

Test Bank for Fundamentals of Nursing - The Art and Science of Person-Centered Care 10th Taylor

Chapter 1

1. An oncology nurse with 15 years of experience, certification in the area of oncology nursing, and a master's degree is considered to be an expert in the area of practice. The nurse works on an oncology unit in a large teaching hospital. Based upon this description, which career role **best** describes this nurse's role, taking into account the qualifications and experience?

- A. clinical nurse specialist
- B. nurse entrepreneur
- C. nurse practitioner
- D. nurse educator

Answer: A

Rationale: A clinical nurse specialist is a nurse with an advanced degree, education, or experience who is considered to be an expert in a specialized area of nursing. The clinical nurse specialist carries out direct client care; consultation; educating clients, families, and staff; and research. A nurse practitioner has an advanced degree and works in a variety of settings to deliver primary care. A nurse educator usually has an advanced degree and teaches in the educational or clinical setting. A nurse entrepreneur may manage a clinic or health-related business.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Nursing Process

Reference: p. 18

2. What guidelines do nurses follow to identify the client's health care needs and strengths, to establish and carry out a plan of care to meet those needs, and to evaluate the effectiveness of the plan to meet established outcomes?

- A. Nursing process
- B. ANA Standards of Professional Performance
- C. Evidence-based practice guidelines
- D. Nurse Practice Acts

Answer: A

Rationale: The nursing process is one of the major guidelines for nursing practice and the profession. Nurses implement their roles through the nursing process. The nursing process is used by the nurse to identify the client's health care needs and strengths, to establish and carry out a plan of care to meet those needs, and to evaluate the effectiveness of the plan to meet established outcomes. The American Nurses Association (ANA) develops the general nursing scope and standards that apply to all nurses. Evidence-based practice guidelines are grounded in research

and direct nursing care. Safe, competent nursing practice is grounded in the law as written in the state nurse practice act (NPA) and the state rules/regulations.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Nursing Process

Reference: p. 21

3. Which organization is the **best** source of information when a nurse wishes to determine whether an action is within the scope of nursing practice?

- A. American Nurses Association (ANA)
- B. American Association of Colleges in Nursing (AACN)
- C. National League for Nursing (NLN)
- D. International Council of Nurses (ICN)

Answer: A

Rationale: The ANA's 2021 *Nursing: Scope and Standards of Practice* defines activities that are specific and unique to nursing. Standards allow nurses to carry out professional roles, serving as protection for the nurse, the patient, and the institution where health care is provided. The competencies articulated in the Standards describe expected levels of performance that integrate knowledge, skills, abilities, and judgments. Each nurse is accountable for their own quality of practice and is responsible for the use of these standards to ensure knowledgeable, safe, and comprehensive nursing care. The AACN addresses educational standards, while the NLN promotes and fosters various aspects of nursing. The ICN provides a venue for national nursing organizations to collaborate, but does not define standards and scope of practice.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Nursing Process

Reference: p. 20

4. Which set of terms **best** describes nursing at the end of the Middle Ages?

- A. continuity, caring, critical thinking
- B. purpose, direction, leadership
- C. assessment, interventions, outcomes
- D. advocacy, research, education

Answer: B

Rationale: During the Middle Ages, nursing began to have a more clearly defined role. Members of religious orders gave nursing care, nursing orders were founded, and nursing became a respected vocation. Although the Middle Ages ended in chaos, nursing had developed purpose, direction, and leadership. All of the other

answers include concepts that were not developed until much later in history, such as the nursing process (assessment, interventions, outcomes) and continuity, critical thinking, advocacy, and research, all of which were developed in the 20th century.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Nursing Process

Reference: p. 7

5. Who is considered to be the founder of professional nursing?

- A. Dorothea Dix
- B. Lillian Wald
- C. Florence Nightingale
- D. Clara Barton

Answer: C

Rationale: Florence Nightingale is considered to be the founder of professional nursing. Ms. Nightingale elevated the status of nursing to a respected occupation, improved the quality of nursing care, and founded modern nursing education. Although the other choices are people who were important to the development of nursing, none of them is considered the founder. Dorothea Dix was an American activist on behalf of the people who were indigent and suffered from mentally illness who, through a vigorous program of lobbying state legislatures and the United States Congress, created the first generation of American mental health institutions. During the Civil War, Ms. Dix served as a Superintendent of Army Nurses. Lillian Wald founded the Henry Street Settlement in New York City and was an early advocate to have nurses in public schools. Clara Barton was a pioneering nurse who founded the American Red Cross.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Nursing Process

