

**NATIONAL UNIVERSITY OF LESOTHO**  
**FACULTY OF HEALTH SCIENCE**  
**DEPARTMENT OF NURSING**

NRS 2301 – NURSING THEORIES AND PROCESS

**JANUARY 2024**

**MARKS: 100**

**TIME: 3 HRS**

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**INSTRUCTIONS**

1. Read instructions carefully
2. Answer all questions
3. Write your student number on your answer sheet

## QUESTION 1

Choose the most correct answer to the flowing questions. Simply write e.g. 2. B

1. Which of the following statements regarding nursing diagnoses is accurate?
  - a) Nursing diagnoses remain the same for as long as the disease is present.
  - b) Nursing diagnoses are written to identify diseases.
  - c) Nursing diagnoses are written to describe patient problems that nurses can treat.
  - d) Nursing diagnoses focus on identifying healthy responses to health and illness.
  
2. Which of the following is an actual or potential health problem that can be prevented or resolved by an independent nursing intervention?
  - a) Nursing diagnoses
  - b) Nursing assessments
  - c) Medical diagnoses
  - d) Collaborative problems
  
3. Which of the following would be an appropriate nursing diagnosis for a toddler who has been treated on two different occasions for lacerations and contusions due to the parents' negligence in providing a safe environment?
  - a) High Risk for Injury related to abusive parents
  - b) High Risk for Injury related to impaired home management
  - c) Child Abuse related to unsafe home environment
  - d) High Risk for Injury related to unsafe home environment
  
4. Which of the following nursing diagnoses would be written when the nurse suspects that a health problem exists but needs to gather more data to confirm the diagnosis?
  - a) Actual
  - b) Potential
  - c) Possible
  - d) Apparent
  
5. Which of the following actions would be performed during the planning step of the nursing process?
  - a) Interpreting and analyzing patient data
  - b) Establishing the database
  - c) Identifying factors contributing to patient's success or failure
  - d) Selecting nursing measures
  
6. Which of the following is a correctly written goal for a patient who is scheduled to ambulate following hip surgery?
  - a) Over the next 24-hour period, the patient will walk the length of the hallway assisted by the nurse.

- b) The nurse will help the patient ambulate the length of the hallway once a day.
  - c) Offer to help the patient walk the length of the hallway each day.
  - d) Patient will become mobile within a 24-hour period.
7. Mr. Conner is a 48-year-old patient with a new colostomy. Which of the following patient goals for Mr. Conner is written correctly?
- a) Explain to Mr. Conner the proper care of the stoma by 3/29/12.
  - b) Mr. Conner will know how to care for his stoma by 3/29/12.
  - c) Mr. Conner will demonstrate proper care of stoma by 3/29/12.
  - d) Mr. Conner will be able to care for stoma and cope with psychological loss by 3/29/12.
8. The etiology of the nursing diagnosis contains which of the following factors?
- a) Identification of the unhealthy response preventing desired change
  - b) Identification of factors causing undesirable response and preventing desired change
  - c) Suggestion of patient goals to promote desired change
  - d) Identification of patient strengths
9. Mr. Rose, an overweight, highly stressed 50-year-old executive, is being discharged from the hospital after undergoing coronary bypass surgery. Which of the following demonstrates an affective goal for this patient?
- a) By 6/30/12, the patient will list three benefits of daily exercise.
  - b) By 6/30/12, the patient will correctly demonstrate breathing techniques to reduce stress.
  - c) By 6/30/12, the patient will value his health sufficiently to reduce the cholesterol in his diet.
  - d) By 6/30/12, the patient will be able to plan healthy weekly menus.
10. Which of the following phrases best describes the unique focus of nursing implementation?
- a) The selected aspects of the patient's treatment regimen
  - b) The response of the patient to the plan of care in general
  - c) The response of the patient to the illness
  - d) The patient's ability to work with support people to promote wellness
11. Which of the following nursing actions is considered an independent (nurse-initiated) action?
- a) Executing physician orders for a catheter
  - b) Meeting with other healthcare professionals to discuss a patient
  - c) Helping to allay a patient's fears about surgery
  - d) Administering medication to a patient

