

Cultural Diversity in Health and Illness, 7e (Spector)
Chapter 1 Building Cultural and Linguistic Competence

1) Which action would a hospital administrator take to meet the cultural and linguistic needs of Spanish-speaking community members?

1. Hire professional staff from different Spanish-speaking countries.
2. Ensure that all health care workers speak Spanish.
3. Ensure that all signage is posted in Spanish as well as English.
4. Ensure health services are in varying locations.

Answer: 1

Explanation: 1. Hiring professional staff from different Spanish-speaking countries would create a foundation for the variations in the language and culture of the different countries, and aid in providing cultural and linguistic competence to meet the health needs of this population.

2. Ensuring all health care workers speak Spanish would benefit this population, but does not necessarily guarantee that cultural and linguistic competence would result.

3. Spanish signage would aid with patient understanding, but this action also assumes that all of the patient population is literate.

4. Ensuring health services are in varying locations meets the needs of many populations, but is not necessarily a component of linguistic and cultural competence.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

2) On which criterion would the Human Resources manager focus when identifying interpreters to support the care of patients with limited English proficiency?

1. Proficient in health language terminology
2. Availability of family members
3. Be of the same ethnic background of the patients
4. Be on 24-hour call

Answer: 1

Explanation: 1. Interpreters providing language assistance must be proficient in health language terminology in order to provide accurate information to a patient in their own language.

2. Family members are not to be used for language assistance or interpretation unless absolutely necessary, or on request by the patient, as they may not be able to provide objective impartial information.

3. While it is helpful to have the same ethnic background of the patients for whom language assistance is provided, it is not necessary.

4. An interpreter may not be able to be on 24-hour call, but back-up mechanisms should be in place to provide language assistance when a designated interpreter is not available.

Cognitive Level: Applying

Patient Need: Safe and Effective Care Environment

Patient Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

3) A health care organization is incorporating culturally and linguistically appropriate services into the strategic plan. In which areas of the plan will these services be reflected? Select all that apply:

1. Goals
2. Policies
3. Operational plans
4. Management accountability
5. Internal audits

Answer: 1, 2, 3, 4

Explanation: 1. To support cultural and linguistically appropriate services, a health care organization needs to outline clear goals in the strategic plan.

2. To support cultural and linguistically appropriate services, a health care organization needs to outline policies within the strategic plan.

3. A health care organization needs to outline operational plans to support cultural and linguistically appropriate services within the strategic plan.

4. A health care organization needs to identify management accountability for cultural and linguistically appropriate services within the strategic plan.

5. Internal audits are used to evaluate culturally and linguistically appropriate services within a health care organization.

Cognitive Level: Applying

Patient Need: Health Promotion and Maintenance

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

4) Why does a health care organization maintain a current demographic, cultural, and epidemiological profile of the patients receiving care in the hospital?

1. Ensure grievances are resolved.
2. Plan and implement culturally and linguistically appropriate services.
3. Plan for culturally appropriate continuing education for the staff.
4. Develop partnerships with community members.

Answer: 2

Explanation: 1. Maintaining a current demographic, cultural, and epidemiological profile of the patients receiving care in the hospital does not ensure that grievances are resolved. The health care organization must ensure that the grievance process is culturally and linguistically sensitive and capable of resolving cross-cultural conflicts.

2. Healthcare organizations should maintain a current demographic, cultural, and epidemiological profile of the community to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

3. Maintaining a current demographic, cultural, and epidemiological profile of the patients receiving care in the hospital is not done to plan for culturally appropriate continuing education for staff. Planning for ongoing education and training in culturally and linguistically appropriate services would be based on the patient demographic, but not on the epidemiological profile of the community.

4. Maintaining a current demographic, cultural, and epidemiological profile of the patients receiving care in the hospital is not done to develop partnerships with community members. Partnerships with communities are used to facilitate community and patient involvement when designing and implementing culturally and linguistically appropriate service-related activities.

