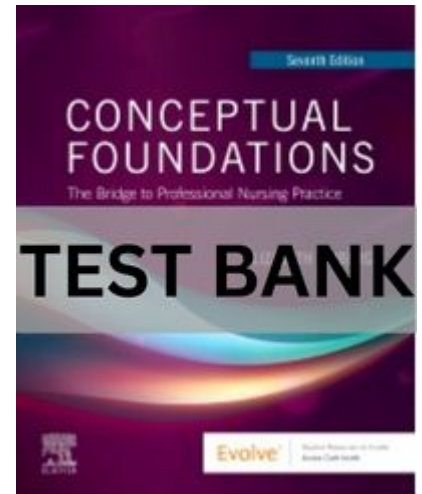


Conceptual Foundations 7th Edition Test Bank

Chapter 01: A Brief History of the Professionalization of Nursing in the United States **Friberg: Conceptual Foundations: The Bridge to Professional Nursing, 7th Edition**

MULTIPLE CHOICE



1. Historically, women were considered the obvious choice for nursing sick patients, because:
 - a. caring for others was an extension of their homemaker role.
 - b. early nurses were nuns, so the public was used to women in nursing.
 - c. men, who had education, were reluctant to try nursing.
 - d. women were often at home anyway, so caregiving was easy.

ANS: A

Women's domestic role (as homemakers and mothers) was naturally associated with the caregiving required in nursing. Although religious orders did play a role in health care, it was the domestic duties of women that set the stage for their involvement in nursing. Widespread education for men and women is a fairly new phenomenon and did not play a role in the early history of nursing. Women did not care for sick or injured strangers in their homes, so being at home was irrelevant.

2. Florence Nightingale's views about trained nurses were most influenced by her:
 - a. experiences in wartime.
 - b. ideas about sanitation.
 - c. relationships with physicians.
 - d. view of education.

ANS: A

Nightingale's experiences in wartime demonstrated to her that trained nurses were valuable in decreasing morbidity and mortality among soldiers. Nightingale had revolutionary ideas about hospital sanitation, but these are not credited with her advocacy of using trained nurses. Early trained nurses were taught to follow the directions of the physician; collegial relationships were not a part of health care practice in Nightingale's day. Nightingale's views of education were influenced by her opinion on the value of trained nurses, not the other way around.

3. A nursing instructor explains to students that the major goal of the Society of Superintendents of Training Schools for Nurses of the United States and Canada was to:
 - a. improve working conditions for students.
 - b. obtain legal recognition for the profession.
 - c. raise and standardize the training of nurses.
 - d. reverse discrimination in admissions policies.

ANS: C

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The goals of the Society of Superintendents were “to promote fellowship of members, to establish and maintain a universal standard of training, and to further the best interests of the nursing profession.” Students were expected to work in apprenticeships during their education in the hospital-based programs in existence at the time. Obtaining legal recognition for nurses was the goal of the Nurses’ Associated Alumnae of the United States and Canada, later renamed the American Nurses Association. Discrimination in nursing existed well into the civil rights era and beyond, with men and women of color routinely being banned from admission and employment.

4. Today’s nurse understands that legal recognition for nurses was imperative to:
 - a. allow nurses to expand beyond the hospital setting.
 - b. lobby for better wages and working conditions.
 - c. protect the public from untrained nurses.
 - d. provide hospitals with accreditation requirements.

ANS: C

The goal of the Nurses’ Associated Alumnae of the United States and Canada (renamed the American Nurses Association in 1912) was to protect the public from untrained nurses by securing legal recognition for trained nurses. Graduate nurses predominantly worked as private duty nurses up through the early 20th century. Wages remained low, and working conditions remained long and arduous in hospitals (and seasonal for private duty nurses) until hospitals began hiring more graduate nurses in the 1930s. Hospital accreditation is a recent phenomenon, unattached to legal recognition for nurses.

