

Jarvis: Physical Examination & Health Assessment, 2nd Canadian Edition

Chapter 03: Cultural Competence: Cultural Care and Social Considerations in Health Assessment

Test Bank

MULTIPLE CHOICE

1. Which statement is correct regarding the development of one's culture?
 - a. Culture is genetically determined on the basis of racial background.
 - b. Culture is rooted in several distinctive and specific social elements.
 - c. Culture is a nonspecific phenomenon and is adaptive, but unnecessary.
 - d. Culture is biologically determined on the basis of physical characteristics.

ANS: B

Culture is rooted in several distinctive and specific social elements.

DIF: Comprehension

REF: Page 28

2. Which statement correctly exemplifies a critical cultural perspective?
 - a. Culture is a relational aspect of people that shifts and changes over time.
 - b. Culture assumes that people act in similar ways in all circumstances.
 - c. Culture is most clearly reflected in a person's language and behaviour.
 - d. Culture adapts to specific environmental factors and available natural resources.

ANS: A

To define culture from a critical cultural perspective, we understand culture as a relational aspect of ourselves that shifts and changes over time, depending on history, social context, past experiences, gender, and professional identity.

DIF: Comprehension

REF: Page 29

3. Canada's population as a whole is aging, and for the first time in Canadian history, which age group has exceeded that of people aged 15 to 24?
 - a. Under 15 years of age
 - b. 35–44 years
 - c. 55–64 years
 - d. Over 65 years

ANS: C

Canada's population as a whole is aging. In 2011 the population of persons 65 and over hit a record high, composing 14.8% of the total population. In contrast, the proportion of the population under 15 fell to 17.7%, its lowest level. In 2011, for the first time in Canadian history, the number of people aged 55–64 years exceeded that of people aged 15–24 years.

DIF: Knowledge REF: Page 32

4. The term “ethnic group” refers to a population:
- that shares a common history and language.
 - that shares heritage, culture, language, and/or religion.
 - that is of the same race and has similar national origins.
 - that is related and has similar religious affiliations.

ANS: B

Ethnicity encompasses multiple different aspects such as “race,” origin or ancestry, identity, language, and religion.

DIF: Comprehension

REF: Page 30

5. A 47-year-old woman who is a recent immigrant to Canada is being seen at the clinic today for her uncontrolled diabetes. The nurse knows that the patient lives with her husband and a large extended family. The nurse concludes that part of the patient’s inability to maintain and comply with her diet and diabetic regime is the foods that this patient eats. This conclusion is an example of:
- cultural sensitivity.
 - cultural safety.
 - cultural perspective.
 - culturalism.

ANS: D

The process of conceptualizing culture in fairly narrow terms, or assuming that people act in particular ways because of their culture, is known as culturalism.

DIF: Application REF: Page 29

6. A 28-year-old Aboriginal woman attending a prenatal visit describes her nutritional intake over the past 24 hours to the nurse. It includes two slices of pizza, two cans of soda, and three cookies. The nurse must:
- advise the patient that she is not eating the required recommended nutritional intake for pregnancy.
 - show the patient how to document her food intake, as she may start gaining unnecessary weight.
 - ask the patient if she is able to cook, or if she would like to go to cooking lessons at a nearby school.
 - explore the patient’s ability to buy healthy food, and whether she is able to cook this food.

ANS: D

A critical cultural perspective prompts us to see that what people eat is influenced by their income, access to food resources, ability to afford fresh fruits and vegetables, geographical location, and education levels.

DIF: Application REF: Page 29

7. Which of the following statements accurately describes the concept of culturally competent care?
- The health care provider is able to understand and speak the patient's mother tongue.
 - The health care provider possesses a basic knowledge of the patient's cultural background.
 - The health care provider has knowledge of the significance of social, economic, and cultural contexts.
 - The health care provider applies knowledge, skills, attitudes, and personal attributes to maximize respectful relationships with diverse populations of clients and coworkers.

ANS: D

The Canadian Nurses Association (CNA, 2010, p. 1) "believes that cultural competence is an entry-to-practice level competence for registered nurses" and defines *cultural competence* as "the application of knowledge, skills, attitudes or personal attributes required by nurses to maximize respectful relationships with diverse populations of clients and co-workers."

DIF: Analysis REF: Page 31

8. Recent Canadian immigration statistics indicate that the majority of people in this country settle in:
- medium-census metropolitan areas.
 - small-census metropolitan areas.
 - large-census metropolitan areas.
 - extremely large-census metropolitan areas.

ANS: C

Canadians live primarily in urban areas. In 2011, 81.1% of the population lived in urban areas and 18.9% in rural areas (Statistics Canada, 2012a); 69.1% of Canadians were living in one of Canada's 33 large-census metropolitan areas.

