

## Stanhope: Community Health Nursing in Canada, Second Canadian Edition

### Chapter 03: COMMUNITY HEALTH NURSING IN CANADA: SETTINGS, FUNCTIONS, AND ROLES

#### Test Bank

#### MULTIPLE CHOICE

1. Which of the following best describes the concept of *public health*?
  - a. A population health approach designed to prevent disease, promote health, and protect populations
  - b. Health care provision offered in primary and secondary institutions or in clients' homes
  - c. Provision of health care services in institutions located in the community but outside the hospital
  - d. Use of the nursing process and evidence-informed practice to meet the objectives for community health improvement

ANS: A

In Canada, public health takes a population health approach to protecting and promoting health and preventing disease for all Canadians. Public health nurses (PHNs) work with many partners, both within the public health unit or health authority (e.g., nutritionists, epidemiologists, dental hygienists, health inspectors) and external to the health unit (e.g., community coalitions for heart health, cancer screening, diabetes, and obesity prevention; school and hospital administrators; regional planners; social service and child-care workers; lobbyists for health issues such as antismoking legislation and homelessness).

DIF: Cognitive Level: Comprehension REF: pp. 78–79 OBJ: 9  
TOP: CRNE Competency: Health and Wellness

2. The increasing complexity of societal needs and rapid changes in public health no longer allow adequate time for on-the-job training and education. As a result, which of the following is the current minimum level of educational preparation for a military nurse?
  - a. Training as a registered practical nurse
  - b. Training as a registered nurse
  - c. A baccalaureate degree in nursing
  - d. A master of science degree in nursing

ANS: C

Educational preparation for military nurses should be at least a baccalaureate degree.

DIF: Cognitive Level: Knowledge REF: p. 79 OBJ: 5  
TOP: CRNE Competency: Professional Practice

3. Which of the following is a core competency required of PHNs?
  - a. Advanced knowledge in the use of high-technology diagnostics

- b. Familiarity with current life-support technology
- c. Highly tuned skills for assessment of critically ill clients
- d. Skill in developing policy and planning programs to improve health

ANS: D

Skill in developing policy and planning programs to improve health is part of the set of core public health competencies, which are divided into the following eight domains: 1) Public Health and Nursing Sciences; 2) Assessment and Analysis; 3) Policy and Program Planning, Implementation, and Evaluation; 4) Partnerships, Collaboration, and Advocacy; 5) Diversity and Inclusiveness; 6) Communication; 7) Leadership and Professional Responsibility; and 8) Accountability. The other competencies listed are better suited to nurses who work in tertiary facilities, such as hospitals.

DIF: Cognitive Level: Comprehension REF: p. 78, Box 3-5

OBJ: 3 TOP: CRNE Competency: Professional Practice

4. A public health administrator is in the process of hiring a new PHN. Which of the following statements by a potential employee would raise the greatest concern for the employer?
- a. "I like to be the only person working on a project because individual team members have their own ideas and plans, and the resulting debate slows progress."
  - b. "I prefer to work in teams because no single person has too much responsibility and the burden is shared."
  - c. "Teamwork is better than work done by individuals because teamwork incorporates different perspectives."
  - d. "Whether teamwork is better than work done by individuals depends on the nature of the work being performed."

ANS: A

Working in collaborative partnerships is an essential role of public health nursing. Partnerships and collaboration among groups are much more powerful in making changes than are the individual client and the PHN working separately. Part of the reason for this is that multiple perspectives are examined in the process of arriving at the best solution.

DIF: Cognitive Level: Analysis REF: pp. 78–79 OBJ: 3

TOP: CRNE Competency: Professional Practice

5. Which one of the following is a primary prevention activity for decreasing the incidence of communicable diseases?
- a. Identifying and treating clients in a clinic for sexually transmitted infections (STIs)
  - b. Partnering with school teachers to teach handwashing to elementary school children and observe their techniques
  - c. Providing case management services that link clients with communicable diseases to health care and community support services
  - d. Providing directly observed therapy (DOT) to clients with active tuberculosis (TB)

ANS: B

An example of primary prevention is to educate daycare centres, schools, and the general community about the importance of hand hygiene to prevent transmission of communicable diseases.

DIF: Cognitive Level: Comprehension REF: p. 83, Levels of Prevention box  
OBJ: 4 TOP: CRNE Competency: Health and Wellness

6. A PHN is participating in which activity when tracing the sexual contacts of clients with STIs for screening purposes?
- Primary prevention
  - Secondary prevention
  - Tertiary prevention
  - Secondary and tertiary prevention

ANS: A

Primary prevention activities include contacting and tracing individuals exposed to a client with an active case of TB or an STI. Once contact has been made, the actual screening is a secondary prevention activity.

