Varcarolis: Essentials of Psychiatric Mental Health Nursing

Test Bank

Chapter 3: Theories and Therapies

MULTIPLE CHOICE

1. A 26-month-old child displays negative behaviors. The parent says, "My child refuses toilet training and shouts 'No!' when given direction. What do you think is wrong?" Select the nurse's best reply.
   a. "This is normal for your child's age. The child is striving for independence."
   b. "The child needs firmer control. Punish the child for defiance and saying no."
   c. "There may be developmental problems. Most children are toilet trained by age 2."
   d. "Some undesirable attitudes are developing. A child psychologist can help you develop a remedial plan."

   ANS: A
   These negative behaviors are typical of a child around the age of 2 years whose developmental task is to develop autonomy. The remaining options indicate the child's behavior is abnormal.

   DIF: Cognitive Level: Application   REF: Text Page: 27
   TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

2. A 26-month-old child displays negative behavior, refuses toilet training, and often shouts "No!" when given directions. Using Freud's stages of psychosexual development, a nurse would assess the child's behavior based on which stage of development?
   a. Oral
   b. Anal
   c. Phallic
   d. Genital

   ANS: B
   In Freud's stages of psychosexual development, the anal stage occurs from age 1 to 3 years and has as its focus toilet training and learning to delay immediate gratification. The oral stage occurs between birth and 1 year, the phallic stage occurs between 3 and 5 years, and the genital stage occurs between 13 and 20 years.

   DIF: Cognitive Level: Comprehension REF: Text Page: 27
   TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and Maintenance

3. A 26-month-old child displays negative behavior, refuses toilet training, and often shouts "No!" when given direction. The parent asks a nurse, "Is something wrong with my child?" The nurse's counseling should be based on the premise that the child is engaged in which of Erikson's psychosocial crises?
    a. Trust versus mistrust
    b. Initiative versus guilt
    c. Industry versus inferiority
    d. Autonomy versus shame and doubt

    ANS: D
    The crisis of autonomy versus shame and doubt is related to the developmental task of gaining control of self and environment, as exemplified by toilet training. This psychosocial crisis occurs during the period of early childhood. Trust versus mistrust is the crisis of the infant, initiative versus guilt is the crisis of the preschool and early school-aged child, and industry versus inferiority is the crisis of the 6- to 12-year-old child.

    DIF: Cognitive Level: Comprehension REF: Text Page: 27
    TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and Maintenance

4. A 4-year-old child grabs toys from siblings, saying, "I want that toy now!" The siblings cry and the child's parent becomes upset with the behavior. Using Freudian theory, a nurse can interpret the child's behavior as a product of impulses originating in the:
    a. id.
    b. ego.
    c. superego.
    d. preconscious.

    ANS: A
    The id operates on the pleasure principle, seeking immediate gratification of impulses. The ego acts as a mediator of behavior and would weigh the consequences of the action, perhaps determining that taking the toy is not worth the parent's wrath. The superego would oppose the impulsive behavior as "not nice." The preconscious is a level of awareness.

    DIF: Cognitive Level: Application   REF: Text Pages: 25-26
    TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and Maintenance

5. The parent of a 4-year-old rewards and praises the child for helping a younger sibling, being polite, and using good manners. A nurse supports the use of praise because according to Freudian theory these qualities will likely be internalized and become part of the child's:
    a. id.
    b. ego.

c. superego.
d. preconscious.

ANS: C
In Freudian theory, the superego contains the "thou shalts," or moral standards internalized from interactions with significant others. Praise fosters internalization of desirable behaviors. The id is the center of basic instinctual drives, and the ego is the mediator. The ego is the problem-solving and reality-testing portion of the personality that negotiates solutions with the outside world. The preconscious is a level of awareness from which material can be retrieved easily with conscious effort.

DIF: Cognitive Level: Comprehension REF: Text Pages: 25-26
TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

6. A nurse supports parental praise of a child behaving in a helpful way. When the individual behaves with politeness and helpfulness in adulthood, which feeling will most likely result?
a. Guilt
b. Anxiety
c. Loneliness
d. Self-esteem

ANS: D
The individual will be living up to the ego ideal, which will result in positive feelings about self. The other options are incorrect because each represents a negative feeling.

