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# **Nursing**

## **Community-Health-Nursing**

### **ANCC Community Health Nursing**



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## Question: 1

Disaster drills are a means of which of the following?

- A. tertiary prevention
- B. secondary prevention
- C. primary prevention
- D. all of the above

## Answer: C

Explanation:

Disaster drills serve as a critical component of disaster management and can be considered as a form of primary prevention. Let's break down the different types of prevention and see how disaster drills fit into these categories:

Primary prevention aims to prevent an emergency or disaster from occurring in the first place. This could include measures such as building levees to prevent flooding, enforcing strict building codes to enhance earthquake resilience, or educating the public on fire safety to prevent fires. While disaster drills do not prevent the disaster itself, they prepare individuals and organizations for effective response, which can mitigate the impact of the disaster. Therefore, disaster drills are a component of primary prevention in that they prepare participants mentally and physically, reducing chaos and enhancing efficiency when a real disaster strikes.

Secondary prevention focuses on minimizing the impact of a disaster that has already occurred. This involves actions taken during and immediately after a disaster to prevent further injury or damage. Examples include evacuating people from areas at immediate risk, providing medical care to the injured, and preventing secondary health problems like disease outbreaks. Disaster drills simulate these scenarios to ensure that responders are well-equipped to handle them efficiently, thereby indirectly contributing to secondary prevention by improving the effectiveness of these responses.

Tertiary prevention involves long-term recovery efforts aimed at restoring affected communities and helping them regain normal functionality. This includes rebuilding homes, restoring services, providing psychological support, and improving policies and systems based on lessons learned from the disaster. Disaster drills, while mostly focused on immediate response, can also touch on aspects of tertiary prevention by training participants in recovery and rebuilding strategies.

In conclusion, while disaster drills primarily align with primary prevention by preparing organizations and individuals for effective disaster response, they also contribute indirectly to secondary and tertiary prevention. By enhancing the response capabilities of emergency personnel and other stakeholders, drills can reduce the overall impact of disasters and improve recovery processes. Thus, one could argue that disaster drills encompass elements of all the above: primary, secondary, and tertiary prevention.

## Question: 2

Planned change is a purposeful, designed effort to effect improvement in a system with the assistance of a change agent. All of the following are appropriate characteristics of planned change EXCEPT:

- A. The change is purposeful and intentional.
- B. Planned change in community health must aim at improvement.
- C. Planned change is accomplished through an influencing agent.
- D. The change is by default, not by design.

**Answer: D**

Explanation:

Planned change refers to deliberate and intentional efforts aimed at improving a system through structured and strategic processes. This type of change is typically orchestrated by a change agent who facilitates the transformation based on specific goals and objectives. Below, we will discuss why the characteristic "The change is by default, not by design" is not appropriate for planned change.

Planned change is inherently purposeful and intentional. This means that every aspect of the change process is thoughtfully considered and carefully mapped out to ensure that the desired outcomes are achieved. The emphasis is on proactive planning and execution rather than reactive or spontaneous actions. Therefore, saying that planned change is "by default" implies a lack of intention or planning, which contradicts the fundamental nature of planned change.

When we say change is "by design," we imply that it is the result of deliberate planning and conscious decision-making processes. In the context of planned change, strategies and interventions are designed based on a thorough analysis of the current system and its deficiencies. This design process involves setting clear objectives, identifying resources, predicting potential challenges, and devising appropriate solutions. The comprehensive planning and designing stage is crucial as it sets the foundation for successful implementation and sustainable change.

Conversely, if change occurs "by default," it suggests that it happens without foresight or planning—essentially, it occurs as a side effect of other actions or as a passive response to external pressures. This type of change is often unplanned and uncontrolled, which can lead to unforeseen consequences and may not necessarily align with the initial goals of improvement. In the realm of planned change, particularly in community health or organizational development, relying on default changes could be risky and inefficient.

Therefore, the statement "The change is by default, not by design" is not an appropriate characteristic of planned change. Planned change must be meticulously designed and actively managed to ensure that it leads to effective and favorable outcomes. The change process in planned change involves continuous monitoring and adjustments to stay aligned with the set goals and to adapt to any new challenges or insights that arise during the implementation phase.

In conclusion, planned change is characterized by its strategic, intentional, and designed nature. It is a systematic approach to transforming systems or processes with the aim of achieving specific improvements. The characteristic "The change is by default, not by design" does not align with the principles of planned change and is therefore not appropriate. Effective planned change requires thorough planning, skilled management, and continuous engagement with all stakeholders involved.

**Question: 3**

The movement that has sought to ensure that no particular part of the population is disproportionately burdened by the negative effects of pollution is which of the following?