DIF: Cognitive Level: Comprehension REF: p. 83, Levels of Prevention box  
OBJ: 4 TOP: CRNE Competency: Health and Wellness

7. Through which one of the following actions can the community health nurse (CHN) provide tertiary prevention?
- Disseminating information about mental health to community organizations
  - Partnering with PHNs for early identification of children with mental health challenges
  - Providing case management services that link clients with serious mental illnesses to mental health and community support services
  - Screening clients at high risk for mental disorders

ANS: C

An example of tertiary prevention is the provision of case management services that link clients identified with serious mental illnesses to mental health and community support services.

DIF: Cognitive Level: Comprehension REF: p. 83, Levels of Prevention box  
OBJ: 4 TOP: CRNE Competency: Health and Wellness

8. Which of the following represents the primary difference between parish nursing and all other fields of nursing?
- Affiliation with a church or congregation
  - Incorporation of spiritual aspects into nursing care
  - Provision of holistic nursing care
  - Residence within the community of service

ANS: A

Parish nurses are found in faith congregations, including communities that serve diverse cultures. Parish nurses also serve faith communities in other countries.

DIF: Cognitive Level: Comprehension REF: p. 75 OBJ: 9  
TOP: CRNE Competency: Professional Practice

9. To help congregation members better meet their nutritional needs, a parish nurse encourages them to participate in activities that focus on fellowship, as well as serving healthy meals to both attending and homebound church members. What do programs such as this exemplify?
- Entitlement programs
  - Health ministries
  - Partnerships
  - Pastoral care practices

ANS: B

Health ministries comprise those activities and programs in faith communities that are organized around health and healing to promote whole health across the lifespan. Health ministries' services may be specifically planned or informal and may include visiting the homebound, providing meals for families in crisis or for those returning home after hospitalization, organizing prayer circles, volunteering in community HIV/AIDS care groups, serving "heart healthy" church suppers, and holding regular grief support groups.

DIF: Cognitive Level: Comprehension REF: p. 76 OBJ: 9  
TOP: CRNE Competency: Professional Practice

10. As part of primary prevention, a parish nurse wants to encourage some elementary school students to increase their vigorous exercise. Which action by the parish nurse will help these students attain an improved health status?
- Encouraging families to ensure that the students receive healthy diets and plenty of rest
  - Fostering relationships among families with children of similar ages so that they can work together toward goal attainment
  - Partnering with a youth pastor to establish sports activities that will include those individuals with special needs
  - Working with faith-based school teachers to include in the curriculum teaching about healthy diet and food selection

ANS: C

Parish nursing's goal is to develop and sustain health ministries within faith communities. Some of the usual functions of parish nurses include providing personal health counselling and health education, acting as a liaison between the faith community and the local community, facilitating activities, and providing pastoral care.

DIF: Cognitive Level: Analysis REF: pp. 76–77 OBJ: 4  
TOP: CRNE Competency: Health and Wellness

11. Which statement by a parish nurse exhibits a misunderstanding of the concept of pastoral care?
- "By working with my clients to help them identify their spiritual strengths, I am

- drawing on the pastoral care aspects of practice.”
- b. “I incorporate pastoral care in my practice when I involve the pastor in ministering to the members of the congregation.”
  - c. “I am practising pastoral care when I emphasize the spiritual dimension of nursing while providing care.”
  - d. “Lending support to clients during their times of joy as well as times of sorrow is part of providing pastoral care.”

ANS: B

Pastoral care by a parish nurse implies providing care by stressing the spiritual dimension of nursing, lending support during times of joy and sorrow, guiding the person through health and illness throughout life, and helping identify the spiritual strengths that assist in coping with particular events. The parish nurse is able to provide pastoral care; she or he does not have to involve the pastor.

DIF: Cognitive Level: Analysis REF: pp. 76–77 OBJ: 9  
TOP: CRNE Competency: Professional Practice

12. Through which one of the following interventions can the parish nurse implement primary prevention of obesity in school-aged church members?
- a. Establishing a walking program that is sufficiently challenging, yet not too strenuous, for those who are obese
  - b. Partnering with youth camp cooks to ensure that a nutritious diet is provided
  - c. Supervising height and weight measurements taken by clinic assistants
  - d. Working with parents of obese children to implement lifestyle changes in the family

ANS: B

An example of primary prevention is encouraging the provision of healthy snacks and meals to children and adults at all events inside and outside of school.