DIF: Cognitive Level: Comprehension REF: Text Pages: 25-26
TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

7. A patient comments, "I never know the answers" and "My opinion doesn't count." Using Erikson's theory, a nurse would assess that the patient had difficulty resolving which psychosocial crisis?
a. Initiative versus guilt
b. Trust versus mistrust
c. Autonomy versus shame and doubt
d. Generativity versus self-absorption

ANS: C
These statements show severe self-doubt, indicating that the crisis of gaining control over the environment was not successfully met. Unsuccessful resolution of the crisis of initiative versus guilt would result in feelings of guilt. Unsuccessful resolution of the crisis of trust versus mistrust results in poor interpersonal relationships and suspicion of others. Unsuccessful resolution of the crisis of generativity versus self-absorption results in self-absorption that limits the ability to grow as a person.

DIF: Cognitive Level: Application   REF: Text Page: 27
TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and
Maintenance

8. Which patient statement would lead a nurse to suspect that the developmental task of
    infancy was not successfully completed?
    a. "I have very warm and close friendships."
    b. "I'm afraid to allow anyone to really get to know me."
    c. "I'm always absolutely right, so don't bother saying more."
    d. "I'm ashamed that I didn't do it correctly in the first place."

    ANS: B
    According to Erikson, the developmental task of infancy is the development of trust. The
    patient's statement that he or she is afraid of becoming acquainted with others clearly
    shows a lack of ability to trust other people. Having warm and close friendships suggests
    the developmental task of infancy was successfully completed. The third option suggests
    rigidity rather than mistrust. The fourth option suggests failure to resolve the crisis of
    initiative versus guilt.

    DIF: Cognitive Level: Analysis   REF: Text Page: 27
    TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and
    Maintenance

9. A nurse assesses that a patient is suspicious and frequently manipulates others. Using
    Freudian theory, the nurse should consider these traits as related to which psychosexual
    stage?
    a. Oral
    b. Anal
    c. Phallic
    d. Genital

    ANS: A
    According to Freud, each of the behaviors mentioned develops as the result of attitudes
    formed during the oral stage, when an infant first learns to relate to the environment.
    Anal stage traits include stinginess, stubbornness, orderliness, or their opposites. Phallic
    stage traits include flirtatiousness, pride, vanity, difficulty with authority figures, and
    difficulties with sexual identity. Genital stage traits include the ability to form satisfying
    sexual and emotional relationships with members of the opposite sex, emancipation from
    parents, and a strong sense of personal identity.

    DIF: Cognitive Level: Application   REF: Text Pages: 25-27
    TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and
    Maintenance

10. A patient expresses the wish to be taken care of and often behaves in a helpless fashion. The patient has needs related to which of Freud's stages of psychosexual development?
    a. Latency
    b. Phallic
    c. Anal
    d. Oral

    ANS: D
    According to Freud, fixation at the oral stage sometimes produces dependent infantile behaviors in adults. Latency fixations often result in difficulty identifying with others and developing social skills, resulting in a sense of inadequacy and inferiority. Phallic fixations result in having difficulty with authority figures and poor sexual identity. Anal fixation sometimes results in retentiveness, rigidity, messiness, destructiveness, and cruelty.

    DIF: Cognitive Level: Application   REF: Text Pages: 27-29
    TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and
    Maintenance

11. A nurse listens to a group of recent retirees in their early 60s. One says, "I volunteer with Meals on Wheels, coach teen sports, and do church visitation." Another laughs and says, "I'm too busy taking care of myself to volunteer. I don't care about helping others."
    These comments contrast which developmental tasks?
    a. Trust and mistrust
    b. Industry and inferiority
    c. Intimacy and isolation
    d. Generativity and self-absorption

    ANS: D
    Both retirees are in middle adulthood, when the developmental crisis to be resolved is generativity versus self-absorption. One exemplifies generativity, the other embodies self-absorption. The developmental crisis of trust versus mistrust would show a contrast between relating to others in a trusting fashion or being suspicious and lacking trust. Failure to negotiate the developmental crisis of industry versus inferiority would result in a sense of inferiority or difficulty learning and working as opposed to the ability to work competently. Behaviors that would be contrasted in the crisis of intimacy versus isolation would be emotional isolation and the ability to love and commit to oneself.