5. Which patient would most likely have been cared for in a hospital in the 19th to early 20th century?
 - a. Dying patient
 - b. Contagious patient
 - c. Homeless patient
 - d. Woman in labor

ANS: C

Hospitals were considered places for people who had no one else to care for them. Most patients were cared for in their homes. A dying patient probably would have been cared for at home. A patient with a communicable illness would have probably been confined to his or her home. Women in labor typically had their children at home.

6. Lillian Wald’s contribution to nursing can best be described as the:
 - a. creation of community health nursing.
 - b. development of college-based nursing schools.
 - c. establishment of the Navy Nurse Corps.
 - d. foundation of maternal-child nursing.

ANS: A

Wald responded to the changing social conditions in the late 1800s by establishing the Henry Street Settlement and Henry Street Visiting Nurse Services in response to the horrendous health conditions she witnessed in New York City. Wald was not involved in establishing college-based nursing programs. Wald was not involved in establishing the Navy Nurse Corps. Wald was not involved in establishing maternal-child nursing as a specialty, although she did care for many new mothers and their infants as part of her community nursing role.

7. Which event eventually led to the creation of military nursing?

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- a. American Civil War
- b. Spanish-American War
- c. World War I
- d. World War II

ANS: B

During the Spanish-American War, trained nurses cared for soldiers suffering from yellow fever. This convinced the military and Congress of the need for qualified nurses and set the stage for the eventual creation of the Army Nurse Corps in 1901 and the Navy Nurse Corps in 1908. During the Civil War, both sides wanted women to care for injured and ill soldiers, but these women were mostly untrained volunteers from the middle and upper classes. World War I occurred after the creation of the Army Nurse Corps and the Navy Nurse Corps. World War II occurred after the creation of the Army Nurse Corps and the Navy Nurse Corps.

8. A faculty nurse explaining the stratification in nursing roles seen today tells students that the most important event leading to this development was:
- a. desegregation in nursing.
 - b. limited nursing opportunities.
 - c. the Korean conflict.
 - d. World War II.

ANS: D

The United States' involvement in World War II dramatically increased the demand for trained nurses. To help fill this need, the American Red Cross and the Office of Civilian Defense co-established a program to train nurse aides. The success of the program encouraged hospitals to use employees with various levels of skill. Desegregation in nursing did come about in the same era as stratification, but it was not instrumental in creating this differentiated practice. Nursing opportunities were increasing throughout the 20th century. Role stratification was already entrenched by the Korean conflict.

9. Discrimination against African-American nurses began to wane during:
- a. Kennedy's presidency.
 - b. the civil rights era.
 - c. the Vietnam War.
 - d. World War II.

ANS: D

World War II saw discrimination against African Americans begin to wane with the end of segregation in the military Nurse Corps. At the end of World War II, many state nurses associations ended their discrimination in membership as well; by 1952, all state nurses associations had eliminated such discriminatory policies. Kennedy's presidency, although known for civil rights advancements, was not when discrimination began to end. The civil rights era occurred at approximately the same time as the Kennedy era. The Vietnam War occurred at the same time as Kennedy's presidency and civil rights era.

10. Between the years 1950 and 1967, the number of nurses and assistive personnel rose dramatically in part as a result of the influence of the:
- a. Children's Bureau.
 - b. Hill-Burton Act.
 - c. Nurse Training Act.
 - d. Social Security Act.

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ANS: C

The Nurse Training Act provided funding for nursing student education through scholarships, loans, recruitment, school construction and maintenance, and special educational projects. Until its passage, federal funding for nursing education was modest at best. The Children's Bureau was created in 1912 in response to concerns about women and children's health. The Hill-Burton Act provided federal funds for hospital construction and health care centers. The Social Security Act of 1935 included financial aid for older adults and Title V health care benefits for children with disabilities.

11. Mildred Montag's major contribution to nursing is considered to be:
- encouraging minority women and men to enter nursing.
 - establishing associate degree nursing programs.
 - fighting for improved wages and recognition for nurses.
 - paving the way for the military to use trained nurses.