DIF: Cognitive Level: Comprehension REF: p. 77, Levels of Prevention box  
OBJ: 4 TOP: CRNE Competency: Health and Wellness

13. What is the basic difference between home health care and other types of health care?
- a. Home health care is individualized care for the client and family.
  - b. Home health care is provided in the client’s environment.
  - c. Reimbursement for home health care is different from that of care provided in institutions.
  - d. Home health care focuses on community health.

ANS: B

Home health care differs from other types of health care in that home health care providers practice in the client’s environment.

DIF: Cognitive Level: Comprehension REF: pp. 61–62 OBJ: 9  
TOP: CRNE Competency: Professional Practice

14. A CHN has just received word that the provincial health care plan will provide compensation for the care that she provided to a homeless man with schizophrenia, who was unwilling to come to the clinic to receive health care. How can this type of nursing service be best classified?
- Community-oriented nursing
  - Home health nursing
  - Hospice nursing
  - Private duty nursing

ANS: B

Home health nursing is provided in the client's environment, wherever that may be. "Home" may be a house, apartment, trailer, boarding and care home, shelter, car, makeshift shelter under a bridge, or cardboard box.

DIF: Cognitive Level: Comprehension REF: pp. 61–62 OBJ: 2  
TOP: CRNE Competency: Professional Practice

15. Which of the following is the best way a home health nurse (HHN) can help a client who has right-sided paresis secondary to a stroke?
- Arranging for private duty nurses to assist the client with daily needs
  - Assisting the client with activities of daily living (ADLs)
  - Teaching self-care to the client
  - Teaching the family to assist the client with ADLs

ANS: C

Because home health care is often intermittent, a primary objective for the HHN is to facilitate self-care. This allows clients to have some control over their lives and activities and can help prevent hopelessness and a loss of self-esteem. Although assistance may be provided occasionally, this comes after helping clients help themselves.

DIF: Cognitive Level: Analysis REF: p. 64 OBJ: 3  
TOP: CRNE Competency: Changes in Health

16. An HHN in training states, "I don't understand why we have to collaborate with so many other disciplines. Doesn't this conflict with the concept of holistic nursing practice?" Which of the following statements would be the best response by an experienced colleague?
- "The nurse still functions holistically; however, interdisciplinary collaboration is necessary to prevent fragmentation of care."
  - "Holistic nursing is a concept applied to care in tertiary facilities such as hospitals, where materials are centrally located in one facility. In home health, this is not possible."
  - "Even though home health nursing is not as holistic as other areas of community health nursing, each discipline contributes to client needs from its special knowledge base."
  - "Yes, it does create conflict, but we as nurses are mandated to practise interdisciplinary collaboration."

ANS: A

Home health nursing involves interdisciplinary care. *Coordination of care* provided by an interdisciplinary team is an essential indirect function of the HHN. Team conferences are an ideal time for enhancing collaboration and continuity of services for optimal client care and use of resources and services. Without effective collaboration, there would be no continuity of care and the client's home care program would be fragmented. This does not conflict with the concept of holism, however. Holism does not require that the HHN provide all services (i.e., direct client care). Many services, such as coordination of care, provide indirect care and contribute to holistic nursing care provision.

DIF: Cognitive Level: Analysis                      REF: p. 64                      OBJ: 3  
TOP: CRNE Competency: Health and Wellness

17. A family member asks an HHN to explain the concept of hospice care. Which of the following actions would the HHN need to include as the fundamental underlying philosophy of hospice?
- Making it possible for the client to die at home
  - Ensuring that the client's living will is honoured
  - Placing experts in the position of power of attorney
  - Providing comfort measures before death

ANS: D

*Hospice care* refers to the delivery of palliative care to the very ill and dying, offering both respite and comfort. If the client and family agree, hospice care can be comfortably delivered at home with family involvement under the direction and supervision of health care providers, especially a home health nurse.

DIF: Cognitive Level: Comprehension              REF: p. 65                      OBJ: 3  
TOP: CRNE Competency: Changes in Health

18. In an effort to prevent drug abuse among junior high-school students, a CHN has enlisted the assistance of high-school role models in the areas of both sports and scholarship for an antidrug presentation. Which level of prevention is represented by this activity?
- Primary prevention
  - Secondary prevention
  - Tertiary prevention
  - Both primary and secondary prevention

ANS: A

CHNs partner with the community to develop programs in response to identified needs. Primary prevention interventions by the CHN include educating children and adolescents about the effects of illegal drugs (e.g., marijuana, cocaine, and heroin) and alcohol abuse. By educating students, the CHN helps them stay away from these harmful substances. It is not both primary and secondary because secondary prevention involves screening, which would not take place in this instance.