    DIF: Cognitive Level: Application   REF: Text Page: 29
    TOP: Nursing Process: Assessment   MSC: NCLEX: Health Promotion and
    Maintenance

12. A student nurse notes that a patient uses behaviors to relieve anxiety. The student asks the staff nurse, "Are ego defense mechanisms and security operations the same?" The nurse should explain that although both are unconsciously determined and designed to relieve anxiety, the major difference is:

a. defense mechanisms are intrapsychic and not observable.
b. defense mechanisms lead to arrested personal development.
c. security operations are interpersonal relationship activities.
d. security operations are masterminded by the id and superego.

ANS: C
Sullivan's theory explains that security operations are interpersonal relationship activities designed to relieve anxiety. Because they are interpersonal in nature they can be observed. Defense mechanisms are unconscious and automatic. Repression is entirely intrapsychic, but other mechanisms result in observable behaviors. Frequent, continued use of many defense mechanisms often results in reality distortion and interferes with healthy adjustment and emotional development. Occasional use of defense mechanisms is considered normal and does not markedly interfere with development. Security operations are ego centered.

DIF: Cognitive Level: Comprehension REF: Text Page: 26
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

13. A student nurse tells the instructor, "I don't need to interact with my patients. I learn what I need to know by observation." The instructor can best interpret the nursing implications of Sullivan's theory to the student by responding:
a. "Nurses cannot be isolated. We must interact to provide patients with opportunities to practice interpersonal skills."
b. "Observing patient interactions can help you formulate priority nursing diagnoses and appropriate interventions."
c. "I wonder how accurate your assessment of the patient's needs can be if you do not interact with the patient."
d. "It is important to note patient behavioral changes because these signify changes in personality."

ANS: A
Sullivan believed that the nurse's role includes educating patients and assisting them in developing effective interpersonal relationships. Mutuality, respect for the patient, unconditional acceptance, and empathy are cornerstones of Sullivan's theory. These cornerstones cannot be demonstrated by the nurse who does not interact with the patient. Observations provide only objective data. Priority nursing diagnoses usually cannot be accurately established without subjective data from the patient. The third response pertains to Maslow's theory. The fourth response pertains to behavioral theory.

DIF: Cognitive Level: Application   REF: Text Page: 26
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

14. A psychiatric technician says, "Little of what takes place on the behavioral health unit seems to be theory based." A nurse can educate the technician by identifying which common use of Sullivan's theory?
a. The ongoing use of restraint and seclusion as behavior management tools

b.   The structure of the therapeutic milieu of most behavioral health units
c.   Assessment tools based on age-appropriate versus arrested behaviors
d.   The method nurses use to determine the best sequence for nursing actions

ANS: B
The structure of the therapeutic environment has as foci an accepting atmosphere and provision of opportunities for practicing interpersonal skills. Both constructs are directly attributable to Sullivan's theory of interpersonal relationships. Sullivan's interpersonal theory did not specifically consider use of restraint or seclusion. Assessment based on developmental level is more the result of Erikson's theories. Sequencing nursing actions based on patient priority needs is related to Maslow's hierarchy of needs.

DIF: Cognitive Level: Application   REF: Text Pages: 25, 41
TOP: Nursing Process: Implementation MSC: NCLEX: Safe, Effective Care Environment

15.   A nurse uses Maslow's hierarchy of needs to plan care for a patient who is psychotic. Which problem will receive priority? The patient:
a.   refuses to eat or bathe.
b.   reports feelings of alienation from family.
c.   is reluctant to participate in unit social activities.
d.   needs to be taught about medication action and side effects.

ANS: A
The need for food and hygiene is physiological and therefore takes priority over psychological or meta-needs in care planning.

DIF: Cognitive Level: Analysis   REF: Text Page: 33
TOP: Nursing Process: Planning   MSC: NCLEX: Safe, Effective Care Environment

16.   Operant conditioning will be used to encourage speech in a child who is nearly mute. Which technique would a nurse include in the treatment plan?
a.   Ignore the child for using silence.
b.   Have the child observe others talking.
c.   Give the child a small treat for speaking.
d.   Teach the child relaxation techniques, then coax speech.

ANS: C
Operant conditioning involves giving positive reinforcement for a desired behavior. Treats are rewards and will reinforce speech. Ignoring the child will not change the behavior. Having the child observe others describes modeling. Teaching relaxation techniques and then coaxing speech is an example of systematic desensitization.

