is entering information on the client's electronic health record (EHR) and is called to assist in an emergency situation with regard to another client in the labor and birth suite. The nurse rushes to the scene to assist but leaves the chart open on the computer screen. The emergent client situation is resolved satisfactorily, and the nurse comes back to the computer entry screen to complete charting. At the end of the shift, the nurse manager asks to speak with the nurse and tells her that she is concerned with what happened today on the unit because there was a breach in confidentiality. Which response by the nurse indicates that she understands the nurse manager's concerns?
    a. The nurse acknowledges that she should have made sure that her client was safe before assisting with the emergency.
    b. The nurse states that she should have logged out of the EHR prior to attending to the emergency.
    c. The nurse indicates that the unit was understaffed.
    d. The nurse indicates that the she changed her password following the clinical emergency to maintain confidentiality.

    ANS: B

With the use of electronic health records, it is necessary to take all steps to maintain confidentiality and limit access to non–health care personnel. In an emergent care situation, the nurse should have logged out of the system to maintain confidentiality. Although it is important to make sure that one's client is safe, there is no information here to suggest that there were any safety issues applicable to her assigned client. The staffing of the unit should not affect confidentiality. Changing the password for logging in to a system is an option for clinical practice but does not affect the situation as described.

PTS: 1 DIF: Cognitive Level: Analysis REF: 30
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe Effective Care: Legal Rights and Responsibilities

16. Which of the following statements is true regarding late preterm infants?
    a. These infants are born before 32 weeks' gestation and thus are at higher risk than LBW infants.
    b. These infants do better than LBW infants because their weight provides added protection against physiologic stressors.
    c. Care of these infants has led to increased health care costs compared with LBW infants.
    d. These infants suffer fewer respiratory problems than LBW infants.

    ANS: C
    Late preterm infants are born between 34 and 36 weeks and present with more complications than LBW infants, according to evidence-based practice. The added weight does not provide protection, and these infants are more likely to experience respiratory distress.

    PTS: 1 DIF: Cognitive Level: Application REF: 36
    OBJ: Nursing Process Step: Assessment MSC: Client Needs: Physiologic Adaptation

17. A nurse is admitting a client to the labor and birth unit in early labor who was sent to the facility following her checkup with her health care provider in the office. The client is a gravida 1, para 0, and is at term. No health issues are discerned from the initial assessment, and the nurse prepares to initiate physician orders based on standard procedures. Which action is warranted by the nurse manager in response to this situation?
    a. No action is indicated because the nurse is acting within the scope of practice.
    b. The nurse manager should intervene and ask the nurse to clarify admission orders directly with the physician.
    c. The nurse manager should review standard procedures with the nurse to validate that orders are being carried out accurately.
    d. The nurse manger should review the admission procedure with the nurse.

    ANS: A
    Standard procedures are often used in labor and birth settings because they are based on physician-directed orders that apply to general admissions. The nurse is acting appropriately because the client was sent directly to the unit by the health care provider. The nurse manager does not have to intervene at this point. There is no additional need to review standard procedures or the admission process with the nurse at this time. There is no evidence that the nurse needs additional training and/or does not have the prerequisite knowledge to admit the client.

    PTS: 1 DIF: Cognitive Level: Application REF: 36, 37

OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Health Promotion Maintenance

18. A nurse who works in the emergency department (ED) is assigned to a client who is experiencing heavy vaginal bleeding at 12 weeks' gestation. An ultrasound has confirmed the absence of a fetal heart rate, and the client is scheduled for a dilation and evacuation of the pregnancy. The nurse refuses to provide any further care for this client based on moral principles. What is the nurse manager's initial response to the nurse?
    a. "I recall you sharing that information in your interview. I will arrange for another nurse to take report on this client."
    b. "Because we are shorthanded today, you have to continue to provide care. There is no one else available to provide care for this client."
    c. "I understand your point of view. You were hired to work here in the ED so you had to know this situation was possible."
    d. "Abandonment is a serious issue. I have to advise you to continue to provide care for this client."