ANS: B

In response to the severe nursing shortage in the post-World War II years, Montag proposed a 2-year nursing associate degree that would prepare technical nurses in community colleges. Montag was not known for encouraging minorities and men to enter nursing. Montag's major accomplishment was not fighting for improved wages and recognition. Montag was not involved in the military's use of trained nurses.

12. Which nursing organizations are responsible for providing continuing education, establishing practice standards, and offering certification examinations for their members?
- Councils of nurse educators
 - National specialty organizations
 - State boards of nursing
 - State nurses associations

ANS: B

National specialty organizations, such as the American Association of Critical Care Nurses, arose in response to the developing nursing specialties; these organizations offer continuing education, practice standards, and certification exams for their members. Organizations that consist of nurse educators would be primarily concerned with nursing education. State boards of nursing are charged with the legal oversight of nursing in their respective states. State nurses associations are often lobbying and marketing organizations for nursing within a specific state and act as the state arms of the American Nurses Association.

13. What influence did Loretta Ford and Henry Silver have on the nursing profession?
- Advocated for laws allowing autonomous practice
 - Created a major scholarship for nursing education
 - Designed the first doctoral nursing program
 - Opened the first nurse practitioner program

ANS: D

Loretta Ford and Henry Silver opened the first nurse practitioner program (in pediatrics) at the University of Colorado in 1965. They did not advocate for laws allowing autonomous practice, create a major scholarship, or design the first nursing doctoral program.

14. What change is anticipated that will guide advanced practice nursing roles?
- Changes in federal funding for advanced education
 - Declining demand for advanced practice roles

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- c. Requirement of a doctor of nursing practice
- d. Third-party payer restrictions on this type of practice

ANS: C

If the American Association of Colleges of Nursing Board (AACN) leadership holds sway, the doctor of nursing practice (DNP) will be the requisite preparation for all advanced practice nursing roles, including the NP, CNS, certified nurse midwife, and certified registered nurse anesthetist (CRNA), in the near future. It is not anticipated that there will be changes in federal funding for advanced education, a declining demand for advanced practice roles, or third-party payer restrictions on this type of practice in such a way that will guide advanced practice nursing roles as the requirement of a DNP will.

MULTIPLE RESPONSE

1. Benefits of the apprenticeship model of nursing education included: (*Select all that apply.*)
 - a. a well-trained graduate nursing hospital staff.
 - b. opportunities for further education in nursing.
 - c. providing a skilled but inexpensive workforce.
 - d. providing working-class women employment.
 - e. reforms in the care of sick and injured individuals.

ANS: C, D, E

Nursing students provided the staffing for hospitals in exchange for their education. Nursing gave working-class women employment alternatives to domestic or factory work. The use of skilled, trained nurses decreased morbidity and mortality, and this benefit was evident in both civilian and military health care. Graduate nurses were typically employed as private duty nurses and did not remain working in hospitals. Further education for graduate nurses was rare; a postdiploma program was opened in 1899, but the first undergraduate college nursing program was not opened until 1909.

2. When nursing registration laws were enacted, a “registered nurse” was defined as someone who had: (*Select all that apply.*)
 - a. attended an acceptable nursing program.
 - b. fit the definition of a professional nurse.
 - c. had not been convicted of any felonies.
 - d. passed a board evaluation examination.
 - e. studied under a standardized curriculum.

ANS: A, D

One of the two criteria for being a registered nurse was having attended an acceptable nursing program. The other criterion for being a registered nurse was having passed a board examination. A weakness of the early registration laws was a lack of definition of professional nursing practice. Background checks were not part of the early registry laws. Universal education standards were still lacking in 1903 when the first registry law was passed in North Carolina.

3. Nurses in private duty positions faced several hardships, including: (*Select all that apply.*)
 - a. a shortage of nurses as schools limited enrollment.
 - b. a surplus of nurses starting in the mid-1920s.
 - c. employment that was sporadic and seasonal.
 - d. opportunities primarily working with poorer families.
 - e. pay that continued to be lower than other jobs.