DIF: Cognitive Level: Application   REF: Text Page: 30
TOP: Nursing Process: Planning   MSC: NCLEX: Psychosocial Integrity

17.   The parent of a child who has schizophrenia tearfully asks a nurse, "What could I have done differently to prevent this illness?" The most reassuring response for the nurse would be:
      a.   "Although schizophrenia is caused by impaired family relationships, try not to feel guilty. No one can predict how a child will respond to parental guidance."
      b.   "Most of the damage is done, but there is still hope. Changing your parenting style can help your child learn to cope more effectively with the environment."
      c.   "Schizophrenia is a biological illness with similarities to diabetes and heart disease. You are not to blame for your child's illness."
      d.   "Most mental illnesses result from genetic inheritance. Your genes are more at fault than your parenting."

      ANS: C
      Patients and families need reassurance that the major mental disorders are biological in origin and are not the "fault" of parents. Knowing the biological nature of the disorder relieves feelings of guilt over being responsible for the illness. The first response is neither wholly accurate nor reassuring. The second response falls short of being reassuring. The fourth response places the burden of having faulty genes on the shoulders of the parents.

      DIF: Cognitive Level: Application   REF: Text Pages: 35, 36
      TOP: Nursing Process: Implementation MSC: NCLEX: Physiological Integrity

18.   A nurse uses Peplau's interpersonal therapy while working with an anxious, withdrawn patient. Interventions should focus on:
      a.   changing the patient's perceptions about self.
      b.   improving the patient's interactional skills.
      c.   reinforcing specific behaviors.
      d.   liberally using medications to relieve anxiety.

      ANS: B
      The nurse-patient relationship is structured to provide a model for adaptive interpersonal relationships that can be generalized to others. Changing the patient's perceptions about the self would be appropriate for cognitive therapy. Reinforcing specific behaviors would be used in behavioral therapy. Using medications would be the focus of biological therapy.

      DIF: Cognitive Level: Application   REF: Text Pages: 36, 37
      TOP: Nursing Process: Planning   MSC: NCLEX: Psychosocial Integrity

19.   A patient underwent psychotherapy weekly for 3 years. The therapist used free association, dream analysis, and facilitated transference to help the patient understand unconscious processes and foster personality change. Which type of therapy was used?
      a.   Short-term dynamic psychotherapy
      b.   Transactional analysis

c. Cognitive therapy
d. Psychoanalysis

ANS: D
The patient described traditional psychoanalysis. Short-term dynamic psychotherapy would last less than a year. Neither transactional analysis nor cognitive therapy makes use of the techniques described.

DIF: Cognitive Level: Comprehension REF: Text Page: 26
TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

20. A nurse states, "The patient is homosexual and experiences severe anxiety and depression in anticipation of the family's reaction when sexual orientation is revealed." The patient's problem has been formulated from the vantage point of a therapist who uses:
a. cognitive therapy.
b. behavioral therapy.
c. interpersonal psychotherapy.
d. psychodynamic psychotherapy.

ANS: C
By using the interpersonal model, the therapist sees the anxiety and depression as resulting from unmet interpersonal security needs. A cognitive theory formulation would focus on faulty cognitions of the patient. A behavioral formulation would focus on changing specific behaviors of the patient. A psychodynamic formulation would focus on uncovering unconscious material that relates to the patient problem.

DIF: Cognitive Level: Application   REF: Text Pages: 26, 29
TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

21. A nurse psychotherapist works with an anxious, dependent patient. The therapeutic strategy most consistent with the framework of psychoanalytic psychotherapy would be:
a. emphasizing medication compliance.
b. identifying patient strengths and assets.
c. using psychoeducational materials.
d. focusing on feelings developed by the patient toward the nurse.

ANS: D
Positive or negative feelings of the patient toward the nurse or the therapist are called transference. Transference is a psychoanalytic concept. Transference can be used to explore previously unresolved conflicts. Emphasizing medication compliance would be more related to biological therapy. Identifying patient strengths and assets would be consistent with supportive psychotherapy. The use of psychoeducational materials is a common "homework" assignment used in cognitive therapy.