    ANS: A
    Nurses do not have to provide care if the care is in violation of their moral, ethical, or religious principles. However, it is the responsibility of the nurse to share these views at the time of the initial interview. Disclosing beliefs that would affect the care of clients at the point of care and refusing to provide care is unethical on behalf of the nurse. The manager cannot force the nurse to provide care if the nurse's principles were shared at the time of the initial interview. It is the manager's responsibility to disclose the type of care delivered in the department at the time of the interview. Threats of abandonment are unwarranted at this time.

    PTS: 1 DIF: Cognitive Level: Application REF: 32
    OBJ: Nursing Process Step: Implementation
    MSC: Client Needs: Health Promotion and Maintenance

19. The nurse is providing care to a patient who was just admitted to the labor and birth unit in active labor at term. The patient informed the nurse that she has not received any prenatal care because "I cannot afford to go to the doctor. And, this is my third baby, so I know what to expect." What is the nurse's primary concern when developing the patient's plan of care?
    a. Low birth weight
    b. Oligohydramnios
    c. Gestational diabetes
    d. Gestational hypertension

    ANS: A
    Because of adverse living conditions, poor health care, and poor nutrition, infants born to low-income women are more likely to begin life with problems such as low birth weight. Oligohydramnios is too little amniotic fluid and is not directly correlated with poverty. Gestational diabetes and gestational hypertension are associated with poverty but are seen during pregnancy. This client is in active labor and the primary concern is the fetus.

    PTS: 1 DIF: Cognitive Level: Application REF: 34
    OBJ: Nursing Process Step: Planning MSC: Client Needs: Health Promotion and Maintenance

MULTIPLE RESPONSE

20. Which of the following complications are associated with late preterm infants? *(Select all that apply.)*
    a. Hyperglycemia
    b. Tachycardia
    c. Jaundice
    d. Thermoregulation problems
    e. Require mechanical ventilation
    f. Feeding problems

    ANS: C, D, E, F
    Complications associated with preterm infants include ventilator assistance, thermoregulation problems, feeding problems, bradycardia, jaundice, and possible sepsis.

    PTS: 1 DIF: Cognitive Level: Application REF: 36
    OBJ: Nursing Process Step: Implementation
    MSC: Client Needs: Physiologic Adaptation

21. The RN is delegating tasks to the unlicensed assistive personnel (UAP). Which tasks can the nurse delegate? *(Select all that apply.)*
    a. Teaching the client about breast care
    b. Assessment of a client's lochia and perineal area
    c. Assisting a client to the bathroom for the first time after birth
    d. Vital signs on a postpartum client who delivered the night before
    e. Assisting a postpartum client to take a shower on the second postpartum day

    ANS: D, E
    Nurses must be aware that they remain legally responsible for patient assessments and must make the critical judgments necessary to ensure patient safety when delegating tasks to unlicensed personnel. The nurse cannot delegate assessment, teaching, or evaluation. The two tasks that the nurse can delegate are vital signs on a stable postpartum client and assisting a stable postpartum client on the second postpartum day to take a shower.

    PTS: 1 DIF: Cognitive Level: Application REF: 40
    OBJ: Nursing Process Step: Implementation
    MSC: Client Needs: Safe and Effective Care Environment

22. The clinic nurse often cares for clients who are considering an abortion. Which responsibilities does this nurse have in regard to this issue? *(Select all that apply.)*
    a. Informing the client about pro-life options
    b. Informing the client about pro-choice support groups
    c. Being informed about abortion from a legal standpoint
    d. Being informed about abortion from an ethical standpoint
    e. Recognizing that this issue may result in confusion for the client

    ANS: C, D, E

Nurses have several responsibilities that cannot be ignored in the conflict about abortion. First, they must be informed about the complexity of the abortion issue from a legal and an ethical standpoint and know the regulations and laws in their state. Second, they must realize that for many people, abortion is an ethical dilemma that results in confusion, ambivalence, and personal distress. Informing the client about pro-life options or pro-choice support groups would not be appropriate because it is the client's decision and these interventions show bias on the nurse's part.