12. As the nurse bathes a patient, she notes his skin color and integrity, his ability to respond to simple directions, and his muscle tone. Which of the following statements best explains why such continuing data collection is so important?
- It is difficult to collect complete data in the initial assessment.
  - It is the most efficient use of the nurse's time.
  - It enables the nurse to revise the care plan appropriately.
  - It meets current standards of care.
13. Your patient, who presented with high blood pressure, is put on a low-salt diet and instructed to quit smoking. You find him in the cafeteria eating a cheeseburger and French fries. He also tells you there is no way he can quit smoking. What is your first objective when implementing care for this patient?
- Explain to the patient the effects of a high-salt diet and smoking on blood pressure.
  - Identify why the patient is not following the therapy.
  - Collaborate with other healthcare professionals about the patient's treatment.
  - Change the nursing care plan.
14. Which of the following actions is the most important act of evaluation performed by the nurse?
- Evaluating the patient's goal/outcome achievement
  - Evaluating the plan of care
  - Evaluating the competence of nurse practitioners
  - Evaluating the types of healthcare services available to the patient
15. The nurse collects data in the evaluation step to determine which of the following?
- Patient health problems
  - Assessment of the patient's underlying health problems
  - Solution of health problems through goal achievement
  - The effect of medical diagnosis
16. Which of the following patient goals would be considered a psychomotor goal?
- By 8/18/12, patient will value his health sufficiently to quit smoking.
  - By 8/18/12, patient will have full motion in left arm.
  - By 8/18/12, patient will list three foods that are low in salt.
  - By 8/18/12, patient will learn three exercises designed to strengthen leg muscles.
17. Which of the following actions should the nurse take when patient data indicate that the stated goals have not been achieved?
- Collect more data for the database.
  - Review each preceding step of the nursing process.
  - Implement a standardized plan of care.
  - Change the nursing orders.

18. Florence Nightingale believed the environment to be?
- a) Either a negative or positive influence on the person
  - b) Those aspects outside the person that affect health
  - c) An external force which affects the person's health
  - d) All of the above
19. Who acted to decrease mortality by improving sanitation in the battlefields, which resulted in a decline in illness and infection?
- a) Dorothea Dix
  - b) Lillian Wald
  - c) Clara Barton
  - d) Florence Nightingale
20. Nightingale considered disease to be a\_\_\_\_\_.
- a) Reparative process
  - b) Symptom of moral decline
  - c) Problem to be solved
  - d) Unnatural state of the body
21. Nightingale's philosophy may be credited for formulating early ideas about which of the following concepts?
- a) Selflessness
  - b) Wholism
  - c) Dualism
  - d) Cultural competence
22. Which theorist addresses hospice nursing issues during end-of-life care?
- a) Imogene King
  - b) Callista Roy
  - c) Dorothea Orem
  - d) Jean Watson
23. An example of a middle-range nursing theory is:
- a) Peplau's psychodynamic nursing model.
  - b) Jean Watson's model of human caring.
  - c) Roy's adaptation model.
  - d) Imogene King's theory of goal attainment.
24. This theorist based her theory of nursing on the principle that nursing assists clients with essential functions that move them toward independence.
- a) Myra Estrin Levine
  - b) Dorothea Orem
  - c) Madeline Leininger
  - d) Virginia Henderson

25. Nightingale, Henderson, and Watson developed philosophies of nursing. Why are their works considered philosophies when discussed in nursing?
- Because they were the first three nursing theorists.
  - Because it was an early effort to define nursing phenomena that serves as the basis for later theoretical Formulations.
  - Because they had grand theories of nursing and not middle—level theories.
  - Because it was a late effort to define nursing.