DIF: Cognitive Level: Application   REF: Text Page: 26
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

22. A person tells a nurse, "I was the only survivor in a small plane crash. Three of my business associates were killed. I got anxious and depressed and saw a counselor three times a week for 4 weeks. We talked about my feelings related to being a survivor. I'm okay now, back to being my old self." Which type of therapy was used?
    a. Milieu therapy
    b. Psychoanalysis
    c. Behavior modification
    d. Interpersonal psychotherapy

    ANS: D
    Interpersonal psychotherapy returned the patient to the former level of functioning by helping the patient come to terms with the loss of friends and guilt over being a survivor. Milieu therapy refers to environmental therapy. Psychoanalysis would call for a long period of exploration of unconscious material. Behavior modification would focus on changing a behavior rather than helping the patient understand what is going on in his or her life.

    DIF: Cognitive Level: Comprehension REF: Text Pages: 26, 29
    TOP: Nursing Process: Assessment   MSC: NCLEX: Psychosocial Integrity

23. A cognitive strategy a nurse could use to help a very dependent patient would be to help the patient:
    a. reveal dream content.
    b. take prescribed medications.
    c. examine thoughts about being independent.
    d. choose an applicable diagnostic label from the *DSM-IV-TR*.

    ANS: C
    Cognitive theory suggests that one's thought processes are the basis of emotions and behavior. Changing faulty learning makes development of new adaptive behaviors possible. Revealing dream content would be used in psychoanalytically oriented therapy. Taking prescribed medications is an intervention associated with biological therapy. Choosing a diagnostic label is not an appropriate intervention. Medical diagnosis is the prerogative of the medical practitioner or advanced practice registered nurse.

    DIF: Cognitive Level: Application   REF: Text Pages: 30-32
    TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

24. A single parent is experiencing feelings of inadequacy related to work and family since one teenaged child ran away several weeks ago. The individual seeks the help of a therapist specializing in cognitive therapy. The psychotherapist who uses cognitive therapy will treat the patient by:
    a. discussing ego states.
    b. focusing on unconscious mental processes.

c. negatively reinforcing an undesirable behavior.
d. helping the patient identify and change faulty thinking.

ANS: D
Cognitive therapy emphasizes the importance of changing erroneous ways people think about themselves. Once faulty thinking is changed, the individual's behavior changes. Focusing on unconscious mental processes is a psychoanalytic approach. Negatively reinforcing undesirable behaviors is behavior modification, and discussing ego states relates to transactional analysis.

DIF: Cognitive Level: Application   REF: Text Pages: 30-32
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

25. A person has been invited to be in the wedding of a friend who lives across the country. The individual is afraid of flying. What type of therapy should the nurse recommend?
a. Psychoanalysis
b. Milieu therapy
c. Systematic desensitization
d. Short-term dynamic therapy

ANS: C
Systematic desensitization is a type of therapy aimed at extinguishing a specific behavior, such as the fear of flying. Psychoanalysis and short-term dynamic therapy are aimed at uncovering conflicts. Milieu therapy involves environmental factors.

DIF: Cognitive Level: Analysis   REF: Text Page: 30
TOP: Nursing Process: Planning   MSC: NCLEX: Psychosocial Integrity

26. An advanced practice nurse determines a patient would benefit from therapy in which peers and interdisciplinary staff all have a voice in determining the level of patient privileges. The nurse would arrange for:
a. milieu therapy.
b. cognitive therapy.
c. short-term dynamic therapy.
d. systematic desensitization.

ANS: A
Milieu therapy is based on the idea that all members of the environment contribute to the planning and functioning of the setting. The other therapies are all individual therapies that do not fit the description.

DIF: Cognitive Level: Comprehension REF: Text Page: 41
TOP: Nursing Process: Planning   MSC: NCLEX: Psychosocial Integrity

27. Cognitive therapy was provided for a patient who stated, "I'm stupid." Which statement by the patient indicates the therapy was effective?

a. "I'm disappointed in my lack of ability."
b. "Sometimes I do stupid things."
c. "Things always go wrong for me."
d. "I always fail when I try new things."

ANS: B
"I'm stupid" is an irrational thought. A more rational thought is "Sometimes I do stupid things." The latter thinking promotes emotional self-control. The remaining options reflect irrational thinking.