DIF: Knowledge REF: Page 32

9. Which of the following statements accurately reflects the concept of ethnicity?
- Ethnicity is dynamic and ever changing because of political forces.
 - Ethnicity refers to a group that shares heritage, culture, language, or religion.
 - Ethnicity refers to the belief in a higher power or being.
 - Ethnicity is a learned behaviour that includes language and socialization.

ANS: B

Ethnicity is a complex concept often implying geographical and national affiliation. It refers to a "community maintained by a shared heritage, culture, language or religion" (Henry, Tator, Mattis, & Rees, 2005, p. 350).

DIF: Comprehension REF: Page 30

10. Which of the following statements reflects a component of spirituality?
- It is a belief in the worship of a higher power within an organization.

- b. It involves attendance at a specific church, synagogue, temple, mosque, or house of worship.
- c. It is central to the human experience as a person searches for meaning in life.
- d. It is closely tied to a person's ethnic, social, cultural, and historical background.

ANS: C

Spirituality refers to each person's unique life experience, and his or her personal effort to find purpose and meaning in life. The other responses apply to religion.

DIF: Application REF: Page 39

11. A family who immigrated to Canada 3 months ago has come to the clinic to see the nurse practitioner. One of the parents has found work, but not in his field. The other parent has not been able to find a job. This family of five is living in a one-bedroom apartment. The nurse practitioner is aware that the health of new immigrants is:
- a. negatively affected, as a result of many contributing factors.
 - b. positively affected by having access to modern urban hospitals.
 - c. unlikely to change from preimmigration status.
 - d. difficult to assess, as there are no previous health records to review.

ANS: A

As clinicians, nurses need to recognize how the processes of migration and resettlement to another country can impact people's health and social status. Although many are healthy when they first arrive to Canada, research shows that the health of non-European immigrants, in particular, deteriorates over time. This pattern of declining health status is due to a number of factors, such as the stress of immigration, searching for suitable employment, and the process of establishing a new social support network.

DIF: Application REF: Page 36

12. The nurse is caring for a 23-year-old Aboriginal man. He has had a drinking problem for the past 3 years. He is unemployed and is living in a large urban centre. The nurse is aware that:
- a. health care providers need to remember that alcoholism is a long-standing cultural problem among Aboriginals.
 - b. health care providers often fail to see the social conditions, systemic racism, and discrimination that shape substance abuse.
 - c. alcoholism is a treatable disease, with treatment options that are now readily available to patients.
 - d. working with Aboriginal clients is a very rewarding opportunity, during which nurses can learn a great deal about Aboriginal culture.

ANS: B

It is important to maintain a relational approach in clinical practice. It is important for nurses to remain critically reflective about the assumptions that they make and to remain focused on the historical and social contexts and current living conditions that continue to shape people's health, access to health care, and overall well-being.

DIF: Application REF: Page 35

13. The *Indian Act* of 1876 classifies First Nations people into registered status Indians or nonstatus Indians. Knowing a First Nations person's status is important for health care providers, as it:
- informs them of the patient's provincial health insurance coverage.
 - permits only those with status to have unlimited benefits for health care across Canada.
 - guides health care providers in planning care, as those with status are entitled to certain benefits that are not covered under the provincial plan.
 - is a factor to consider when planning to send the patient to an urban hospital for further treatment and care.

ANS: C

Status refers to "registered status Indians," a term used in the *Indian Act*. The classification of First Nations people as "registered status" or "nonstatus" distinguishes those people who receive legal recognition in Canada from those who do not. First Nations people with status are entitled to limited benefits, while those who are nonstatus are not.

DIF: Comprehension

REF: Page 35

14. A nurse is frequently bothered when a patient does not take the medications as prescribed until the patient speaks with her family. The nurse is so irritated by this behaviour that he often finds it hard to provide appropriate care to this individual. What should the nurse do first in trying to overcome his difficulty?
- Identify the meaning of family inclusion to the patient
 - Understand that this is a cultural practice that is helpful to the patient
 - Allow the patient to take her medications in the way she believes will be helpful
 - Examine his own culturally based values, beliefs, attitudes, and practices

ANS: D

The nurse should ask himself, "How do my social, cultural, and professional backgrounds shape my ability to relate to, and my assumptions about, the various people I encounter in my practice?"

DIF: Application REF: Page 41

15. While working in the surgical unit, the nurse notices that a patient speaks a language that she cannot understand. The nurse is aware that the hospital has a number of postoperative instructions, translated videos, and brochures in this patient's language, in addition to having a translator on staff. These are all examples of:
- language services that are available to all admitted patients.
 - the standards for cultural and linguistically appropriate services.
 - ways of addressing diversity within the hospital.
 - ways in which the hospital is not ready to communicate with diverse patients.