Reference: p. 10

6. Which nursing pioneer established the Red Cross in the United States in 1882?

- A. Florence Nightingale
- B. Clara Barton
- C. Dorothea Dix
- D. Jane Addams

Answer: B

Rationale: Clara Barton volunteered to care for wounds and feed union soldiers during the civil war, served as the supervisor of nurses for the Army of the James,

organized hospitals and nurses, and established the Red Cross in the United States in 1882. Dorothea Dix created the first generation of American mental asylums. Jane Addams was known as the "mother" of social work. Florence Nightingale was an English social reformer and statistician, and the founder of modern nursing.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Nursing Process

Reference: p. 10

7. Teaching a client about performing a self examination of the skin is an example of what broad aim of nursing?

- A. treating illness
- B. preventing illness
- C. restoring health
- D. facilitating coping

Answer: B

Rationale: Nurses primarily prevent illness by teaching and personal example. Illness prevention activities focus on avoiding illness or achieving early detection of an illness, such as skin cancer. Treating illness involves nursing interventions for people who have surgery or are ill. Facilitating coping is involved with easing transitions to new states of being. Restoring health involves helping clients return to a former level of health after experiencing an illness or injury.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 15

8. A nurse practitioner is caring for a couple who are the parents of an infant diagnosed with Down syndrome. The nurse makes referrals for a parent support group for the family. This is an example of which nursing role?

- A. teacher/educator
- B. leader
- C. counselor
- D. collaborator

Answer: C

Rationale: Counseling skills involve the use of therapeutic interpersonal communication skills to provide information, make appropriate referrals, and facilitate the client's problem-solving and decision-making skills. The teacher/educator uses communication skills to assess, implement, and evaluate individualized teaching plans to meet learning needs of clients and their families. A

leader displays an assertive, self-confident practice of nursing when providing care, effecting change, and functioning with groups. The collaborator uses skills in organization, communication, and advocacy to facilitate the functions of all members of the health care team as they provide client care.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Caring

Reference: p. 13

9. A nurse is providing nursing care in a neighborhood clinic to single, pregnant adolescents. Which action has the nurse acting in the role of counselor?

A. discussing the legal aspects of adoption for pregnant adolescents wishing to place their newborn with a family

B. searching the Internet for information on child care services for the postpartum adolescent who wishes to return to school

C. conducting a client interview and documenting the information on the adolescent's chart

D. referring an adolescent who admits having suicidal thoughts to a mental health care specialist

Answer: D

Rationale: The role of the counselor includes making appropriate referrals.

Discussing legal issues is the role of the advocate. Searching for information on the Internet is the role of a researcher. Conducting a client interview would fall under the role of the caregiver.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 13

10. A nurse explains the concept of health to a client when establishing health promotion goals with the client. Which statement by the client indicates that the nurse's teaching has been effective?

A. Health is a state of optimal functioning.

B. Health is an absence of illness.

C. Health is always an objective state.

D. Health is not determined by the client.

Answer: A

Rationale: Health is a state of optimal functioning or well-being. As defined by the World Health Organization, one's health includes physical, social, and mental components and is not merely the absence of disease or infirmity. Health is often a

subjective state; a person may be medically diagnosed with an illness but still consider themselves healthy.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 14

11. Which is a criterion that defines nursing as a profession?

- A. an undefined body of knowledge
- B. a dependence on the medical profession
- C. an ability to diagnose medical problems
- D. a strong service orientation

Answer: D

Rationale: Nursing is recognized increasingly as a profession based on the following defining criteria: well-defined body of specific and unique knowledge, strong service orientation, recognized authority by a professional group, code of ethics, professional organization that sets standards, ongoing research, and autonomy. Nursing is not defined by the ability to diagnose medical problems.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Nursing Process

Reference: p. 16

12. What is the primary purpose of standards of nursing practice?

- A. to provide a method by which nurses perform skills safely
- B. to ensure knowledgeable, safe, comprehensive nursing care
- C. to establish nursing as a profession and a discipline
- D. to enable nurses to have a voice in health care policy

Answer: B

Rationale: Each nurse is accountable for their own quality of practice and is responsible for using standards to ensure knowledgeable, safe, comprehensive care. Standards of practice do not provide the ability to safely perform skills, establish nursing as a profession and discipline, or enable nurses to have a voice in health care policy.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Nursing Process

Reference: p. 20

13. After graduating from an accredited program in nursing and successfully passing the NCLEX, the nurse must take which action to obtain the legal right to practice?