DIF: Cognitive Level: Application   REF: Text Pages: 31-32
TOP: Nursing Process: Evaluation   MSC: NCLEX: Psychosocial Integrity

MULTIPLE RESPONSE

1. A basic level registered nurse works with patients in a community setting. Which groups should this nurse expect to lead? (More than one answer is correct.)
    a. Symptom management
    b. Family therapy
    c. Medication education
    d. Psychotherapy
    e. Self-care

    ANS: A, C, E
    Symptom management, medication education, and self-care groups represent psychoeducation, which is provided by the basic level registered nurse. Family therapy and psychotherapy would be provided by advanced practice registered nurses.

    DIF: Cognitive Level: Application   REF: Text Pages: 39-40
    TOP: Nursing Process: Implementation MSC: NCLEX: Health Promotion and Maintenance

2. A patient states, "I'm starting cognitive behavioral therapy. What can I expect from the sessions?" Which response(s) by the nurse would be appropriate? (More than one answer is correct.)
    a. "The therapist will be active and questioning."
    b. "You may be given homework assignments."
    c. "The therapist will ask you to describe your dreams."
    d. "The therapist will help you look at ideas and beliefs you have about yourself."
    e. "The goal is to increase your subjectivity about thoughts that govern your behavior."

    ANS: A, B, D

Cognitive therapists are active rather than passive during therapy sessions because they help patients reality test their thinking. Homework assignments are given and are completed outside the therapy sessions. Homework is usually discussed at the next therapy session. The goal of cognitive therapy is to assist the patient in identifying inaccurate cognitions and in reality testing and formulating new, accurate cognitions. Dream describing applies to psychoanalysis, not cognitive behavioral therapy. The desired outcome of cognitive therapy is to assist patients in increasing their objectivity, not subjectivity, about the cognitions that influence behavior.

DIF: Cognitive Level: Application   REF: Text Page: 30
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

3.   A nurse terminates a relationship with a patient. Which actions by the nurse should be included? (More than one answer is correct.)
   a.   Help the patient express feelings about the relationship with the nurse.
   b.   Focus dialogues with the patient on problems that may develop.
   c.   Help the patient prioritize and modify socially unacceptable behaviors.
   d.   Establish expectations of how long the relationship will last.
   e.   Work with the patient to identify strengths, limitations, and problems.

ANS: A, B
Helping the patient express feelings about the relationship with the nurse and dialogue on potential problems is part of the termination phase. The other actions would be used in the orientation or working phases.

DIF: Cognitive Level: Application   REF: Text Pages: 36-37
TOP: Nursing Process: Implementation MSC: NCLEX: Psychosocial Integrity

MATCHING

Order these outcomes by priority for a patient with mental illness. The patient will:
a.   consume at least 50% of every meal.
b.   identify assets and strengths about self.
c.   describe characteristics of healthy relationships with others.
d.   identify reasons to wear a helmet when riding a motorcycle

1. 1

2. 2

3. 3

4. 4

1.   ANS: A   DIF: Cognitive Level: Analysis   REF: Text Pages: 36-37

TOP: Nursing Process: Outcomes Identification
MSC: NCLEX: Psychosocial Integrity
NOT: Correct prioritization is vital to ensure the well-being of patients in a nurse's care. Health (physiological needs) is first, followed by safety, interpersonal (love and belonging), and esteem needs.

2. ANS: D   DIF: Cognitive Level: Analysis   REF: Text Pages: 36-37
TOP: Nursing Process: Outcomes Identification
MSC: NCLEX: Psychosocial Integrity
NOT: Correct prioritization is vital to ensure the well-being of patients in a nurse's care. Health (physiological needs) is first, followed by safety, interpersonal (love and belonging), and esteem needs.

3. ANS: C   DIF: Cognitive Level: Analysis   REF: Text Pages: 36-37
TOP: Nursing Process: Outcomes Identification
MSC: NCLEX: Psychosocial Integrity
NOT: Correct prioritization is vital to ensure the well-being of patients in a nurse's care. Health (physiological needs) is first, followed by safety, interpersonal (love and belonging), and esteem needs.

4. ANS: B   DIF: Cognitive Level: Analysis   REF: Text Pages: 36-37
TOP: Nursing Process: Outcomes Identification
MSC: NCLEX: Psychosocial Integrity
NOT: Correct prioritization is vital to ensure the well-being of patients in a nurse's care. Health (physiological needs) is first, followed by safety, interpersonal (love and belonging), and esteem needs.