
31) The manager of a maternal-child care area is preparing information to share with nursing staff regarding the leading causes of infant death in the United States. In which order, from most to least frequent, should the manager provide this information?

1. SIDS
2. Low birth weight
3. Unintentional injuries
4. Maternal complications
5. Congenital malformation

Answer: 5, 2, 1, 4, 3

Explanation: The five leading causes of deaths of infants in the United States, from highest to lowest in frequency, are congenital malformations, low birth weight, SIDS, maternal complications, and unintentional injuries.

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Cognitive Level: Applying

Client Need/Sub: Safe and Effective Care Environment: Management of Care

Standards: QSEN Competencies: I.A. 1. Integrate understanding of multiple dimensions of patient centered care. | AACN Essentials Competencies: V. 6. Explore the impact of socio-cultural, economic, legal and political factors influencing healthcare delivery and practice. | NLN Competencies: Relationship Centered Care; Knowledge; The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Implementation; Teaching/Learning.

Learning Outcome: 6 Evaluate the potential impact of some of the special situations in contemporary maternity care.

MNL LO: Recognize contemporary issues related to care of the childbearing family.

Old's Maternal-Newborn Nursing and Women's Health, 11e (Davidson/London/Ladewig)
Chapter 2 Families, Cultures, and Complementary Therapies

1) A couple who came to the United States two years ago with their two children are seeing the nurse in the community clinic. The nurse knows their family is acculturating when the mother makes which statement?

- A) "The children are much less well-behaved than they used to be."
- B) "Our diet now includes hamburgers and French fries."
- C) "We celebrate the same holidays that we used to at home."
- D) "When the children leave the house, I worry about them."

Answer: B

Explanation: A) Concern about behavior of the children is nearly universal, and is not an indicator of a family's acculturation.

B) Inclusion of fast food in the diet is an indication of acculturation, because it shows a belief in the nutritional value of these foods and an acceptance of purchasing fast food as equivalent in value to home-cooked meals.

C) The holidays that are celebrated might not change as a part of acculturation.

D) Concern about the children leaving the home is universal, and is not an indicator of a family's acculturation.

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Cognitive Level: Understanding

Client Need/Sub: Psychosocial Integrity: Cultural Awareness/Cultural Influences on Health

Standards: QSEN Competencies: I. B. 3. Provide patient-centered care with sensitivity and respect for the diversity of human experience. | AACN Essentials Competencies: VII. 7. Collaborate with other healthcare professionals and patients to provide spiritually and culturally appropriate health promotion and disease and injury prevention interventions. | NLN Competencies: Relationship-Centered Care: Appreciate the patient as a whole person, with his or her own life story and ideas about the meaning of health or illness. | Nursing/Integrated Concepts: Nursing Process: Assessment.
Learning Outcome: 1 Compare the characteristics of different types of families.
MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

2) Which of the following best describes a nuclear family?

A) An unmarried woman who chooses to conceive or adopt without a life partner.

B) Children live in a household with both biologic parents and no other relatives or persons.

C) A couple shares household and childrearing responsibilities with parents, siblings, or other relatives.

D) The head of the household is widowed, divorced, abandoned, separated, or most often, the mother remains unmarried.

Answer: B

Explanation: A) The single mother by choice family represents a family composed of an unmarried woman who chooses to conceive or adopt without a life partner.

B) In the nuclear family, children live in a household with both biologic parents and no other relatives or persons.

C) In an extended family, a couple shares household and childrearing responsibilities with parents, siblings, or other relatives.

D) In the single-parent family, the head of the household is widowed, divorced, abandoned, separated, or most often, the mother remains unmarried.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials

Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care:

The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.

Learning Outcome: 1 Compare the characteristics of different types of families.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

3) What is the term for when children alternate between two homes, spending varying amounts of time with each parent in a situation called *co-parenting* and usually involving joint custody?

- A) Blended or reconstituted nuclear family
- B) Extended kin network family
- C) Binuclear family
- D) Extended family

Answer: C

Explanation: A) The blended or reconstituted nuclear family includes two parents with biologic children from a previous marriage or relationship who marry or cohabitate.

B) An extended kin network family is a specific form of an extended family in which two nuclear families of primary or unmarried kin live in proximity to each other.

C) A binuclear family is a post-divorce family in which the biologic children are members of two nuclear households, with parenting by both the father and the mother.

D) In an extended family, a couple shares household and childrearing responsibilities with parents, siblings, or other relatives.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials

Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care:

The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.

Learning Outcome: 1 Compare the characteristics of different types of families.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

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- 4) Duvall's eight stages in the family life cycle of a traditional nuclear family have been used as the foundation for contemporary models that describe the developmental processes and role expectations for different family types. Which of the following is an example of Stage IV of this family life cycle?
- A) Families launching young adults (all children leave home)
 - B) Families with preschool-age children (oldest child is between 2.5 and 6 years of age)
 - C) Middle-aged parents (empty nest through retirement)
 - D) Families with schoolchildren (oldest child is between 6 and 13 years of age)

Answer: D

Explanation: A) Stage VI is families launching young adults (all children leave home).

B) Stage III is families with preschool-age children (oldest child is between 2.5 and 6 years of age).

C) Stage VII is middle-aged parents (empty nest through retirement).

D) Stage IV is families with schoolchildren (oldest child is between 6 and 13 years of age).

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials

Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care:

The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Implementation.

Learning Outcome: 2 Identify the stages of a family life cycle.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

5) A 7-year-old client tells the nurse that "Grandpa, Mommy, Daddy, and my brother live at my house." The nurse identifies this as what type of family?