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ANS: B, C, E

The increased enrollment in schools led to a surplus of graduate nurses. Because communicable illnesses were often seen in the cooler months, employment for private duty nurses was seasonal. According to the Geister report (1926), nurses made less money than scrubwomen and worked in mostly short-term private duty cases. Schools were pressured to increase enrollment as the hospital census began to rise for the first time. Only the middle to upper class could afford to hire private duty nurses.

4. Community health nursing has been vital in shaping America's health system and nursing in general by providing: (*Select all that apply.*)
- advocacy regarding matters of health and welfare.
 - autonomous nursing practice in patients' homes.
 - means to check on patients' compliance with treatment.
 - novel activities in health promotion and disease prevention.
 - treatment that didn't rely on the patient's ability to pay.

ANS: A, D

Community health nurses expanded nursing services to new areas, including school, industrial, tuberculosis, and infant welfare nursing. They combined their training and knowledge to educate the public and served as the backbone for the Maternal and Infant Act of 1921. Community health nurses combined their training and knowledge to bring education to the public to promote health and well-being. Private duty nurses had always been the mainstay of nursing work; these nurses worked semi-autonomously in patients' homes. A system for determining compliance was not a part of the developing health care system in this country. The use of community health nursing increased because of concern with the public's health, not the patient's ability to pay.

5. Social events surrounding the Great Depression that had a major impact on American's emerging health care system included: (*Select all that apply.*)
- Blue Cross was developed as a prepaid health insurance plan.
 - large hospitals experienced increasing numbers of nonpaying patients.
 - many hospitals found their nursing schools too expensive to operate.
 - nurses were hired in hospitals in increasing numbers.
 - religious orders began supplying trained nurses, cutting the cost of nursing.

ANS: A, B, C, D

The development of Blue Cross helped hospitals' financial stability by providing patients who were able to pay for care. Large hospitals, particularly those in cities, experienced more patients who needed medical care but were unable to afford it because of the economic hardships of the Depression. A total of 570 training programs for nurses were closed because of prohibitive costs during the decade of the Depression. As hospital care became more sophisticated, more nurses were hired as staff. By 1941, more than 100,000 registered nurses were employed in hospitals. Religious orders did not provide trained nurses to hospitals to decrease the cost of the nursing staff.

6. The development of associate degree (AD) nursing programs has had which effect on nursing today? (*Select all that apply.*)
- A wider student pool has been able to study nursing.
 - AD programs have helped ease the nursing shortage.
 - Hospitals have been influenced to close their training programs.
 - Social status for graduates of nursing programs has improved.

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e. The public has suffered some confusion about nursing education.

ANS: A, B, C, E

Nontraditional students, such as mothers and older students, have found it convenient to study nursing at community colleges. More nurses enter the profession via AD programs than through baccalaureate and diploma programs combined. As college education for nurses became more widespread and accepted, hospital directors became convinced to close their expensive programs, lessening the burden of hiring a professional nursing staff. The public and nursing suffer from confusion about the educational requirements for becoming a registered nurse. AD programs do not necessarily contribute to the improved social status of nurses.

7. Enrollment in college-based nursing programs was initially hindered by: (*Select all that apply.*)
- a lack of qualified applicants.
 - little social and financial support.
 - poorly trained faculty members.
 - restrictive admissions criteria.

ANS: A, B

Nursing education differed from medical education, which had seen a rise in stature as a result of social support and financial endowments. Aspiring nurses found the time and monetary commitment to be too great compared with diploma programs. Poorly trained faculty members were not a factor in limited enrollment into college programs. Restrictive admissions criteria were not a factor in limited enrollment into college programs.

8. Men in nursing in the early to mid-20th-century faced which barriers to practice and education? (*Select all that apply.*)
- Denial of professional status in the military
 - Frequent use of trained nurses as orderlies
 - Limited areas of health care in which to practice
 - Physical inability to perform delicate tasks
 - Societal bias that nursing was women's work

ANS: A, B, C, E

Men in nursing faced multiple barriers, including denial of professional status in the military, the frequent use of trained nurses as orderlies, limited employment opportunities (e.g., in psychiatric care), and a societal belief that nursing was strictly women's work. Men are physically able to perform delicate tasks.