Cognitive Level: Analyzing

Patient Need: Health Promotion and Maintenance

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

- 5) Which behavior of a health care provider exemplifies culturally competent care?
1. Delivering care that demonstrates understanding and application to the patient's situation
 2. Speaking the patient's language
 3. Understanding some health traditions of the patient
 4. Knowledgeable of the patient's cultural background

Answer: 1

Explanation: 1. When delivering culturally competent care, the provider demonstrates understanding and attends to the total context of the patient's situation.

2. Speaking the patient's language is being language-proficient. However, this does not ensure culturally competent care. Interpreters can be used to ensure linguistic competence.

3. Understanding some traditions of the patient is being culturally sensitive.

4. Being knowledgeable of the patient's cultural background is one aspect of being culturally appropriate.

Cognitive Level: Applying

Patient Need: Safe and Effective Care Environment

Patient Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALCARE.

- 6) When a healthcare provider takes the time to learn the underlying background of a patient to provide the best possible healthcare, which type of cultural care is being provided?

1. Competent
2. Sensitive
3. Designated
4. Appropriate

Answer: 4

Explanation: 1. Culturally competent care implies that within the delivered care, the provider understands and attends to the total context of the patient's situation.

2. Culturally sensitive care implies the provider possesses some basic knowledge of, and constructive attitudes toward, health traditions observed among the different cultural groups in the practice setting.

3. Culturally designated care is not a correct cultural term.

4. Culturally appropriate care implies the provider applies the underlying background knowledge that he or she must possess in order to give a patient the best possible care

Cognitive Level: Analyzing

Patient Need: Health Promotion and Maintenance

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALCARE.

7) The health care organization has made a conscious effort to provide linguistically appropriate services to its predominantly Hispanic population, incorporating within its staff members from different Spanish-speaking countries of Latin America. Which cultural care concept is this organization implementing?

1. Language proficiency
2. Cultural competence
3. Cultural sensitivity
4. Cultural appropriateness

Answer: 1

Explanation: 1. Language proficiency is the provision of linguistically appropriate services and implementation of competent interpreter services when the patient or family does not understand, speak, or read English.

2. Cultural competence means the provider understands and attends to the total context of the patient's situation when delivering care.

3. Cultural sensitivity implies the provider possesses some basic knowledge of, and constructive attitudes toward, the health traditions observed among diverse cultural groups.

4. Cultural appropriateness implies the provider applies the underlying background knowledge of the patient to provide the best possible care.

Cognitive Level: Applying

Patient Need: Safe and Effective Care Environment

Patient Need Sub: Management of Care

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALLCARE.

8) The staff development instructor is planning a seminar that focuses on the variables leading to generational conflict. What will the instructor include in this content? Select all that apply:

1. Decade of birth
2. Generation in the United States
3. Class
4. Language

Answer: 1, 2, 3, 4

Explanation: 1. People's life experiences vary and depend upon the events of the decades in which they were born, and the cultural values and norms of those times.

2. Worldviews differ between the immigrant generation and subsequent generations who have resided in the United States for many years.

3. Social class includes education, economics, and background. There are differences among people predicated on class.

4. There are conflicts between those with limited English-speaking skills and those who do not understand English, and those who provide care from English speakers.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO01 - Discuss the critical need for cultural and linguistic competence.

9) The nurse practitioner is ensuring an adequate amount of educational materials are printed in languages that reflect the patient population. What are the reasons for this healthcare provider treating a more diverse patient population? Select all that apply:

1. Demographic changes
2. Participation in insurance programs
3. Reflects the nurse practitioner's cultural background
4. The nurse practitioner is from a minority group.
5. The educational materials will teach the patient how to be healthy or ill.

Answer: 1, 2

Explanation: 1. The mainstream healthcare provider is treating a more diverse patient population as a result of demographic changes.

2. The mainstream healthcare provider is treating a more diverse patient population as a result of participation in insurance programs.

3. One's personal cultural background impacts how patients access and respond to care services.

4. One's personal cultural background impacts how patients access and respond to care services.

5. Health and illness can be interpreted in terms of personal experience and expectations. We learn from our own culture how to be healthy or ill.

