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# CHAPTER 2

## CULTURE AND THE FAMILY

# **IMAGE LIBRARY**

**FIGURE 2–1** Single-parent families account for nearly one third of all U.S. families. What types of challenges do single-parent families face?

**FIGURE 2–2** Preschoolers from various cultural backgrounds play together. How can nurses partner with families to assist children to understand and respect cultural differences?

**FIGURE 2–3** Many cultures value the input of grandparents and other elders in the family or group. In this multigenerational family, the grandmother's guidance is highly valued and significantly influences the family's childrearing practices.

**FIGURE 2–4** Today very few communities are limited to one culture. The children in this multicultural choir are representative of the changes in demographics of many Western countries. Even though they may differ in cultural background, a common thread is found in their religious preference.

FIGURE 2–5 Infant massage.

FIGURE 2–6 During pregnancy, Therapeutic Touch is often helpful in easing pain and reducing anxiety.

# **LEARNING OUTCOME 1**

Compare the characteristics of different types of families.

## **Concepts for Lecture**

- 1. A family is defined as individuals who are joined together by marriage, blood, adoption, or residence in the same household. More broadly, bonds of emotional closeness, sharing, and support generally characterize families.
- 2. There are numerous types of families that are both traditional and nontraditional.

### POWERPOINT SLIDES 3-14

### SUGGESTIONS FOR CLASSROOM ACTIVITIES

- Pass around blank index cards and ask students to write the type of family they grew up in. Have them turn the cards in. Briefly tally the results of the group and share with the class.
- Ask students to compare and contrast the difficulties faced by single-parent and blended families.

### SUGGESTION FOR CLINICAL ACTIVITIES

• Remind students to explore the type of families their patients come from. This can make a tremendous difference in the nursing care provided, and families may not offer the information if they are not asked.

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# **LEARNING OUTCOME 2**

Identify the stages of a family life cycle.

# **Concepts for Lecture**

- 1. Duvall described an eight-stage family life cycle that describes the developmental process that each family encounters. It is based on the nuclear family, and the oldest child serves as the marker except in the last two stages when no children are present. Families with more than one child may overlap stages.
- 2. Other family models reflecting the contemporary family have been developed, but are outside the scope of this text.

## POWERPOINT SLIDES 14-17

### VIDEO CLIPS

Infant Massage

### SUGGESTION FOR CLASSROOM ACTIVITIES

• Divide the class into eight groups and assign each group one of the eight stages described in the lecture. Have each group identify the tasks and challenges faced by families during that stage. Have each group share their ideas with the class.

### SUGGESTION FOR CLINICAL ACTIVITIES

• Remind students to consider which stage the family they are caring for is in, as well as the tasks and challenges faced during this stage, and if the family has met these challenges.

# **LEARNING OUTCOME 3**

Identify prevalent cultural norms related to childbearing and childrearing.

# **Concepts for Lecture**

- 1. A family's culture has a great influence on childbearing practices, including the number of children a family has, the status conferred with the child's gender, and beliefs about contraception.
- 2. Cultures have different expectations of children, and these impact how families raise their children.

### POWERPOINT SLIDES 18-21

### SUGGESTION FOR CLASSROOM ACTIVITIES

• Ask students to share cultural practices related to childbearing or childrearing that they have experienced in their own families.

### SUGGESTION FOR CLINICAL ACTIVITIES

• Discuss possible cultural beliefs that may conflict with nursing. For example, if a family wanted to light candles in the hospital room, how could the nurse address the situation? Why does the family believe

that the ritual is important? Is there a way to compromise?

# **LEARNING OUTCOME 4**

Summarize the importance of cultural competency in providing nursing care.

## **Concepts for Lecture**

- 1. Cultural competency is comprised of the skills and knowledge necessary to appreciate, respect, and effectively work with individuals from different cultures. It requires self-awareness, an understanding of cultural differences, and the ability to adapt clinical practices into the family's belief system.
- 2. Biologic differences include genetic and physical differences among cultural groups. These differences affect both nursing assessment and patterns of disease.
- 3. Communication is the method by which members of cultural groups share information. Although language is the most obvious form of communication, factors such as nonverbal communication, touch, and space are also important forms of communication.
- 4. Time orientation varies greatly among cultures. Cultural groups may place emphasis on events from the past, present, or future. The use of clocks may be limited in certain cultures.
- 5. Nutrition, and the role of food, plays a large part in many cultures. Nutritional assessments should take culture into account.

### POWERPOINT SLIDES 22-28

#### SUGGESTION FOR CLASSROOM ACTIVITIES

• Ask students to discuss how culture impacts health literacy in maternal-child nursing.

### SUGGESTION FOR CLINICAL ACTIVITIES

• Have students shadow a dietician for part of a clinical day. Incorporate cultural preferences for food into the nutritional assessment.

# **LEARNING OUTCOME 5**

Discuss the use of a cultural assessment tool as a means of providing culturally sensitive care.

## **Concepts for Lecture**

1. Cultural assessment tools assist the nurse in gathering culturally appropriate information in a succinct, systematic way.