PTS: 1 DIF: Cognitive Level: Analysis REF: 32
OBJ: Nursing Process Step: Evaluation MSC: Client Needs: Health Promotion and Maintenance

23. A couple asks the nurse about the procedure for surrogate parenting. Which correct responses should the nurse give to the couple? *(Select all that apply.)*
    a. Donated embryos can be implanted into the surrogate mother.
    b. The surrogate mother needs to have carried one previous birth to term.
    c. You both need to be infertile to be eligible for surrogate parenting.
    d. Conception can take place outside the surrogate mother's body and then implanted.
    e. The surrogate mother can be inseminated artificially with sperm from the intended father.

    ANS: A, D, E
    In surrogate parenting, conception may take place outside the body using ova and sperm from the couple who wishes to become parents. These embryos are then implanted into the surrogate mother, or the surrogate mother may be inseminated artificially with sperm from the intended father. Donated embryos may also be implanted into a surrogate mother. The couple does not need to be infertile. The surrogate parent does not need to have previously carried a pregnancy to term.

    PTS: 1 DIF: Cognitive Level: Application REF: 33
    OBJ: Nursing Process Step: Implementation
    MSC: Client Needs: Health Promotion and Maintenance

24. Which actions by the nurse indicate compliance with the Health Insurance Portability and Accountability Act (HIPAA)? *(Select all that apply.)*
    a. The nurse posts an update about a client on Facebook.
    b. The nurse gives the report to the oncoming nurse in a private area.
    c. The nurse gives information about the client's status over the phone to the client's friend.
    d. The nurse logs off any computer screen showing client data before leaving the computer unattended.
    e. The nurse puts any documentation with the client's information in the shred bin at the hospital before leaving for the day.

    ANS: B, D, E

HIPAA regulations provide consumers with significant power over their records, including the right to see and correct their records, the application of civil and criminal penalties for violations of privacy standards, and protection against deliberate or inadvertent misuse or disclosure. Discussions about a patient with other professionals should be restricted to those who need to know and should occur in a private location. Nurses must take care to avoid violating patient confidentiality when using electronic patient data formats. For example, nurses must promptly log off terminals when finished so that unauthorized individuals cannot gain access to the system. Shredding documentation with client identifiers should be done before leaving the hospital. Discussing a client's status in any online forum is a violation of HIPAA. Giving information to a client's friend over the phone, without the client's consent, is a violation of HIPAA.

PTS: 1 DIF: Cognitive Level: Application REF: 33
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Safe and Effective Care Environment

MATCHING

Match each term with the correct definition.

a. The nurse's breach of duty caused harm.
b. The nurse has a responsibility to give care to the client.
c. An actual injury or harm to the client occurred because of the nurse's breach of duty.

25. Damage
26. Proximate cause
27. Duty

25. ANS: C PTS: 1 DIF: Cognitive Level: Understanding
REF: 37 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Safe and Effective Care Environment
NOT: Duty is defined as the nurse's duty to act or give care to the patient. It must be part of the nurse's responsibility. Damage is defined as an actual injury or harm to the patient that occurred as a result of the nurse's breach of duty. Proximate cause is when the nurse's breach of duty is proved to be the cause of harm to the patient.

26. ANS: A PTS: 1 DIF: Cognitive Level: Understanding
REF: 37 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Safe and Effective Care Environment
NOT: Duty is defined as the nurse's duty to act or give care to the patient. It must be part of the nurse's responsibility. Damage is defined as an actual injury or harm to the patient that occurred as a result of the nurse's breach of duty. Proximate cause is when the nurse's breach of duty is proved to be the cause of harm to the patient.

27. ANS: B PTS: 1 DIF: Cognitive Level: Understanding
REF: 37 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Safe and Effective Care Environment
NOT: Duty is defined as the nurse's duty to act or give care to the patient. It must be part of the nurse's responsibility. Damage is defined as an actual injury or harm to the patient that occurred as a result of the nurse's breach of duty. Proximate cause is when the nurse's breach of duty is proved to be the cause of harm to the patient.