Cognitive Level: Analyzing

Patient Need: Health Promotion and Maintenance

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO01 - Discuss the critical need for cultural and linguistic competence.

10) The nurse is planning care for a group of patients from different cultural backgrounds. What aspects of the nurse will impact how the patients access and respond to healthcare services?

Select all that apply:

1. Cultural background
2. Heritage
3. Language
4. Role
5. Age

Answer: 1, 2, 3

Explanation: 1. One's personal cultural background has a considerable impact on how he or she will access and respond to healthcare services.

2. One's heritage has a considerable impact on how he or she will access and respond to healthcare services.

3. One's language has a considerable impact on how he or she will access and respond to healthcare services.

4. One's role does not impact how he or she will access and respond to healthcare services.

5. One's age does not impact how he or she will access and respond to healthcare services.

Cognitive Level: Analyzing

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO01 - Discuss the critical need for cultural and linguistic competence.

11) The nurse is reviewing the steps needed to develop cultural competency. In which order will the nurse complete the steps of this process?

1. Personal heritage
2. Heritage of others
3. Health and health beliefs and practices
4. Health care culture and system
5. Traditional health care systems

Answer: 1, 2, 3, 4, 5

Explanation: The first step to cultural competency is personal heritage. The nurse will analyze answers to the following questions: “Who are you?”, “What is your heritage?”, and “What are your health beliefs?” The second step to cultural competency is the heritage of others. Here, the nurse will determine who the family is, and community is, to the patient. The third step to cultural competency is health and health beliefs and practices. The nurse will analyze competing philosophies in this step. The fourth step to cultural competency is healthcare culture and system. In this step, the nurse analyzes all of the issues and problems within the healthcare culture and system. The fifth step to cultural competency is traditional healthcare systems. At this step, the nurse analyzes the way that health was for most, and the way health still is for many.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO01 - Discuss the critical need for cultural and linguistic competence.

12) The nurse is planning the care for a patient from a non-English-speaking culture. Which terms would the nurse use that reflect cultural care? Select all that apply:

1. Literacy
2. Refugee
3. Silence
4. Sacred times
5. Surgery

Answer: 1, 2, 3, 4

Explanation: 1. Literacy is a term that would reflect cultural care.

2. Refugee is a term that would reflect cultural care.

3. Silence is a term that would reflect cultural care.

4. Sacred times is a phrase that would reflect cultural care.

5. Surgery is not a phrase that would reflect cultural care.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO01 - Discuss the critical need for cultural and linguistic competence.

13) A health care organization provides care to patients that are of Hispanic, Asian, and Eastern European heritage. What will the organization do to ensure the staff represents the demographics of the service area? Select all that apply:

1. Hire nurses that speak Spanish.
2. Promote a staff member from Asian and Hispanic backgrounds.
3. Provide language assistance services.
4. Post signage in the languages of the different groups.
5. Incorporate internal audits for culturally appropriate services.

Answer: 1, 2

Explanation: 1. Healthcare organizations should implement strategies to recruit a diverse staff that are representatives of the demographic characteristic of the service area.

2. Healthcare organizations should implement strategies to promote a diverse staff that are representatives of the demographic characteristic of the service area.

3. Providing language assistance services does not ensure that staff represents the demographic characteristics of the service area. This action ensures that communication can be made with the patients from the different cultural groups.

4. Posting signage in the languages of the different groups does not ensure the staff represents demographic characteristics of the service area. This action ensures communication can be done with patients from different cultural groups.

5. Incorporating internal audits for culturally appropriate services does not ensure the staff represents demographic characteristics of the service area. This action is a step when structuring culturally competent care.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

14) The staff nurse is identifying ways to communicate care needs for a patient from a non-English-speaking culture. How will the nurse use the tool within the Joint Commission monograph roadmap for hospitals to help with this need? Select all that apply:

1. Access a checklist to use during the admission process.
2. Follow the steps in the assessment checklist.
3. Review the points during the phases of treatment.
4. Identify all of the steps needed for discharge.
5. Recognize ways to adapt to the patient's culture.