### POWERPOINT SLIDES 29-32

### SUGGESTION FOR CLASSROOM ACTIVITIES

• During class, have students read "Evidence-Based Nursing: Investigating Culture and Healthcare Barriers." Use the Critical Thinking questions at the end of the case to discuss how cultural assessment tools could be used to identify barriers to health care.

### SUGGESTION FOR CLINICAL ACTIVITIES

• Have students use the cultural assessment tools, which can be located on the Student Resource Site, to assess a family they are caring for.

# **LEARNING OUTCOME 6**

Identify key considerations in providing spiritually sensitive care.

# **Concepts for Lecture**

- 1. Religion and spirituality mean different things to different people. The religious beliefs of families can influence their attitudes toward health care, childbearing, and childrearing.
- 2. There are several strategies that nurses can use to provide spiritually sensitive care. Self-awareness and respect are among the most important.

### POWERPOINT SLIDES 33-38

### SUGGESTION FOR CLASSROOM ACTIVITIES

• Have students identify religious beliefs of families that may conflict with the plan of care. Discuss strategies for accommodating these beliefs.

### SUGGESTION FOR CLINICAL ACTIVITIES

• Members of Jehovah's Witnesses have hospital liaisons who work to educate healthcare providers about their belief system, as well as to use strategies that decrease the need for blood transfusion. If one of these liaisons exists in your community, invite them to attend clinical conference and discuss these topics with students. Although many students may not agree with the belief, they will have a better understanding of it.

# **LEARNING OUTCOME 7**

Distinguish between complementary and alternative therapies.

# **Concepts for Lecture**

- 1. Complementary therapies are adjuncts to conventional medical treatments. They have been through scientific testing and have demonstrated some degree of reliability. Examples include acupuncture, acupressure, and massage therapy.
- 2. Alternative therapies are substances or procedures that are often used in place of conventional medical therapy. They may not have undergone rigorous scientific testing in the United States, but may have undergone testing in other countries.
- 3. Some examples of complementary and alternative therapies include homeopathy, naturopathy, traditional Chinese medicine, mind-based therapies, chiropractic, massage therapy, herbal therapy, and therapeutic touch.

### POWERPOINT SLIDES 39-43

### SUGGESTION FOR CLASSROOM ACTIVITIES

• Before class, divide students into groups and assign each group a complementary or alternative therapy discussed in the text. Have each group prepare a brief summary of the therapy, along with specific considerations regarding childbearing and childrearing families. Have each group present their findings

to the class.

#### SUGGESTION FOR CLINICAL ACTIVITIES

• Some hospitals are becoming more accepting of complementary and alternative therapies. Determine what the policy is in your local clinical setting.

# **LEARNING OUTCOME 8**

Determine the benefits and risks of complementary and alternative therapies.

## **Concepts for Lecture**

- 1. Complementary and alternative therapies have many potential benefits for women and children, including an emphasis on health promotion and wellness, low risk of side effects, and affordability.
- 2. Complementary and alternative therapies carry some risk to women and children, including lack of standardization, lack of research, and a poor understanding of potential side effects of some substances. Herbal therapy has particular risks for childbearing women.

### POWERPOINT SLIDES 44-47

#### SUGGESTION FOR CLASSROOM ACTIVITIES

• Identify specific herbs that should be avoided during pregnancy. Locate reliable resources on the Internet that students can use, and share these websites with the class.

#### SUGGESTION FOR CLINICAL ACTIVITIES

• As an alternative clinical experience, assign students to observe with a practitioner of alternative or complementary therapies. If students have never seen a chiropractic adjustment or an acupuncture session, it can be very revealing. They may be surprised to learn that many practitioners also treat women and children.

# **LEARNING OUTCOME 9**

Summarize complementary therapies appropriate for the nurse to use with childbearing and childrearing families.

## **Concepts for Lecture**

1. Nurses who choose to use complementary and alternative therapies should only use methods that are within their scope of nursing practice. Therapies should generally be noninvasive and somewhat mainstream. Such therapies should be documented within the context of nursing practice.

### POWERPOINT SLIDES 48-51

### SUGGESTION FOR CLASSROOM ACTIVITIES

• Assign groups of students to report on acupuncture, tai chi, and massage therapy in maternal and child nursing.

### SUGGESTION FOR CLINICAL ACTIVITIES

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• Determine if the hospital or clinical setting has a policy regarding nurses practicing complementary or alternative therapies.

#### **GENERAL CHAPTER CONSIDERATIONS**

- 1. Have students study and learn key terms listed at the beginning of the chapter.
- 2. Have students complete end-of-chapter exercises either in their book or on the Student Resource Site website.
- 3. Use the Classroom Response Questions provided in PowerPoint to assess students prior to lecture.

#### STUDENT RESOURCE SITE (www.nursing.pearsonhighered.com)

- Learning Outcomes
- Key Terms
- Critical Concept Review
- NCLEX-RN® Review
- Care Plan
- Case Study
- Critical Thinking in Action
- Thinking Critically
- Media links
- Media Link Applications
- Animations and Videos

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