DIF: Cognitive Level: Application                      REF: p. 83, Levels of Prevention box  
OBJ: 4                      TOP: CRNE Competency: Health and Wellness

19. The CHN has arranged for students in all classes at the local school to receive visual acuity testing to determine if they need glasses. Which level of prevention is represented by this activity?
- Primary
  - Secondary
  - Tertiary
  - Both primary and secondary

ANS: B

CHNs implement screening programs for genetic disorders or metabolic deficiencies in newborns; breast, cervical, and testicular cancers; diabetes; hypertension; and sensory impairments in children. They also ensure follow-up services for clients with positive test results. Secondary prevention involves screening children for illnesses or conditions. In this instance, visual acuity testing is being used to screen for visual problems requiring corrective lenses.

DIF: Cognitive Level: Application      REF: p. 83, Levels of Prevention box  
OBJ: 4      TOP: CRNE Competency: Health and Wellness

20. A CHN is demonstrating the use of a peak flow meter to help children with chronic asthma recognize when they need to use a rescue inhaler. Which level of prevention is represented by this activity?
- Primary
  - Secondary
  - Tertiary
  - Both primary and secondary

ANS: C

CHNs provide case management services that link clients with chronic illnesses to health care and community support services. Tertiary prevention includes caring for children with long-term health concerns, such as asthma, and disabling conditions. At first glance, this appears to have elements of primary and secondary prevention, but this is not the case because primary prevention aims at ensuring that a condition does not develop (whereas these children already have the disease). Furthermore, although the children are being taught techniques for recognizing respiratory danger, it is in the context of disease management (i.e., when to use an inhaler).

DIF: Cognitive Level: Analysis      REF: p. 83, Levels of Prevention box  
OBJ: 4      TOP: CRNE Competency: Health and Wellness

21. Which of the following is being implemented by the occupational health nurse (OHN) who removes a foreign body from a client's eye?
- Primary care
  - Primary prevention
  - Secondary prevention
  - Tertiary prevention

ANS: A



The nurse is implementing primary care of the client. This action does not meet the criteria for injury prevention because the injury has already occurred and the OHN is providing treatment for the injury. Prevention strategies will need to follow treatment to prevent recurrence and to prevent development of secondary problems related to the foreign body.

DIF: Cognitive Level: Application      REF: p. 73      OBJ: 4, 6  
TOP: CRNE Competency: Health and Wellness

22. Which of the following is being practised by the OHN who periodically conducts spirometry testing of employees working with hazardous gases?
- Primary prevention
  - Secondary prevention
  - Tertiary prevention
  - Tertiary care

ANS: B

Secondary prevention involves health surveillance and periodic screening to identify an illness at the earliest possible stage and elimination or modification of the hazard-producing situation.

DIF: Cognitive Level: Application      REF: p. 73      OBJ: 4  
TOP: CRNE Competency: Health and Wellness

23. An employee in a laboratory drops a flask, resulting in the chemical splashing into her eyes. Which of the following is the *agent* in this scenario?
- Chemical
  - Employee
  - Flask
  - Laboratory

ANS: A

The agents, or factors associated with illness and injury, comprise occupational exposures that are classified as biological and infectious, chemical, ergonomic, physical, or psychosocial hazards.

DIF: Cognitive Level: Application      REF: p. 70      OBJ: 8  
TOP: CRNE Competency: Health and Wellness

24. A hospital nurse working in employee health notes that several nurses from one unit are missing from work after having contracted a communicable disease from a client. In this scenario, which one of the following is the *host*?
- Each sick nurse
  - The communicable disease
  - The hospital
  - The client

ANS: A

The *host* is described as any susceptible human being; each sick nurse represents a host within the worker population group.

DIF: Cognitive Level: Application REF: p. 70 OBJ: 8  
TOP: CRNE Competency: Health and Wellness

25. Which one of the following hazards tends to particularly affect employees who work in 2-week shifts?
- Biological hazards
  - Environmental hazards
  - Physical hazards
  - Psychosocial hazards

ANS: D

Psychosocial hazards are factors and situations encountered or associated with one's job or work environment that create or potentiate stress, emotional strain, or interpersonal problems.

DIF: Cognitive Level: Comprehension REF: p. 70 OBJ: 8  
TOP: CRNE Competency: Health and Wellness

26. Which of the following is the primary role of the forensic nurse in Canada?
- Health promoter
  - Disaster planner
  - Sexual assault nurse examiner (SANE)
  - Outreach worker

ANS: C

In Canada, forensic nurses primarily work as SANEs.