ANS: B

There are a number of standards for culturally, linguistically, and socially appropriate services in health care, which include translation of signage and commonly used written educational material and other material for members of predominant language groups in the local service area. This is in addition to ensuring that interpreters and bilingual staff are available whenever possible. Family and friends are not considered adequate substitutes because they lack the knowledge to interpret terms and concepts relevant to clinical or nonclinical encounters.

DIF: Comprehension

REF: Page 33, Box 3-2

16. When assisting a patient in completing his menu choices, the nurse notes that the patient is choosing foods that the nurse thought were forbidden by the patient's culture or religion. Which statement best defines this situation?
- a. There is a predefined approach to cultural or religious choices.
 - b. The nurse should avoid applying lists of cultural or religious traits to patients.
 - c. Patients will not observe cultural or religious practices while in the hospital.
 - d. This is an example of a patient who is not very religious.

ANS: B

Cultural characteristics are applicable to some, but not to all people. There are significant differences between generations, including differences following migration.

DIF: Analysis

REF: Page 28

17. "Dominant health care culture" refers to:
- a. the prevalent Western health care philosophy in Canada.
 - b. the health care beliefs of the those who are accessing the health care system.
 - c. the values and ways of dealing with health care and medicine practised by the whole population.
 - d. the best way to look at health care and treatment of illness and disease.

ANS: A

Western-educated health care providers tend to attribute illness to individual behaviours or factors, such as bacteria and viruses, poor lifestyle practices, or failure to exercise. They also tend to view the individual as responsible for getting well and to value "compliance" with recommended treatments.

DIF: Comprehension

REF: Page 29

18. There is a cultural shift happening in Canada. In 2006, new immigrants came primarily from:
- a. European countries.
 - b. Asia and the Middle East.
 - c. Central and South America.
 - d. India.

ANS: B

In 2006, people immigrating from Asia and the Middle East made up the largest proportion of newcomers to Canada.

DIF: Knowledge REF: Page 36

19. According to Canadian statistics, whose health is more likely to be threatened as a result of poverty?
- Children of lone-mother families
 - Children of new immigrants
 - Children born in urban centres
 - Children born in rural areas

ANS: A

For lone-mother families, the poverty rate in 2004 was 51%. Living in poverty is an especially significant threat to the health of children inasmuch as it has both immediate and long-lasting effects.

DIF: Knowledge REF: Page 38

20. A nurse wants to practise using a relational approach. To do so, she must:
- treat everyone the same and avoid looking at individual needs of patients.
 - look at herself, her history, her assumptions, and her biases.
 - ensure that she is nice to all of her patients and their families.
 - take a class on the application of the relational approach.

ANS: B

As she approaches a new patient who is different from her in terms of skin colour, clothing, socioeconomic status, accent, or primary language spoken, the nurse should ask herself, "What biases, assumptions, or stereotypes am I drawing upon?"

DIF: Comprehension

REF: Page 27

21. An Aboriginal woman who lives away from the reserve has come to the clinic to seek help with regulating her diabetes. In conducting an interview, the nurse's priority involves:
- finding out why the patient is not compliant.
 - reinforcing the health teaching related to diet and exercise.
 - determining if the patient can afford her medications.
 - sending the patient to the diabetic clinic for follow-up.

ANS: C

Profound social disruption exists within many Canadian Aboriginal communities. This has contributed to a lack of employment opportunities and high levels of poverty.

DIF: Analysis

REF: Page 40

22. An elderly woman is being discharged from the hospital to her home, where she lives with her son and his family. In preparing for discharge, the nurse must consider which of the following statements?
- All families who care for their parents do so out of a sense of love and loyalty, and the son will be happy to have his mother home, rather than in hospital.
 - It is best to make sure that there is another female available in the house to care for

the elderly woman.

- c. A family meeting must be held before discharge, to ensure that the family understands the plan of care and to determine what supports are needed.
- d. A meeting must be held with the son and his wife to find out if they would rather have the patient sent to a long-term care facility, as it is a burden to care for a relative.

ANS: C

Many families in Canada are required to take on the extra work of caring for family members in their homes because of shortened hospital stays for acutely ill patients; the lack of affordable, quality long-term care facilities; and, in some cases, families' personal commitments to care for older parents in the home.