- A. Enroll in an advanced degree program
- B. File NCLEX results in the county of residence
- C. Be licensed by the State Board of Nursing
- D. Submit a signed letter confirming graduation

Answer: C

Rationale: The Board of Nursing in each state has the legal authority to allow graduates of approved schools of nursing to take the licensing examination. Those who successfully meet the requirements for licensure are given a license to practice nursing in the state. It is illegal to practice nursing without a license issued by the State Board of Nursing. A nurse does not have the legal right to practice nursing by enrolling in an advanced degree program, filing NCLEX results, or having a letter confirming graduation.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Nursing Process

Reference: p. 20

14. A health care facility determined that a nurse employed on a medical unit was documenting care that was not being given, and subsequently reported the action to the State Board of Nursing. How might this affect the nurse's license to practice nursing?

- A. It will have no effect on the nurse's ability to practice nursing.
- B. The nurse can practice nursing at a lower-skilled level.
- C. The nurse's license may be revoked or suspended.
- D. The nurse's license will permanently carry a felony conviction.

Answer: C

Rationale: The license and the right to practice nursing can be denied, revoked, or suspended for professional misconduct such as a crime. Other areas of professional misconduct which can be charged as committing a felony include incompetence, negligence, and chemical impairment. Committing a felony does affect the legal right to practice nursing, does not allow the nurse to practice at a lower level, and is not attached to the license, but rather the licensee.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Nursing Process

Reference: p. 20

15. A nurse is caring for a client with alcohol use disorder. The nurse educates the client about the harmful effects of alcohol and educates the family on how to cope with the client and the client's disorder. Which type of skill is the nurse using?

- A. caring
- B. comforting
- C. counseling
- D. assessment

Answer: C

Rationale: The nurse is using counseling skills to educate the client about the harmful effects of alcohol. The nurse can also suggest rehabilitative care for the client. The nurse uses therapeutic communication techniques to encourage verbal expression and to understand the client's perspective. Caring, comforting, and assessment may require active listening, but counseling is based upon the active listening and interaction between the client and the counselor.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Communication and Documentation

Reference: p. 13

16. A nurse is caring for a client with quadriplegia who is fully conscious and able to communicate. What skill of the nurse would be the **most** important for this client?

- A. comforting
- B. assessment
- C. counseling
- D. caring

Answer: D

Rationale: The client needs assistance in performing activities of daily life. This would require implementation of caring skills from the nurse. Comforting, counseling, and assessment skills are also required, but the priority is the caring skill. Comforting skills involve providing safety and security to the client, whereas counseling skills are implemented while providing health education and emotional support. Assessment skills would be required when collecting data from the client.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Caring

Reference: p. 13

17. A nurse is assigned a client who has been admitted to the health care facility with high fever. Which nursing skill should the nurse use at the **first** contact with the client?

- A. assessment
- B. caring
- C. comforting
- D. counseling

Answer: A

Rationale: On admission of a client to a health care facility, the nurse must conduct an initial assessment of the client that includes interviewing, observing, and examining the client. Caring skills would be used once the nursing needs are determined. Comforting and counseling would not be priorities for a client with a fever.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Nursing Process

Reference: p. 15

18. A nurse is caring for a client with a hernia. Which statement should the nurse use while counseling the client about this condition?

- A. "Open hernioplasty is the best surgery for you."
- B. "Open and laparoscopic hernioplasty are available."
- C. "You are not a suitable candidate for hernioplasty."
- D. "I had a bad experience when I underwent hernioplasty."