Answer: 1, 2, 3, 4

Explanation: 1. The Joint Commission monograph is a roadmap for hospitals that provides checklists to improve effective communication during the admission process.

2. The Joint Commission monograph is a roadmap for hospitals that provides checklists to improve effective communication during the assessment process.

3. The Joint Commission monograph is a roadmap for hospitals that provides checklists to improve effective communication during the treatment process.

4. The Joint Commission monograph is a roadmap for hospitals that provides checklists to improve effective communication during the discharge process.

5. The Joint Commission identifies adapting to diversity as a way to demonstrate cultural competency, but not as a specific checklist to improve communication with individuals from different cultures.

Cognitive Level: Applying

Patient Need: Physiological Integrity

Patient Need Sub: Basic Care and Comfort

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO03 - Describe institutional mandates regarding cultural and linguistic competence.

15) The Department of Nursing with a healthcare organization is planning steps that reflect the Joint Commission's recommendations for cultural competence. What will the nursing department include in these steps? Select all that apply:

1. Value diversity.
2. Assess themselves.
3. Manage differences.
4. Acquire cultural knowledge.
5. Hire staff from different cultures.

Answer: 1, 2, 3, 4

Explanation: 1. Valuing diversity is a recommendation from the Joint Commission to gain cultural competence.

2. Assessing themselves is a recommendation from the Joint Commission to gain cultural competence.

3. Managing difference is a recommendation from the Joint Commission to gain cultural competence.

4. Acquiring cultural knowledge is a recommendation from the Joint Commission to gain cultural competence.

5. Hiring staff from different cultures is not a recommendation from the Joint Commission to gain cultural competence. This is a recommendation to achieve culturally and linguistically appropriate services in health care.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO03 - Describe institutional mandates regarding cultural and linguistic competence.

16) The Shared Governance committee is planning strategies for cultural competency when providing patient care. Which facets will the committee include when planning these strategies?

Select all that apply:

1. Health disparities
2. Spatial factors
3. Manners
4. Dietary practices
5. Insurance

Answer: 1, 2, 3, 4

Explanation: 1. Health disparities are a facet of the philosophy of cultural competency.

2. Spatial factors are a facet of the philosophy of cultural competency.

3. Manners are a facet of the philosophy of cultural competency.

4. Dietary practices are a facet of the philosophy of cultural competency.

5. Insurance is not a facet of the philosophy of cultural competency.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALCARE.

17) A healthcare organization provides care to individuals of whom 75% are from non-English-speaking cultures. When determining the languages to represent within the organization, on which will the organization focus? Select all that apply:

1. Spanish
2. Chinese
3. French
4. German
5. Arabic

Answer: 1, 2, 3, 4, 5

Explanation: 1. The most common non-English languages spoken by people over age 5 at home include Spanish.

2. The most common non-English languages spoken by people over age 5 at home include Chinese.

3. The most common non-English languages spoken by people over age 5 at home include French.

4. The most common non-English languages spoken by people over age 5 at home include German.

5. Arabic is not one of the most common non-English languages spoken by people over age at 5 at home, but the numbers are rising.

Cognitive Level: Analyzing

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALLCARE.

18) During an assessment, the nurse asks the patient to describe her current health status. How will the patient most likely explain her health?

1. Personal experience
2. Impact on family
3. Cost
4. Diagnosis

Answer: 1

Explanation: 1. Health and illness can be interpreted and explained in terms of personal experience and expectations.

2. Health and illness can be interpreted and explained in terms of personal experience and expectations. A patient's current health status is not likely to be explained according to the impact on the family.

3. Health and illness can be interpreted and explained in terms of personal experience and expectations. A patient's current health status is not likely to be explained according to cost.

4. Health and illness can be interpreted and explained in terms of personal experience and expectations. A patient's current health status is not likely to be explained according to diagnosis.