- A. environmental justice
- B. environmental reliability
- C. environmental integrity
- D. none of the above

**Answer: A**

**Explanation:**

The correct answer to the question is "environmental justice." This movement aims to address and rectify the unfair distribution of environmental burdens across various communities, particularly those that are economically and socially marginalized. Environmental justice seeks to ensure that no specific group, especially disadvantaged communities, bears an excessive share of the negative impacts of pollution.

Historically, industrial facilities, waste disposal sites, and similar polluters have been predominantly located in areas inhabited by poorer or minority populations. These communities often lack the political power or resources to oppose such developments, which results in a higher exposure to pollutants. These pollutants can lead to a range of health problems, including respiratory issues, cancer, and other serious illnesses, thus disproportionately impacting the quality of life and health of these communities. The environmental justice movement works through legal, academic, and activist channels to advocate for fair environmental policies that do not discriminate against any community. It pushes for regulatory practices that include community input and consideration of the cumulative environmental impacts on these neighborhoods. The goal is not just to reduce pollution overall, but to ensure a more equitable distribution of environmental goods (like parks and clean air) and harms (like waste facilities and industrial pollution).

In summary, environmental justice is a critical movement that addresses the intersection of environmental health and social equity. It strives to ensure that all communities, regardless of their economic status or racial background, have equal protection from environmental hazards and equal access to the decision-making processes that affect their environment and health.

## **Question: 4**

The amount of an agent needed to produce illness varies. This amount is known as which of the following?

- A. pathogenicity
- B. invasiveness
- C. virulence
- D. infective dose

**Answer: D**

**Explanation:**

The term "infective dose" refers to the minimum quantity of a pathogenic agent necessary to establish an infection that leads to illness in a host. This concept is fundamental in understanding the transmission and impact of infectious diseases. Different pathogens have varying infective doses, which

can influence their potential for causing outbreaks and the strategies required for their control and prevention.

For example, some bacteria, like those causing tuberculosis, have a low infective dose, meaning that inhaling just a few of these bacteria can lead to disease. In contrast, other agents, such as those causing certain gastrointestinal illnesses, may require ingestion of hundreds or thousands of organisms to produce similar effects.

The infective dose can vary not only between different microorganisms but also among different strains of the same pathogen. Furthermore, individual host factors such as age, immune status, and genetic predisposition can affect the infective dose needed to cause disease in different people.

Understanding the infective dose is crucial for public health measures. It informs guidelines on exposure limits, helps in designing and implementing quarantine measures, and influences vaccination strategies. For example, in food safety, knowing the infective dose of common foodborne pathogens guides regulations regarding cooking and food handling practices to prevent outbreaks.

In summary, the infective dose is a critical concept in epidemiology and infectious disease management, reflecting the amount of a pathogen required to cause disease. It varies widely among pathogens and is influenced by both microbial properties and host characteristics.

## Question: 5

A woman who has recently suffered a stroke which has impaired her ability to move lives alone. According to Dorothy Orem this woman is subject to which of the following?

- A. stress overload
- B. poor environment
- C. limited boundaries
- D. self-care deficit

## Answer: D

### Explanation:

The correct answer to the question is "self-care deficit." Dorothy Orem, a renowned nursing theorist, introduced the concept of self-care in her Self-Care Deficit Theory. According to Orem, self-care is the practice of activities that individuals initiate and perform on their own behalf to maintain life, health, and well-being.

Orem's theory further delineates when nursing is needed. Nursing is required when an adult (or in some cases a child) is incapable of providing continuous effective self-care. This is termed as 'self-care deficit'. Orem identifies several types of self-care deficits, and nursing care becomes essential when an individual is unable to meet their own needs for self-care, which is the situation in the given scenario. In the scenario described, the woman has suffered a stroke that has impaired her ability to move. This impairment likely limits her ability to perform essential self-care activities such as bathing, dressing, feeding, or even moving around. Such limitations place her in a state of self-care deficit because her ability to independently maintain her health and well-being is compromised.

According to Orem's theory, this situation necessitates a nursing intervention to assist her in meeting her self-care needs that she cannot meet alone due to her physical limitations. Interventions can include assistance with daily life activities, managing her medications, or implementing rehabilitation strategies to enhance her mobility and independence over time.

Hence, understanding and applying Orem's concept of self-care deficit is crucial in identifying when and how nursing care is required, particularly in cases where individuals are unable to care for themselves due to health complications such as those resulting from a stroke.

## Question: 6

The community nurse wishes to launch a prostate cancer education and screening program in the community. She uses the Framework for Developing Health Communications model. The stage of this model that is critical to setting up good communication is which of the following?