Chapter 02: Academic Progression

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MULTIPLE CHOICE

1. A faculty member explains to students that one concern of the American Nurses Association's 1965 position statement designating the baccalaureate degree (BSN) as the educational entry point for nursing is that:
- diploma programs remain the most popular educational program for nurses.
 - it is difficult to monitor other programs for congruency with BSN programs.
 - multiple educational paths create confusion for the public and the profession.
 - some states are creating different licensure exams for different pathways.

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ANS: C

The existence of multiple entry paths for nursing education is confusing both to the public and to aspiring nursing students, who may have difficulty understanding and comprehending the differences and what they mean. Diploma programs have declined sharply in number, with only 47 programs remaining in the United States in 2013. The ANA does not monitor different programs to evaluate congruency with BSN programs. States are not creating different licensure examinations for graduates of different programs.

2. A hospital-based nursing administrator is responsible for the diploma nursing program affiliated with that hospital. In deciding to keep the program open, the administrator develops changes that address a major historical concern with this type of program. In doing so, the administrator would most likely:
 - a. arrange for faculty from the local college to teach science courses.
 - b. limit the hours students are expected to work in the hospital.
 - c. lower the tuition rate and apply for increased federal student grants.
 - d. require nursing faculty to be doctorally prepared to remain on staff.

ANS: B

Diploma students were traditionally expected to staff the hospital with which their program was affiliated, often to the detriment of their educational experiences. This exploitation was described in several important studies of nursing education. Traditional diploma programs do not offer college credit, no matter who teaches the courses. Diploma programs were expensive to operate and expensive to students, and this had a part in their decreasing numbers. Federal funding (through a variety of means) is available for individual students, and although it is administered by institutions, it is not granted to the institution itself. Requiring doctorally prepared faculty would not address an historic concern with diploma education.

3. In analyzing trends within the profession that are correlated to the rise in baccalaureate nursing (BSN) programs, the nurse historian would outline that:
 - a. degree inflation is contributing to the demand for BSN programs.
 - b. increased social status and pay correspond to education at the college level.
 - c. men in nursing demand an increase in BSN programs compared with other programs.
 - d. the rise in doctorally prepared nurses corresponds to an increase in BSN programs.

ANS: D

BSN programs were often hampered by the lack of faculty prepared to teach at the collegiate level, which led to a reluctance of colleges and universities to establish BSN programs. Doctoral programs have been preparing nurse scholars and researchers, who have contributed to nursing's scientific backbone. The rise in these programs can be seen as a parallel development with the rise in BSN programs. The proliferation of advanced degrees in nursing is not the result of degree inflation; rather, it is a response to the increased sophistication and complexity of the health care environment today. Although nurses today do enjoy better pay and improved social status than in the past, this trend is not strongly correlated to the rise in BSN programs. Men in nursing are not a driving force for the increase in BSN programs.

4. A member of a state board of nursing explains to senior nursing students that liberal arts, communication, and health care policy are all appropriate subjects for study in a BSN program because:
 - a. a broad range of knowledge is important to work with educated consumers.
 - b. as nurses they will care for patients from increasingly diverse backgrounds.

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- c. physicians rely on the nursing staff to educate their patients on such issues.
- d. they are prepared to assume entry-level leadership positions in various settings.

ANS: D

BSN-prepared nurses are able to function as generalists and as entry-level leaders in a multitude of settings, leading to the need for inclusion of topics other than nursing care in their education. Consumers are more educated today than before, but this is not germane to the inclusion of these topics in nursing education. Diversity is increasing, but this is not related to the need for education in liberal arts and health care policy. These topics are not taught so that nurses can teach their patients.

5. A nursing dean in a baccalaureate nursing (BSN) program wishes to create a program that meets the needs of multiple and diverse students, responds to current trends, and increases enrollment. What modification to the existing program would best meet this goal?
- a. Allow RNs to validate community health nursing through volunteer work.
 - b. Bring faculty and classes to major hospitals employing non-BSN nurses.
 - c. Create seamless entry points and tracts for RN and second-degree students.
 - d. Find alternative times and days for classroom and clinical experiences.