Cognitive Level: Analyzing

Patient Need: Health Promotion and Maintenance

Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: LO01 - Discuss the underpinnings of the need for cultural and linguistic competence.

19) The nurse desires to become more culturally competent when providing care to patients from non-English- speaking cultures. Which action would the nurse take to achieve this self-expectation?

1. Commit to a time-consuming journey.
2. Find a seminar on cultural competence.
3. Talk to people from different cultures.
4. Attend several festivals from different cultures.

Answer: 4

Explanation: 1. The reality of becoming culturally competent is a time-consuming process.

2. The development of cultural competency does not occur within a short encounter with a program on cultural diversity.

3. Developing cultural competency involves more than talking to people from different cultures.

4. Developing cultural competency involves initially attending festivals and meeting people from the given communities who are from a different culture.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO01 - Discuss the underpinnings of the need for cultural and linguistic competence.

20) The staff development educator is analyzing ways to incorporate cultural competency concepts in continuing education programs. How will the educator explain the concept of CULTURALCOMPETENCY to staff?

1. Philosophy
2. Condition
3. Theory
4. Fad

Answer: 1

Explanation: 1. CULTURALCOMPETENCY is a philosophy whereby one develops the skills to understand from where a person from a cultural background other than his or her own is coming.

2. CULTURALCOMPETENCY is not a condition. It is a philosophy whereby one develops the skills to understand where a person from where a different cultural background other than his or her own is coming.

3. CULTURALCOMPETENCY is not a theory. It is a philosophy whereby one develops the skills to understand where a person from where a different cultural background other than his or her own is coming.

4. CULTURALCOMPETENCY is not a fad. It is a philosophy whereby one develops the skills to understand where a person from where a different cultural background other than his or her own is coming.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO01 - Discuss the underpinnings of the need for cultural and linguistic competence.

21) A healthcare organization is planning continuing education for all staff on culturally and linguistically appropriate service delivery. Which category of culturally and linguistically appropriate services in healthcare will this action support?

1. Fundamentals of culturally competent care
2. Speaking of culturally competent care
3. Structuring culturally competent care
4. Manage the dynamics of difference

Answer: 1, 2, 3

Explanation: 1. Ensuring that staff receives ongoing education and training in culturally and linguistically appropriate service delivery is a part of the fundamentals of culturally competent care.

2. Ensuring that staff receives ongoing education and training in culturally and linguistically appropriate service delivery is a part of the fundamentals of culturally competent care. Speaking of culturally competent care focuses on language services and printed materials.

3. Ensuring that staff receives ongoing education and training in culturally and linguistically appropriate service delivery is a part of the fundamentals of culturally competent care.

Structuring culturally competent care focuses on organizational assessments, community profiles, and conflict and grievance resolution processes.

4. Managing the dynamics of difference is a recommendation by the Joint Commission for cultural competency.

Cognitive Level: Analyzing

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

22) Why would a healthcare organization maintain a current demographic, cultural, and epidemiological profile of the community?

1. Plan for services.
2. Correlate with health records.
3. Facilitate community involvement.
4. Advertise services.

Answer: 1

Explanation: 1. Healthcare organizations would maintain a current demographic, cultural, and epidemiological profile of the community to accurately plan for services that respond to the cultural and linguistic characteristics of the service area.

2. Healthcare organizations would maintain a current demographic, cultural, and epidemiological profile of the community to accurately plan for services that respond to the cultural and linguistic characteristics of the service area. Health records should include patients' race, ethnicity, and language for integration into the organization's management information system.

3. Healthcare organizations would maintain a current demographic, cultural, and epidemiological profile of the community to accurately plan for services that respond to the cultural and linguistic characteristics of the service area. Partnerships facilitate community involvement.

4. Healthcare organizations would maintain a current demographic, cultural, and epidemiological profile of the community to accurately plan for services that respond to the cultural and linguistic characteristics of the service area. Public notices would be used to share information about progress and innovations when implementing culturally and linguistically appropriate services in healthcare.