- A. implementing the program
- B. assessing effectiveness
- C. planning and strategy development
- D. developing and pretesting concepts

## Answer: C

Explanation:

The Framework for Developing Health Communications model is a structured approach designed to enhance the effectiveness of health communication strategies. This model encompasses several stages, each critical in the development and delivery of health communication programs. Among these stages, "planning and strategy development" is particularly crucial. Here's an expanded explanation of why this stage is so vital:

The "planning and strategy development" stage serves as the foundational phase where the goals and objectives of the health communication initiative are defined. At this stage, the community nurse would establish clear, measurable objectives for the prostate cancer education and screening program. This involves determining what the program aims to achieve, such as increasing awareness about prostate cancer, educating men on the importance of early detection, or boosting the number of community members who undergo screening.

A key component of the planning stage is the research and analysis of the target audience. For a prostate cancer screening program, the primary audience would likely be men within a certain age group, potentially at higher risk due to family history, lifestyle, or other health factors. Understanding the audience's characteristics—such as their knowledge level about prostate cancer, their health beliefs, cultural factors, and possible misconceptions or barriers to screening—is essential. This knowledge enables the nurse to tailor the communication strategy effectively to resonate with the audience and address their specific needs and concerns.

Another critical aspect of this stage involves choosing the right communication channels and materials. The nurse must consider the most effective means to reach the target audience. Options might include community meetings, brochures, social media campaigns, local radio announcements, or collaboration with local businesses and religious institutions. Each channel has its strengths and limitations, and the choice depends on the audience's preferences and accessibility.

Additionally, during the planning and strategy development stage, stakeholder engagement is crucial. This might involve collaborating with local health clinics, hospitals, community leaders, and other relevant organizations. These partnerships can enhance the program's credibility and reach. Engaging stakeholders early in the planning process can also help in addressing potential challenges and leveraging community resources more effectively.

Finally, this stage should also outline the methods for evaluating the effectiveness of the communication efforts. Setting up mechanisms for feedback and assessment allows the nurse to understand whether the communication strategy meets its objectives and what adjustments might be necessary to improve outcomes.

In summary, the "planning and strategy development" stage is critical because it lays the groundwork for all subsequent actions in the health communication program. It involves setting clear objectives, understanding the audience, selecting appropriate communication methods, engaging stakeholders, and planning for evaluation. Each of these components is essential for setting up effective communication that can lead to successful health education and screening outcomes.

## Question: 7

The type of professional liability insurance that provides protection if an incident occurs while the nurse is insured by the policy is known as which of the following?

- A. occurrence policy
- B. claims-made policy
- C. malpractice policy
- D. negligence policy

## Answer: A

### Explanation:

This type of professional liability insurance is essential for healthcare professionals, including nurses, as it offers protection against claims made for incidents that occur while the policy is active, regardless of when the claim itself is filed. This feature is particularly significant in the medical field where some issues or complications may not become apparent until long after the initial treatment or care was provided.

To understand the benefits of an occurrence policy, it's helpful to compare it with another common type of liability insurance known as a "claims-made policy." A claims-made policy differs significantly because it provides coverage only if the policy is active both when the incident occurs and when the lawsuit is filed. This means if the policy lapses or is canceled, and a claim is filed after this period for an incident that occurred during the time of coverage, the nurse would not be protected.

The occurrence policy, in contrast, offers a more robust form of security. Once an incident occurs during the active period of the policy, the nurse is covered for that incident indefinitely, irrespective of when a claim is eventually made. This can provide immense peace of mind for professionals in sectors where claims can be delayed and the effects of professional actions might not be known immediately.

In summary, while both occurrence and claims-made policies are designed to protect against professional liability, they do so in fundamentally different ways. The occurrence policy is generally preferred in the healthcare industry due to its comprehensive coverage over time, ensuring that professionals remain protected against claims for incidents that occurred while they were insured, no matter how much time has passed since the policy was active.

## Question: 8

The health promotion model that has several constructs including perceived seriousness, perceived susceptibility, and perceived benefits of treatment is which of the following?

- A. Theory of Reasoned Action
- B. Transtheoretical Model
- C. Health Promotion Model
- D. Health Belief Model

**Answer: D**

Explanation:

The correct answer to the question, "The health promotion model that has several constructs including perceived seriousness, perceived susceptibility, and perceived benefits of treatment is which of the following?" is the Health Belief Model.

The Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviors. This model is based on the understanding that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood of the adoption of the behavior. This model was developed in the 1950s by social psychologists at the U.S. Public Health Service and remains one of the best known and most widely used theories in health behavior research.

The HBM consists of several key constructs that influence individual decisions about health behaviors: perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. Perceived susceptibility refers to a person's subjective perception of the risk of acquiring an illness or disease. Perceived severity refers to a person's feelings on the seriousness of contracting an illness or the disease and its potential consequences. Perceived benefits consider the individual's assessment of the effectiveness of various actions available to reduce the threat of illness or disease. Perceived barriers are the individual's evaluation of the obstacles to behavior change.