DIF: Analysis REF: Pages 40–41

23. A nurse preparing to conduct a prenatal class is aware that which of the following groups is at highest risk for infant mortality?
- a. European Canadians
 - b. Asian Canadians
 - c. African Canadians
 - d. First Nations people

ANS: D

Infant mortality rates are almost twice as high for status First Nations infants as for other Canadians.

DIF: Knowledge REF: Page 35

24. When inquiring about a patient's health, the nurse must remember that:
- a. patients will tell nurses anything, as long as they are asked.
 - b. building trust is important and that this may occur over time.
 - c. all patients who seek care understand the Canadian health care system.
 - d. all patients understand the importance of answering all of the questions they are asked.

ANS: B

While certain data must be collected in the initial interview to address the patient's presenting health issues, patients should not be expected to share sensitive information until trust has been established.

DIF: Application REF: Page 39

25. Which of the following statements is true regarding respect for differences?
- a. All patients will behave in the same way when asked questions by a health care provider.
 - b. Conveying respect for differences will build trust and welcome patients to share their understandings.
 - c. Having cultural expectations is the key to understanding individual differences.
 - d. Expressing one's culture is largely dependent on the amount of his or her exposure

to Canadian values.

ANS: B

Conveying respect for differences will build trust and welcome patients to share their understandings.

DIF: Comprehension

REF: Page 40

26. Spirituality is a personal search for:
- a supreme being.
 - a system of beliefs.
 - life after death.
 - meaning in one's life.

ANS: D

Spirituality is a search for meaning.

DIF: Comprehension

REF: Page 39

27. A 32-year-old patient shares with the nurse that she has been unwell for 2 weeks. She has had a variety of symptoms and has been treating them with herbs that her mother has provided. The nurse should:
- tell the patient that it is the herbs that are making her feel unwell.
 - ask the patient more about the effects of the herbs.
 - take a sample of the herbs to send to the laboratory for analysis.
 - ask the patient's mother to explain the use of the herbs.

ANS: B

Today, Canadians of all backgrounds draw upon a range of traditions as part of their health care. Perspectives on what are acceptable health care practices change over time and are culturally and socially bound. The nurse's responsibility is to inform patients about the potential effects of particular practices but not to judge the acceptability of those practices.

DIF: Application REF: Page 40

28. A 30-year-old woman who was born in Canada brings her 68-year-old mother to hospital. The nurse notes that the mother is reluctant to follow the plan of care, but her daughter, who is a dental hygienist, is insisting that she do so. This is an example of:
- generational differences.
 - dominant health care culture.
 - lack of respect for independence.
 - critical cultural perspective.

ANS: B

Western-educated health care providers tend to attribute illness to individual behaviours or factors, view the individual as responsible for getting well, and value "compliance" with recommended treatments. However, there is a great variation in the extent to which patients and their family members subscribe to the values of the dominant health care culture.

DIF: Analysis REF: Page 29

29. A First Nations family requires dental care. The nurse needs to determine which of the following in order to facilitate the best possible care for this family?
- Do they have coverage under the *Indian Act* of 1876?
 - Do they live on a reservation or in town?
 - Do they have noninsured health benefits?
 - Do they have their provincial health cards?

ANS: C

Currently, First Nations people with status and Inuit people receive limited health care benefits (noninsured health benefits, or NIHBs) not covered by provincial insurance plans. NIHBs are administered by Health Canada and consist of selected medical benefits, including dental care.

DIF: Application REF: Pages 34–35

30. Expecting that all Chinese persons believe in the hot–cold theory of health and illness is an example of:
- critical cultural perspective.
 - culturalism.
 - ethnic practice.
 - ethnicity.

ANS: B

Culturalism is the assumption that people act in particular ways because of their culture.

DIF: Comprehension REF: Page 29

31. A patient tells the nurse that she believes in “the hot–cold theory, where illness is caused by hot or cold entering the body.” Which of the following responses from the nurse would be most appropriate?
- “I do not believe in this theory, but tell me about it.”
 - “I know that this is your belief, but the cause is actually a virus.”
 - “I did not take this in school, so it’s unfamiliar to me.”
 - “I have not heard of this theory. Tell me more.”

ANS: D

Health care providers who are alert to and respectful of the wide variety of health care practices and understandings about health will more easily find a mutually acceptable way to address people’s concerns. This will require the nurse to remain critically reflective about how he or she may be conveying the dominant culture of health care in ways that can make patients feel uncomfortable or hesitant to share their perspectives.

DIF: Application REF: Page 29

32. When providing culturally competent care, nurses must incorporate cultural assessment into their health assessment. Which statement is most appropriate to use when initiating a cultural beliefs assessment with a First Nations elder?
- “Are you of the Christian faith, or another faith?”
 - “Do you want to see a medicine man?”
 - “How often do you seek help from medical providers?”
 - “What cultural or spiritual beliefs are important to you?”