ANS: C

A large group of diploma and associate degree (ADN) nurses could benefit from seamless entry points and BSN tracts designed especially for them. Another group of potential BSN-prepared nurses consists of individuals changing careers after completing degrees in other fields. Programs to address the needs of these students have proliferated. RN-BSN and accelerated nursing programs that are seamless and easy to navigate would go far in helping nursing meet the goal of the National Advisory Council for Nursing Education that at least two thirds of the nursing workforce hold a BSN or higher degree. Programs that offer specialized tracts for RNs and second-degree students would also help ease the nursing shortage because they are typically shorter in duration. Although the inclusion of community health nursing was an early differentiator between diploma and BSN programs, BSN programs have expanded well beyond this, and coursework for the BSN is more varied and complex than just simply adding a course in community health nursing. Bringing faculty and classes to major hospitals might make it more convenient for non-BSN nurses to complete their degrees, but the logistics would be difficult, and enrollment might be small. This also only capitalizes on the non-BSN nurse working in hospitals and does not address the needs of second-degree students or those employed in other settings. Alternative days and times for classroom and clinical experiences may help those who are juggling family or work commitments but would not address current trends in nursing or specifically meet the needs of students with diverse educational backgrounds.

6. An advanced-degree nurse working in a hospital is responsible for evaluating and synthesizing new knowledge and applying it to the population with whom he or she works. Other nurses recognize that this nurse probably has which degree?
- a. Doctor of nursing practice (DNP)
 - b. Doctor of nursing science (DNSc)
 - c. Doctor of philosophy (PhD)
 - d. Nursing doctorate (ND)

ANS: A

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The clinical practice doctorate in nursing is the DNP. This degree would prepare the nurse to translate and apply knowledge to the clinical setting rather than be responsible for generating new knowledge. The DNSc (or DNS) degree is a research-focused degree culminating in preparing and defending the student's dissertation. The PhD is another degree awarded to nurses completing a research-focused doctoral level program. The holder of this degree must also prepare and defend a dissertation based on original research. The ND degree, originally intended for research utilization, has lost favor, with only four schools granting it in 2004. With the advent of the DNP program, ND programs made the transition to the DNP model.

7. To discriminate between the two major branches of doctoral education for nurses, the aspiring student would classify the differences between them as primarily:
- cognate versus practice emphasis.
 - knowledge formulation versus utilization.
 - systems generation versus systems thinking.
 - tool generation versus tool application.

ANS: B

The main difference between the two programs of study is that the research-focused programs (PhD and DNSc) produce scholars who are capable of generating new knowledge, but the practice-focused programs (DNP) produce highly specialized practitioners who use knowledge in the clinical setting. The DNSc program is gradually being phased out. Both types of doctoral programs have cognate core courses. The DNP programs do prepare their graduates in highly skilled systems thinking, but the research-focused programs do not restrict their emphasis to the creation of new systems. Tool generation may be part of a research study but is not necessarily a component.

8. A potential nursing student is worried about the cost of attending a baccalaureate degree program. After examining the available options, the student would conclude that which of the following is probably the best route for an affordable education?
- Attending an in-state government-sponsored institution
 - Investigating work-study options at all program types
 - Obtaining scholarships to attend a private institution
 - Working part time while attending nursing school

ANS: A

State- and government-sponsored institutions are nearly always much less expensive than private education and give significant tuition discounts to in-state students.

Work-study plans are just one component of financial aid. Although obtaining work-study financing will help with the cost of the education, this alone may not offer significant reduction in actual costs, especially if the student attends a private school.

Scholarships for private institutions can significantly decrease the cost of attending, but students may not be eligible or may not be awarded scholarships because they are based on need or scholarship or a combination of both. Considering that private education is usually significantly more expensive than public education at a government-sponsored college, this option is not the most affordable, but it should be investigated because the possibility does exist for this option to make education quite affordable.

Working part time will probably not gain the student enough income to make a significant difference in the cost of attending college.