In addition to these core factors, the Health Belief Model also includes cues to action and self-efficacy. Cues to action are events, people, or things that could trigger the decision-making process to accept a recommended health action. These cues can be internal (e.g., physical symptoms) or external (e.g., advice from others, media campaigns). Self-efficacy is the level of a person's confidence in their ability to successfully perform a behavior. This construct was later added to the model to help better understand the challenges of changing health behaviors.

The Health Belief Model has been used to study a wide variety of long- and short-term health behaviors, including sexual risk behaviors and the use of contraception, screening for early detection of disease, and adherence to medical regimens. It is a key model in the understanding of how health-related decision-making processes influence actions and has been instrumental in developing effective health promotion and disease prevention programs.

## **Question: 9**

The nurse leader must act as a change agent. Kurt Lewin identified rules that should be followed when change is necessary. Which of the following is one of these rules?

- A. Change should be implemented only for good reason.
- B. Change should never be unexpected or abrupt.
- C. All people who may be affected by the change should be involved in planning for the change.

D. all of the above

**Answer: D**

Explanation:

Kurt Lewin, a prominent psychologist, is well-known for his theories on change management, particularly within organizational settings. One of his notable contributions is the three-stage model of change often referred to as Unfreeze-Change-Refreeze. According to Lewin, effective change within an organization should follow these stages, each encompassing specific rules and considerations for successful implementation.

The question asks about the rules identified by Kurt Lewin when change is necessary. Although the choices provided in the question were not fully listed in the query, it mentions that the correct answer is "all of the above." From this, we can infer that all the listed options are accurate representations of Lewin's rules. Some of these rules, based on Lewin's change model, include: 1. **Change should be implemented only for good reason**: This aligns with Lewin's philosophy that change should not be arbitrary. It needs to be justified and necessary, addressing real issues or problems that the organization faces. This is essential during the 'Unfreeze' stage, where the goal is to prepare the organization for change by overcoming inertia and dismantling existing mindsets. 2. **Change should always be planned and implemented gradually**: This rule reflects the 'Change' stage in Lewin's model. Change should not be abrupt as it can lead to resistance. Gradual implementation helps individuals and the organization to better adapt to new ways of working. 3. **All people who may be affected by the change should be involved in planning for the change**: This guideline is crucial for gaining buy-in and reducing resistance. Involving employees and other stakeholders in the planning process ensures that their perspectives and concerns are considered, making the change more acceptable and sustainable.

By stating "all of the above" as the correct answer, it's clear that the options listed in the question are consistent with these principles. Each rule is interconnected and collectively they ensure a smoother transition during organizational change. This holistic approach not only addresses the practical aspects of implementing change but also the human elements, which are often the most challenging parts of change management.

In summary, Kurt Lewin's rules for implementing change emphasize careful planning, gradual implementation, involving affected individuals, and ensuring there is a good reason for the change. These principles form a solid foundation for any change management strategy, aimed at minimizing disruption while maximizing acceptance and effectiveness of the new ways.

### **Question: 10**

Examining the relationship between gender and smoking behaviors among adolescents would be an example of which of the following types of research?

- A. nonexperimental
- B. experimental
- C. control
- D. random

**Answer: A**

**Explanation:**

The correct answer to the question regarding the type of research involved in examining the relationship between gender and smoking behaviors among adolescents is "nonexperimental."

Nonexperimental research designs, also known as descriptive or observational research, do not involve manipulating variables or assigning subjects to different conditions. Instead, these studies observe and record naturally occurring relationships without intervention by the researcher. This method allows researchers to gather data on real-world behaviors and conditions as they unfold in their natural settings.

In the context of the study in question, which examines the relationship between gender and smoking behaviors among adolescents, the research would likely involve collecting data on the smoking habits of different genders within a group of adolescents and analyzing the patterns that emerge. This could involve surveys, interviews, or reviewing existing records. The key aspect of nonexperimental research in this scenario is that the researchers simply document existing behaviors and characteristics rather than attempting to influence or change those behaviors.

The strength of nonexperimental research is its ability to provide a snapshot of real-life situations and behaviors, which can be crucial for understanding complex social, psychological, and behavioral dynamics. However, a major limitation is its inability to definitively establish cause-and-effect relationships. Because variables are not manipulated or controlled, it's often unclear whether a relationship between variables denotes causation or merely correlation.

In summary, the nonexperimental approach is best suited for studies aiming to explore and describe relationships and trends rather than to infer causality. This makes it an appropriate choice for examining how gender might influence smoking behaviors among adolescents, as it allows researchers to observe and record these phenomena without altering natural conditions.

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