(25 Marks)

### QUESTION 2

Match the words in Column A with the correct sentence in Column B

<b>COLUMN A</b>	<b>COLUMN B</b>
1 Thinking	A. Awareness system by which sensory input, past experience and emotions are integrated and made meaningful
2 Cognition	B. It is an intangible representation of reality
3 Metacognitive	C. It is reasoning from general premise to the specific conclusion.
4 Enquiry	D. A clinical judgment concerning an undesirable human response to a health condition/ process that exists in an individual, family, group or community
5 Socratic questioning	E. It is a mental activity in which a person forms thought and intentions in the mind.
6 Deductive reasoning	F. These are mental images created by nurses.
7 Concepts	G. It is a representations of the interaction among and between the concepts showing patterns.
8 Abstract	H. Is a technique of looking beneath the surface, recognize and examine assumptions, search for inconsistencies, examine multiple points of view, and differentiate what one knows from what one merely believes.
9 Theory	I. Worded statements, a form of closely related knowledge development.
10 Philosophy	J. It is a clinical judgment concerning the vulnerability of an individual, family, group, or community for developing an undesirable human response to health conditions/life processes
11 Model	K. Processes of reflective thinking and awareness of the skills learned by the nurse in caring for the client
12 Verbal models	L. It is a deliberate, problem-solving approach to meeting the health care and nursing needs of patients.

13 Schematic models	M. A thoughtful questioning, not accepting everything at face value, asking 'why' and 'why not' and then making conclusions.
14 Inductive reasoning	N. It is a theory that is concrete and narrow in scope.
15 Nursing process	O. Reasoning which is characterized by generalizations formed from a set of facts or observations.
16 Assessment	P. It is the nurse's clinical judgment about the client's response in which evidence about a health problem is incomplete or unclear
17 Nursing diagnosis	Q. Measuring the degree to which goals/outcomes have been achieved and identifying factors that positively or negatively influence goal achievement
18 Evaluation	R. Specifies the definitions of the metaparadigm concepts in each of the conceptual models of nursing.
19 Planning	S. It is the nurse's clinical judgment about the client's response to actual or potential health conditions or needs
20 Middle-range theory	T. It involves the collection of information from the patient and their family/carers concerning their condition and perceived problems.
21 Micro-range theory	U. Theory that addresses more concrete and more narrowly defined phenomena.
22 Grand theory	V. Diagrams, drawings, graphs and pictures that facilitate understanding.
23 Actual nursing diagnosis	W. It is a creative and rigorous structuring of ideas that projects a tentative, purposeful, and systematic view of phenomena
24 Risk nursing diagnosis	X. Includes the identification of priorities, as well as the determination of appropriate client-specific outcomes and interventions.
25 Possible Diagnosis	Y. It is the broadest in scope, represents the most abstract level of development, and addresses the broad phenomena of concern within the discipline.

**(25 Marks)**

### **QUESTION 3**

Use the following scenario to answer the questions below.

Lehe, age 35, comes to the clinic for a routine physical examination. During the assessment, he says, "I've had problems with constipation and I've seen some blood when I wipe myself after a bowel movement. It's just hemorrhoids, right? Nothing to

worry about?" Upon further questioning, the nurse discovers that Mr. Lehe's father and an uncle both died in their early 50s from colon cancer.

- a) What five (5) nursing diagnoses would be appropriate for Lehe? (5 Marks)
- b) What would be successful goals for this patient? (5 Marks)
- c) What intellectual, technical, interpersonal, and/or ethical/legal competencies are most likely to bring about the desired outcome? (10 Marks)
- d) What resources might be helpful for Mr. Lehe? (5 Marks)

**(25 Marks)**

### **QUESTION 3**

Koko, age 35, comes to the health center for a routine checkup. Upon assessment, the nurse notes that he is 25 pounds overweight and has high-normal blood pressure. During the visit, she verbalizes a strong motivation and desire to become physically fit, lose weight, increase her muscle tone, and improve her cardiorespiratory capacity. He says, "I know it'll involve some major lifestyle changes, including diet and exercise. What's with all these diets and diet supplements now?"

- a) How might the nurse respond to Mr. Koko questions regarding fitness? (3 Marks)
- b) What would be a successful outcome for this patient? (2 Marks)
- c) What resources might be helpful for Mr Koko? (5 Marks)

**(10 Marks)**

### **QUESTION 4**

Indicate how Orem's self-care model and the nursing process are both sequential and problem solving techniques that use observation, communication and recording as basic tools utilized by nursing.

**(15 Marks)**