Answer: B

Rationale: A counselor should provide the client with unbiased information from which to choose. Therefore, the statement that "Open and laparoscopic hernioplasty are available" should be used by the nurse when counseling a client with hernia. The nurse should, however, refrain from giving a personal opinion, so it should not be mentioned which surgery is best for the client; likewise, the nurse should not bring up the nurse's own past experiences. By reserving personal opinions, a nurse promotes the right of every person to make their own decisions and choices on matters affecting health and illness care. Discussing the client's suitability for surgery or recommending one type of surgery as being best for the client may be biased from the nurse's own past experiences.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Physiological Integrity: Physiological Adaptation

Integrated Process: Communication and Documentation

Reference: p. 13

19. A registered nurse assigns the task of tracheostomy suctioning of a client to the licensed practical nurse (LPN). The LPN informs the nurse that the LPN has never performed the procedure on a client. Which is the **most** appropriate response from the registered nurse?

- A. "You are through with your theory class, so you should know."
- B. "Ask for help from a nurse who knows how to perform the procedure."
- C. "Review the procedure manual and act accordingly."
- D. "I will help you in performing the procedure on the client."

Answer: D

Rationale: Although the registered nurse has assigned the task to the LPN, the overall responsibility lies with the registered nurse. The registered nurse is answerable for the client's care, not the LPN. Telling the LPN that the LPN should know the procedure because it is taught in class is inappropriate; putting theory into application would require supervision. Asking the LPN to refer to the manual and perform the procedure is incorrect because the LPN may make mistakes. The LPN is not confident about the procedure and therefore should not be asked to do the task alone or with another nurse who knows the procedure.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Nursing Process

Reference: p. 29

20. A nurse at a health care facility provides information, assistance, and encouragement to clients during the various phases of nursing care. In which activity does the nurse use counseling skills?

- A. educating a group of 13-year-old children about AIDS
- B. telling a client to localize the pain in the abdomen
- C. encouraging a client to walk without support
- D. assisting a lactating parent in feeding the infant

Answer: A

Rationale: The activity of educating a group of 13-year-old children about AIDS is based on the nurse using counseling skills. Telling a client to localize the pain is an assessment skill. Encouraging a client to walk without support can be both a comforting skill and a caring skill. Assisting a lactating parent in feeding the infant is an example of a caring skill.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 13

21. A student wants to attend a nursing program that prepares its graduates for both staff and managerial positions. Which type of nursing program should the nurse suggest for this student?

- A. hospital-based diploma
- B. baccalaureate nursing program
- C. associate degree program
- D. continuing nursing program

Answer: B

Rationale: Baccalaureate-prepared nurses have the greatest potential for qualifying for nursing positions at both staff and managerial levels. Hospital-based diploma programs are 3-year courses and provide maximum exposure to clinical nursing. Students becoming nurses through the associate degree program would not be expected to work in a management position. Continuing nursing programs are on-the-job educational programs.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Teaching/Learning

Reference: p. 18

22. A registered nurse adheres to the American Nurses Association's (ANA) standard of professional performance by engaging in:

- A. assessment.
- B. diagnosis.
- C. evaluation.
- D. collaboration.

Answer: D

Rationale: Collaboration is designated in ANA's standard of professional performance. Assessment, diagnosis, and evaluation are not designated in ANA's standard of professional performance. They are professional nursing responsibilities designated in ANA's standard of care list.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Nursing Process

Reference: p. 18

23. During the clinical rotation, a nurse documents the vital signs of a client on the bedside chart. What role is the nurse playing in such a situation?

- A. Decision-maker
- B. Communicator
- C. Coordinator

D. Client advocate

Answer: B

Rationale: There are many ways that the nurse communicates client information to members of the health treatment team. In this situation the nurse is providing, in written form, the client's vital signs to be available at point of care for team members checking the bedside chart during clinical rounds, so the nurse acts as a communicator. Other strategies of oral communication include the nurse making decisions on behalf of a client, or serving in the role of a coordinator or a client advocate. When the nurse coordinates services offered by a variety of health care professionals, the nurse acts as a coordinator. As a client advocate, the nurse should protect the client, understanding the client's needs and concerns. None of these things are occurring in this scenario.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Communication and Documentation

Reference: p. 13

24. Which key figure was responsible for recruiting and equipping the army with a corps of nurses?

- A. Dorothea Dix
- B. Lillian Wald
- C. Florence Nightingale
- D. Isabel Hampton Robb