Cognitive Level: Analyzing

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Planning

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

23) The nurse is unable to locate an interpreter to support a patient from a non-English-speaking background. The patient asks a family member to interpret for the staff. What would the nurse do to ensure culturally and linguistically appropriate services for this patient?

1. Use the family member as an interpreter until a non-family member can be located.
2. Write the questions down for the patient to answer.
3. Do nothing until an interpreter can be located.
4. Use sign language.

Answer: 1

Explanation: 1. Family and friends should not be used to provide interpretation services except on request by the patient or consumer.

2. The patient is from a non-English-speaking culture and most likely would not understand the written questions.

3. The patient's health status could be in jeopardy if nothing is done until an interpreter is located.

4. Using sign language is not an appropriate method to communicate with the patient. Hand gestures mean different things to different people.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO02 - Describe the National Standards for Culturally and Linguistically Appropriate Services in Health Care.

24) A patient from a non-English-speaking background comes into the health clinic seeking care. The nurse is unable to determine the patient's primary language. What should the nurse do?

1. Ask for help to determine the patient's primary language.
2. Encourage the patient to seek care elsewhere.
3. Notify Security.
4. Contact a homeless shelter.

Answer: 1

Explanation: 1. To avoid discrimination based on national origin, Title VI of the Civil Rights Act of 1964 requires that reasonable steps be taken to provide meaningful access to people with limited English proficiency.

2. To avoid discrimination based on national origin, Title VI of the Civil Rights Act of 1964 requires that reasonable steps be taken to provide meaningful access to people with limited English proficiency. Therefore, services cannot be denied.

3. To avoid discrimination based on national origin, Title VI of the Civil Rights Act of 1964 requires that reasonable steps be taken to provide meaningful access to people with limited English proficiency. Therefore, services cannot be denied. There is no reason to notify Security.

4. To avoid discrimination based on national origin, Title VI of the Civil Rights Act of 1964 requires that reasonable steps be taken to provide meaningful access to people with limited English proficiency. Therefore, services cannot be denied. There is no reason to contact a homeless shelter.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO03 - Describe institutional mandates regarding cultural and linguistic competence.

25) In a non-English-speaking patient's medical records, it is indicated that he has no family. However, several people arrived in the critical care unit and stated that they are the patient's family. What impact does this miscommunication have on the patient's care?

1. Poor decision-making
2. Increase the cost
3. Improve the outcomes
4. Enhance therapeutic communication

Answer: 3

Explanation: 1. Language barriers can cause poor, abbreviated, or erroneous communication and poor decision making on the part of both the provider and patient.

2. Language barriers can cause poor, abbreviated, or erroneous communication and poor decision making on the part of the provider and patient. It has not been documented that language barriers increase the cost for health care.

3. Language barriers can cause poor, abbreviated, or erroneous communication and poor decision making on the part of the provider and patient. Language barriers will improve the patient's outcomes once overcome.

4. Language barriers can cause poor, abbreviated, or erroneous communication and poor decision making on the part of the provider and patient. Language barriers do not enhance therapeutic communication.

Cognitive Level: Analyzing

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: LO03 - Describe institutional mandates regarding cultural and linguistic competence.

26) The nurse working in a Joint Commission—accredited organization is admitting a patient from a non-English-speaking background. Which action supports the Joint Commission principle of effective communication?

1. Assess communication needs
2. Value diversity
3. Manage the dynamics of difference
4. Adapt to diversity

Answer: 1

Explanation: 1. Assessing communication needs is a Joint Commission principle to support cultural competency in health care.

2. Valuing diversity is an organizational action to ensure cultural competence.

3. Managing the dynamics of difference is an organizational action to ensure cultural competence.

4. Adapting to diversity is an organizational action to ensure cultural competence.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO03 - Describe institutional mandates regarding cultural and linguistic competence.

27) The nurse is completing a survey that includes questions about different aspects of cultural competence. What is the purpose of this survey?

1. Assessment of cultural competence
2. Manage the dynamics of difference
3. Value diversity
4. Institutionalize cultural knowledge

Answer: 1

Explanation: 1. The Joint Commission recognizes that cultural competence requires organizations and personnel to assess themselves with regards to cultural competence.