ANS: D

As demographics indicate, the majority of Canadians associate themselves with the dominant linguistic groups (English and French) and with the dominant European ancestry. These patterns create both the potential of “Othering” in health care and the potential for modelling culturally safe, actively respectful ways of working across differences in health care.

DIF: Application REF: Page 33

33. Which of the following is an example of health inequity?
- A lack of clean drinking water
 - Having to drive 30 km to consult with a specialist
 - Having access to a variety of fresh fruit and vegetables
 - Having to wait one week to see a nurse practitioner

ANS: A

Health inequity refers to those inequalities in health that are unnecessary and avoidable, and differences that are considered unfair and unjust.

DIF: Comprehension REF: Page 37

34. Which of the following examples illustrates the concept of cultural safety?
- Asking a patient to describe his or her job and its potential dangers
 - Asking a patient to describe the daily practices he or she uses to promote health
 - Asking a patient to describe the food safety practices used in his or her household
 - Asking a patient to describe the clothing he or she wears during the various seasons

ANS: B

Cultural safety acknowledges that culturally based meanings and practices must be respected.

DIF: Application REF: Page 31

35. “Aboriginal peoples” refers to which of the following groups?
- First Nations
 - Métis
 - Inuit
 - First Nations, Métis, and Inuit

ANS: D

The term “Aboriginal peoples” is used to refer generally to the indigenous inhabitants of Canada including First Nations, Métis, and Inuit people.

DIF: Knowledge REF: Page 34

36. Participation in a formal institutional structure with its rituals and beliefs is known as:
- culture.
 - religion.
 - ethnicity.
 - spirituality.

ANS: B

Religions are often established by formal institutions structures, rituals, and beliefs.

DIF: Knowledge REF: Page 39

37. Which of the following practices will enhance a health care provider’s ability to connect across differences?
- Actively examining and reflecting on his or her own values, beliefs and assumptions
 - Gaining comprehensive knowledge about a patient’s family history and cultural and religious practices
 - Living and working in the same area as a patient, in order to obtain similar life experiences
 - Having comprehensive knowledge of anatomy, physiology, diseases, and treatments

ANS: A

The notion of “connecting across differences” comes from Doane and Varcoe (2005), who emphasize that “relational practice requires that you connect across differences by joining people as they are and where they are” (p. 295). This can be easier said than done, and the integration of knowledge and reflection will take time.

DIF: Knowledge REF: Page 41

38. A family who is new to Canada has come to the family practice unit seeking a primary care practitioner. The mother begins crying and says that she misses her family back home but has come to Canada because her husband cannot find work in their country. This is an example of:
- racialization.
 - immigration.
 - refugee status.
 - a push–pull factor.

ANS: D

The “push–pull” factors in migration are often due to the need to explore new economic opportunities, family reunification, or forced relocation due to persecution or ecological disasters.

DIF: Application REF: Page 36

39. Before being able to understand the health care needs of another, a health care provider needs to:
- understand the patient's meaning of health, wellness, and illness.
 - understand the health care provider's own social, cultural, and professional background.
 - understand and being able to explain to the patient how the Canadian health care system works.
 - have knowledge of the patient's social, economic, and political background.

ANS: B

A relational approach to health assessment prompts a health care provider to ask, "How do my social, cultural, and professional backgrounds shape my ability to relate to, and my assumptions about, the various people I encounter in my practice?"

DIF: Application REF: Pages 27, 32

40. Which of the following prevents a health care provider from being able to provide comprehensive care?
- A lack of knowledge of the social determinants of health
 - Having a list of an ethnic group's routine practices and their impact on health
 - Reflecting on the cultural practices of patients and their impact on individual health
 - Having knowledge of the relationship between poverty, health, and wellness

ANS: A

Relational approaches in clinical practice can make a difference. It is important for the nurse to remain critically reflective about the assumptions he or she may have and to remain focused on the historical and social contexts and current living conditions that continue to shape people's health, access to health care, and overall well-being.

DIF: Analysis REF: Page 35

MULTIPLE RESPONSE

1. Which of the following considerations reflect components of a health assessment? The nurse should explore a patient's: (*Select all that apply.*)
- cultural health and illness practices.
 - financial resources.
 - religious practices.
 - access to support and services

ANS: A, B, D

During the health assessment, conveying openness and inviting patients to identify what is important to them will be most effective. For all patients and families, it is important to consider how people are managing with jobs, housing, child care, financial resources, care of older parents or relatives, transportation, and access to health care services.

DIF: Analysis REF: Page 41