Answer: A

Rationale: Dorothea Dix served as superintendent of the Female Nurses of the Army during the Civil War and was given the authority and the responsibility for recruiting and equipping a corps of army nurses. Lillian Wald established a neighborhood nursing service for the sick and poor in New York City and is considered the founder of public health nursing. Florence Nightingale initiated major reforms in health care and nursing training that helped establish the modern profession of nursing. Isabel Hampton Robb was a leader in nursing and nursing education who established the nursing school at Johns Hopkins Hospital.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Nursing Process

Reference: p. 10

25. The director of nursing (DON) of a major hospital is seeking to hire a nurse with a strong technical background to care for clients on a busy surgical unit. The DON is **most** likely going to hire a nurse prepared at which level of nursing?

- A. doctoral level
- B. master's level
- C. baccalaureate level
- D. associate level

Answer: D

Rationale: Associate degree education prepares nurses to give care to patients in various settings, including hospitals, long-term care facilities, and home health care and other community settings. Graduates are technically skilled and well prepared to carry out nursing roles and functions. As defined by the National League for Nursing (NLN), competencies of the ADN on entry into practice encompass the roles of provider of care, manager of care, and member of the discipline of nursing. In BSN programs, the major in nursing is built on a general education base, with concentration on nursing at the upper level. Students acquire knowledge of theory and practice related to nursing and other disciplines, provide nursing care to individuals and groups, work with members of the health care team, use research to improve practice, and have a foundation for graduate study. Master's and doctoral prepared nurses possess higher degrees and expertise.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Nursing Process

Reference: p. 17

26. A student is choosing an educational path and desires a nursing degree with a track for community nursing and leadership and that allows for classes in liberal arts. The student would **best** be suited in which type of program?

- A. licensed practical nursing program
- B. certification in a nursing specialty
- C. diploma nursing program
- D. baccalaureate program

Answer: D

Rationale: In BSN programs, the major in nursing is built on a general education base, with concentration on nursing at the upper level. Students acquire knowledge of theory and practice related to nursing and other disciplines, provide nursing care to individuals and groups, work with members of the health care team, use research to improve practice, and have a foundation for graduate study. It includes a focus on nursing leadership skills with additional requirements for clinical practice labs and clinical internships throughout its duration. Licensed practical nursing programs, certification in a nursing specialty, and diploma nursing programs are shorter length programs whose curriculum is focused more on clinical nursing skills.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Reference: p. 18

27. The client's plan of care is created by the nurse using which guideline for nursing practice?

- A. Nursing process
- B. Nursing's Social Policy Statement
- C. Nurse practice act
- D. ANA Standards of Nursing Practice

Answer: A

Rationale: Nursing process is used by nurses to identify the client's strengths, limitations, and health care needs; to formulate a plan of care to address the health care needs; to plan and implement a plan of care to meet those health care needs; and to evaluate the effectiveness of the plan to achieve established outcomes. The ANA Standards of Nursing Practice defines the activities of nurses that are specific and unique to nursing. Nurse practice acts are laws established by each state to regulate the practice of nursing. Nursing's Social Policy Statement describes the values and social responsibility of nursing, provides a definition and scope of practice for nursing and nursing's knowledge base, including the methods by which nursing is regulated.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Nursing Process

Reference: p. 21

28. Organize these events in chronological order, beginning with the earliest (1) and ending with the most recent (5).

- A. During the Crusades, religious orders provided nursing care to the sick.
- B. Florence Nightingale administered care to British soldiers during the Crimean War.
- C. Mary Eliza Mahoney graduated from the New England Hospital for Women and Children as America's first African American nurse.
- D. Clara Barton organized the American Red Cross.
- E. Margaret Sanger advocated for contraception and family planning in the United States.

Answer: A, B, C, D, E

Rationale: During the Crusades, religious orders provided nursing care to the sick. Florence Nightingale administered care to British soldiers during the Crimean War. Mary Eliza Mahoney graduated from the New England Hospital for Women and Children as America's first African American nurse. Clara Barton organized the

American Red Cross. Margaret Sanger advocated for contraception and family planning in the United States.