2. The Joint Commission recognizes that cultural competence requires organizations and personnel to assess themselves with regards to cultural competence. Managing the dynamics of difference would be achieved through a different strategy.

3. The Joint Commission recognizes that cultural competence requires organizations and personnel to assess themselves with regards to cultural competence. Valuing diversity would be achieved through a different strategy.

4. The Joint Commission recognizes that cultural competence requires organizations and personnel to assess themselves with regards to cultural competence. Institutionalizing cultural knowledge would be achieved through a different strategy.

Cognitive Level: Analyzing

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: LO03 - Describe institutional mandates regarding cultural and linguistic competence.

28) The nurse is planning care to address health care needs for a non-English-speaking patient and family. What would the nurse use as a guide for this care?

1. Checklist
2. Standardized care plan
3. Nursing textbook
4. Care map

Answer: 1

Explanation: 1. The Joint Commission has created checklists for activities to address patient- and family-centered care.

2. A standardized care plan may or may not address the cultural needs of the patient and family.

3. A nursing textbook may or may not address the cultural needs of the patient and family.

4. A care map may or may not address the cultural needs of the patient and family.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO03 - Describe institutional mandates regarding cultural and linguistic competence.

29) Unlicensed assistive personnel (UAP) ask the nurse to explain the difference between CULTURALCARE and other types of care. What would the nurse say in response to the UAP?

1. It is holistic.
2. It is a fad.
3. It focuses on scientific theory.
4. It is a belief system.

Answer: 1

Explanation: 1. CULTURALCARE is holistic care.

2. CULTURALCARE is not a fad.
3. CULTURALCARE does not focus on scientific theory.
4. CULTURALCARE is not a belief system.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALCARE.

30) The nurse is struggling with providing culturally competent care to non-English-speaking patients because the organization does not have any resources to support the patients' care needs. What is this nurse experiencing?

1. Dissonance
2. Compromise
3. Confusion
4. Distress

Answer: 1

Explanation: 1. Dissonance is when a practitioner provides culturally and linguistically competent care that is not in harmony with the organization's beliefs and practices.

2. Dissonance is when a practitioner provides culturally and linguistically competent care that is not in harmony with the organization's beliefs and practices. Compromise is not a term used to describe culturally competent care.

3. Dissonance is when a practitioner provides culturally and linguistically competent care that is not in harmony with the organization's beliefs and practices. Confusion is not a term used to describe culturally competent care.

4. Dissonance is when a practitioner provides culturally and linguistically competent care that is not in harmony with the organization's beliefs and practices. Distress is not a term used to describe culturally competent care.

Cognitive Level: Analyzing

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALCARE.

31) The nurse is disappointed with not being able to provide educational materials in a non-English-speaking patient's primary language. What can the nurse do to serve as an advocate when providing culturally competent care?

1. Find or create materials to meet the patients' needs.
2. Teach the patient in English.
3. Provide educational materials written in English.
4. Ask the physician to talk with the patient.

Answer: 1

Explanation: 1. Cultural competence is a learning process. Healthcare providers need to serve as patient advocates, and not advocates of the organization or modern health care.

2. Cultural competence is a learning process. Healthcare providers need to serve as patient advocates, and not advocates of the organization or modern health care. Teaching the patient in English is not providing culturally competent care.

3. Cultural competence is a learning process. Healthcare providers need to serve as patient advocates, and not advocates of the organization or modern health care. Providing educational materials written in English is not providing culturally competent care.

4. Cultural competence is a learning process. Healthcare providers need to serve as patient advocates, and not advocates of the organization or modern health care. Asking the physician to talk with the patient is not providing culturally competent care.

Cognitive Level: Applying

Patient Need: Psychosocial Integrity

Nursing/Integrated Concepts: Nursing Process: Implementation

Learning Outcome: LO04 - Articulate the attributes of CULTURALCOMPETENCY and CULTURALCARE.