- A) Binuclear
- B) Extended
- C) Gay or lesbian
- D) Traditional

Answer: B

Explanation: A) A binuclear family includes divorced parents with joint custody of their biologic children, who alternate spending varying amounts of time in the home of each parent.

B) An extended family consists of a couple who share the house with their parents, siblings, or other relatives.

C) A gay or lesbian family is composed of two same-sex domestic partners; they might not have children.

D) The traditional nuclear family consists of a husband provider, a wife who stays home, and the biologic children of this union.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials

Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care:

The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.

Learning Outcome: 1 Compare the characteristics of different types of families.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

6) A nurse is performing an assessment on a family with a father and mother who both work. What type of family does she record this family as being?

- A) A traditional nuclear family
- B) A dual-career/dual-earner family
- C) An extended family
- D) An extended kin family

Answer: B

Explanation: A) The traditional nuclear family is defined as a husband provider, a wife who stays home, and children.

B) A dual-career/dual-earner family is characterized by both parents working, either by choice or necessity.

C) An extended family is defined as a couple who share household and childrearing responsibilities with parents, siblings, or other relatives.

D) An extended kin family is a specific form of an extended family in which two nuclear families of primary or unmarried kin live in close proximity to each other.

Page Ref: 17

Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. A. 2. Describe how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values. | AACN Essentials

Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care:

The role of family, culture, and community in a person's development. | Nursing/Integrated Concepts: Nursing Process: Assessment.

Learning Outcome: 1 Compare the characteristics of different types of families.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

7) Why is it important for the nurse to understand the type of family that a client comes from?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

- A) Family structure can influence finances.
- B) Some families choose to conceive or adopt without a life partner.
- C) The nurse can anticipate which problems a client will experience based on the type of family the client has.
- D) Understanding if the client's family is nuclear or blended will help the nurse teach the client the appropriate information.
- E) The values of the family will be predictable if the nurse knows what type of family the client is a part of.

Answer: A, B

Explanation: A) Single-parent families often face difficulties because the sole parent may lack social and emotional support, need assistance with childrearing issues, and face financial strain.

B) In the single mother by choice family, the mother is typically older, college-educated, and financially stable and has contemplated pregnancy significantly prior to conceiving.

C) Each client and family must be assessed as individuals, without making assumptions. Although generalities can be drawn based on the type of family that a client comes from or currently is part of, stereotypes must be avoided.

D) Each client and family must be assessed as individuals, without making assumptions. Although generalities can be drawn based on the type of family that a client comes from or currently is part of, stereotypes must be avoided.

E) Each client and family must be assessed as individuals, without making assumptions. Although generalities can be drawn based on the type of family that a client comes from or currently is part of, stereotypes must be avoided.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. B. 3. Provide patient-centered care with sensitivity and respect for the diversity of human experience. | AACN Essentials Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Promote and accept the patient's emotions; accept and respond to distress in patient and self; facilitate hope, trust, and faith. | Nursing/Integrated Concepts: Nursing Process: Assessment.

Learning Outcome: 1 Compare the characteristics of different types of families.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

8) The public health nurse is working with a student nurse. The student nurse asks which of the six groups of people they have seen today are considered to be families. How should the nurse respond?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

- A) "The married heterosexual couple without children"
- B) "The gay couple with two adopted children"
- C) "The unmarried heterosexual couple with two biological children"
- D) "The lesbian couple not living together that have no children"
- E) "The married heterosexual couple with three children, living with grandparents"

Answer: A, B, C, E

Explanation: A) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. A couple without children is still a family.

B) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. Gay and lesbian families are those in which two or more people who share a same-sex orientation live together, or in which a gay or lesbian single parent rears a child.

C) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. A family may be formed without a legal marriage.

D) A couple not living together and without children together are considered dating and not yet a family.

E) Families take many forms in today's society. The basis for people to be considered a family is a commitment to one another and the sharing of responsibilities, chores, and expenses. Extended family members, including parents or grandparents, will often live with their adult children or grandchildren, creating intergenerational families.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. C. 5. Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds. | AACN Essentials Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care: Demonstrate self-awareness, self-care, self-growth, be open and nonjudgmental. | Nursing/Integrated Concepts: Nursing Process: Assessment.

Learning Outcome: 1 Compare the characteristics of different types of families.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.

9) In assessing a new family coming to the clinic, the nurse determines they are an extended kin family because the family exhibits what as characteristics of an extended kin network family?

Note: Credit will be given only if all correct choices and no incorrect choices are selected.

Select all that apply.

- A) A sharing of a social support network
- B) Each family establishes their own sources of goods and services
- C) Elderly parents share housing
- D) Children are members of two nuclear families
- E) A sharing of goods and services

Answer: A, E

Explanation: A) Extended kin family networks share a social support network.

B) Extended kin family networks share goods and services, rather than establishing their own sources of goods and services.

C) Elderly parents sharing a household is a feature of the extended family system.

D) Children being members of two nuclear families applies to the binuclear family.

E) Extended kin family networks share goods and services.

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Cognitive Level: Understanding

Client Need/Sub: Health Promotion and Maintenance: Developmental Stages and Transitions

Standards: QSEN Competencies: I. B. 1. Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluation of care. | AACN Essentials

Competencies: VII. 3. Assess health/illness beliefs, values, attitudes, and practices of individuals, families, groups, communities, and populations. | NLN Competencies: Relationship-Centered Care:

Demonstrate self-awareness, self-care, self-growth; be open and non-judgmental. | Nursing/Integrated Concepts: Nursing Process: Assessment.

Learning Outcome: 1 Compare the characteristics of different types of families.

MNL LO: Demonstrate ability to incorporate culturally competent care for patients and families.