Question format: Drag and Drop

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Nursing Process

Reference: p. 7

29. The nurse is administering immunizations to a group of adolescents in a county health clinic. The nurse correctly identifies this action as:

- A. illness prevention.
- B. restorative care.
- C. treatment of disease.
- D. supportive nursing care.

Answer: A

Rationale: The aim of illness prevention activities is to reduce the risk for illness, to promote good health habits, and to maintain optimal functioning. Immunization administration is an example of illness prevention. Assisting with crutch walking and teaching medication administration would be examples of health restoration activities. Administering antibiotics to a client to treat an infection would be an example of treatment of disease. Hospice care is an example of supportive care.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 15

30. A client reports to the emergency department with ankle pain from a minor accident. The nurse asks the client to fully describe the circumstances of the accident. Which ANA standard of nursing practice is **best** demonstrated by the nurse's action?

- A. Assessment
- B. Diagnosis
- C. Ethics
- D. Caring

Answer: A

Rationale: According to ANA Standard 1, the registered nurse collects comprehensive data pertinent to the client's health or the situation. Diagnosis is Standard 2, which occurs when the registered nurse analyzes the assessment data to determine the diagnoses or issues pertaining to the client. Standard 7, ethics, pertains to the ethical guidelines of nursing practice. Caring, although an essential part of nursing practice, is not considered an ANA Standard.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Physiological Integrity: Reduction of Risk Potential

Integrated Process: Nursing Process

Reference: p. 20

31. What is a value(s) of the caring, professional nurse identified by the American Association of Colleges of Nursing (AACN)? Select all that apply.

- A. sympathy
- B. integrity
- C. human dignity
- D. self-sacrifice
- E. autonomy

Answer: B, C, E

Rationale: In 1998, the American Association of Colleges of Nursing (AACN) identified five values of the caring, professional nurse. The five values are altruism, autonomy, human dignity, integrity, and social justice. Sympathy and self-sacrifice are not identified as any of the five values. In fact, sympathy and self-sacrifice have negative connotations.

Question format: Multiple Select

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Caring

Reference: p. 21

32. Which client is an example of "medically homeless"?

- A. the client who sees a family medical doctor as well as an oncologist and a neurologist
- B. the client who visits the public health department
- C. the client who goes to the emergency department for minor issues
- D. the client who sees the nurse practitioner in a nearby clinic

Answer: C

Rationale: According to the Association of American Medical Colleges (AAMC), many Americans are "medically homeless" and find it difficult to navigate the health care system when they need care or advice. The person does not have a primary care provider for health care or advice. Going to the emergency department is not the appropriate entrance into the health care system for minor issues. The person who is a client of several physicians of different specialties, the public health department, or a nurse practitioner has access to the health care system.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

Client Needs: Health Promotion and Maintenance
Integrated Process: Nursing Process
Reference: p. 22

33. The nurse is using the nursing process to plan care for a client who has just been admitted to the hospital. Place in order the steps of the nursing process that the nurse would use for this client. Use all options.

- A. The nurse observes that the client is short of breath, coughing, and expectorating thick, yellow sputum.
- B. The nurse analyzes the data and determines that the client is experiencing an oxygenation problem.
- C. The nurse plans to teach the client about deep breathing, coughing sputum into a tissue, and disposing of the tissue in an appropriate receptacle.
- D. The nurse administers an intravenous antibiotic every 12 hours.
- E. The nurse evaluates lung sounds and vital signs for effectiveness of treatment.

Answer: A, B, C, D, E

Rationale: The steps of the nursing process, in order, are assessing, diagnosing, planning, implementing, and evaluating. Thus, the nurse first assesses the client and observes the client's shortness of breath, coughing, and sputum. Next, the nurse analyzes the data and makes the diagnosis in relation to the client's problem. The third step is planning appropriate interventions, including teaching. The fourth step is implementing, such as administration of medications. The last step in the nursing process is evaluating the effectiveness of the nursing interventions.

Question format: Drag and Drop

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Nursing Process

Reference: p. 21

34. What is a critical challenge to nursing practice in the 21st century as identified by the National Advisory Council on Nurse Education and Practice (NACNEP)?