DIF: Cognitive Level: Knowledge REF: p. 83 OBJ: 9  
TOP: CRNE Competency: Professional Practice

27. From which of the following health care professionals is a rural resident with asthma more likely to receive health care services?
- Allergist
  - Nurse practitioner
  - Pediatrician
  - Pulmonologist

ANS: B

In rural communities, often a health care professional may live and practise in a community for decades, also providing care to people who live in several other communities. A limited number of CHNs, such as PHNs or nurse practitioners, may offer a full range of services for all residents in a specified area, which may span more than 150 km. Consequently, rural physicians and CHNs provide care to individuals and families with all kinds of conditions, in all stages of life, and across several generations. In urban communities, residents are more likely to seek care from a medical specialist.

DIF: Cognitive Level: Comprehension REF: pp. 88–89 OBJ: 10  
TOP: CRNE Competency: Professional Practice

28. In addition to the common barriers faced by most rural residents, which one of the following is an additional barrier to health care that a Mexican migrant farm worker is more likely to encounter?
- Absence of culturally appropriate care
  - Availability of specialists
  - Distance of health care facilities from the place of residence
  - Lack of anonymity

ANS: A

Barriers to health care affecting all rural clients may be the availability, affordability, or accessibility of services and professionals. Two pertinent identified barriers to health care in rural areas are language barriers and lack of culturally appropriate care and services.

DIF: Cognitive Level: Comprehension REF: p. 90, Box 3-10  
OBJ: 10 TOP: CRNE Competency: Nurse–Client Partnership

29. For the CHN who plans to move from an urban centre to a rural region of the country, which one of the following statements should be included in the advice on preparing for role alterations?
- “Community members will probably hold you in higher regard and will look up to you.”
  - “Expect to have less autonomy than you have working as a CHN in the city.”
  - “You can expect more resources and supplies because there are fewer clinics.”
  - “You will need to focus on developing specialized knowledge and skills.”

ANS: A

CHNs working in rural areas have a prestigious status in the community and are viewed as role models. They have greater (not less) independence and autonomy as well as fewer (not more) resources, and they need to have more generalist (not specialized) knowledge and skills.

DIF: Cognitive Level: Application REF: p. 89, Box 3-9  
OBJ: 10 TOP: CRNE Competency: Nurse–Client Partnership

30. Which of the following primarily distinguishes case management from managed care?
- Case management is a tool for health maintenance organizations.
  - Case management is targeted toward a specific segment of the population.
  - Case management is implemented with individual clients.
  - Case management is used to monitor the health status, resources, and outcomes for an aggregate.

ANS: C

Case management, in contrast to managed care, comprises activities implemented with individual clients in the system.

DIF: Cognitive Level: Knowledge REF: pp. 91–92 OBJ: 12

TOP: CRNE Competency: Nurse–Client Partnership

31. For a CHN, which of the following describes the goal of advocacy?
- Gaining organizational and governmental support for the promotion of nursing objectives
  - Improving community service needs identified by research findings
  - Integrating evidence-informed practice guidelines in the provision of community nursing service
  - Promoting self-determination in a client, family, group, or community

ANS: D

The goal of advocacy is to promote self-determination in a constituency or client group. The constituency may be a client, family, group, or community. The advocate role includes the following three major strategies: (1) interacting with clients and families, (2) interacting with other health care providers, and (3) working through the system.

DIF: Cognitive Level: Knowledge      REF: p. 94      OBJ: 15  
TOP: CRNE Competency: Health and Wellness

32. Research demonstrates that exercise is important for general wellness and weight control. The CHN can use this information to implement primary prevention by doing which of the following?
- Developing individualized exercise programs for overweight children
  - Drafting policy for increases in noncompetitive physical activity programs
  - Monitoring body mass index in children to identify elevations before they become difficult to manage
  - Notifying parents or guardians of their child’s height–weight scale in comparison with national norms

ANS: B

At the primary prevention level, campaigns to support regular exercise, greater emphasis on school-based physical education programs, and environmental and policy initiatives to create or enhance places for physical activity in communities can make significant contributions to improving the lifestyle of sedentary children. Developing individualized exercise programs for overweight children is an example of tertiary prevention. Monitoring body mass index in children to identify elevations before they become difficult to manage is an example of secondary prevention. Notifying parents or guardians of their child’s height–weight scale in comparison with national norms increases family awareness but does not meet the definition of a preventive measure.

DIF: Cognitive Level: Application      REF: p. 73      OBJ: 4  
TOP: CRNE Competency: Health and Wellness