- A. Hospitalized clients who will be more chronically ill
- B. Rapid advances in technology
- C. An increase in the number of middle-aged clients who will be hospitalized
- D. Health care costs that will initially stabilize

Answer: B

Rationale: The National Advisory Council on Nurse Education and Practice (NACNEP) identifies critical challenges to nursing practice in the 21st century: a growing population of hospitalized clients who are older and more acutely ill, increasing health care costs, and the need to stay current with rapid advances in medical knowledge and technology. Complicating these challenges are an existing shortage of nurses (more acute in some regions than others), an aging nurse workforce, and prospects of a worsening nurse shortage. Health care costs will not stabilize.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Remember

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

Integrated Process: Nursing Process

Reference: p. 21

35. Which are examples of the Institute of Medicine's (IOM) recommendations for transforming the nursing profession? Select all that apply.

- A. The associate degree nurse enrolls in a program to obtain a bachelor's degree in nursing without taking any additional courses.
- B. The nurse participates in a statewide committee with other health professionals and legislators to address human trafficking.
- C. The nurse implements a research study addressing an increase in hospitalized clients with heart failure.
- D. The nurse practitioner practicing in one state is moving to another state that has a scope of practice that is more limiting.
- E. The chief nursing officer at the hospital is a non-voting board member.

Answer: A, B, C

Rationale: The four key messages underlying the IOM's recommendations for transforming the nursing profession are as follows: 1. Nurses should practice to the full extent of their education and training; 2. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression; 3. Nurses should be full partners, with health care providers and other health professionals, in redesigning health care in the United States; 4. Effective workforce planning and policy making require better data collection and an improved information infrastructure. The nurse who initiates a research study is an example of practicing to the full extent of education and training. Another recommendation is that nurses should achieve higher levels of education through a seamless academic process. An example of this is the associate degree nurse who is able to enter a bachelor's degree program without taking additional courses. Another recommendation is the nurse should be a full partner in redesigning health care. An example is the nurse on a statewide committee addressing human trafficking. The scope of practice for the nurse practitioner varies according to the laws in each state. The chief nursing officer should be a *voting* member of the hospital board.

Question format: Multiple Select

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Understand

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

Integrated Process: Nursing Process

Reference: p. 22

36. The nurse is caring for a client who has been quarantined at home for 2 weeks. What nursing intervention can facilitate self-care behavior?

- A. Assessing client's energy availability for age and state of health

- B. Assessing community's availability of food preparation companies
- C. Ensuring client's prescriptions for antianxiety and sleep medication have been delivered
- D. Providing client with transportation to physical therapy appointments

Answer: A

Rationale: A client who is quarantined must be evaluated for the ability to engage in self-care activities to meet basic physiologic needs. Another aspect to evaluate involves determining how much energy is available to ensure the safety of the environment. Human needs of nutrition and metabolism encompass food knowledge, food preparation, finances, and culture. However, food preparation companies do not promote or facilitate self-care. Although sleep and rest are primary human needs that may help or hinder self-care, antianxiety and sleep medication are not always the best option for every client; the nurse would first determine the underlying cause for poor sleep. Therefore, ensuring delivery would not be appropriate until the nurse has determine the client's need and ability to follow medication protocol. While the community may not have adequate transportation for its members to engage in exercise or activity, it is not the nurse's role to provide transportation for the client.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 14

37. The nurse receives an x-ray report confirming a leg fracture in a newly admitted client. Which action will the nurse initiate based on the x-ray finding?
- A. Communicate these findings to the appropriate health care team members.
 - B. File the report in the client's chart.
 - C. Assess the client's fracture and determine the client's pain level.
 - D. Call and inform the client's spouse about the report.

Answer: A

Rationale: Nurses are positioned to receive timely medical information on clients that other members of the health care team should receive expeditiously. Therefore, the nurse is acting in a role as communicator to assure that actions are taken in response to new medical information to provide quality care. This is an excellent example of critical thinking in action: to not delay client care that could have dire consequences and requires the most immediate action between nurse and health care provider. This information should be entered into the client's health care record after informing the health care team members. Assessing the client's leg and determining the client's pain level should be ongoing. Calling and informing the spouse of the information can occur after the health care team members are informed.

Question format: Multiple Choice

Chapter 1: Introduction to Nursing and Professional Formation

Cognitive Level: Apply

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

Integrated Process: Communication and Documentation

Reference: p. 13