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Community Health Nursing: A Canadian Perspective, Third Canadian Edition

- 1. Contrast the three sectors of nursing that existed in Canada in the 20th century.
- 2. Analyze how people viewed health, the individual, and the state in Canada in the early 20th century.
- 3. Discuss three negative outcomes of a school nurse in the 1940s focusing her efforts on new immigrant families in a school home visiting program.
- 4. Define the social gospel movement and discuss two reasons why it was important to the improvement of women's and children's health in early 20th-century Canada.
- 5. Describe the role of women's farm groups in the establishment of rural community health nursing services.
- 6. Maternal feminists were instrumental in developing which social program in early 20th-century Canada?
  - a. Employment insurance
  - b. Public health movement
  - c. Canada Pension Plan
  - d. Child welfare movement
- 7. Who would a visiting nurse most likely work with in the early 1900s in Canada?
  - a. Families who could afford to pay
  - b. Poor and destitute families
  - c. The community
  - d. School children
- 8. Which community health nursing specialty emerged in early 20th-century Canada to combat communicable disease, infant mortality, and childhood morbidity?
  - a. Visiting nursing
  - b. District nursing
  - c. Private-duty nursing
  - d. Public health nursing
- 9. In the early 20th century, health departments were dissolved after a local emergency was over. Which statement below characterizes the social attitude of the era?
  - a. Public health was the responsibility of doctors.
  - b. Visiting nurses were responsible for community health.
  - c. The state is not responsible for health care.
  - d. Women should not be working outside the family.
- 10. What was the major reason for the change in funding for tuberculosis nurses in early 20th-century Winnipeg?
  - a. Allow nurses more autonomy and freedom
  - b. Establish comprehensive health promotion programs
  - c. Provide nurses with more regulatory power
  - d. Control nurses' educational preparation

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## 11. What was the primary reason for the establishment of early school health programs?

- a. Prevent sick children from becoming dependent citizens in the future
- b. Promote the health of all children
- c. Provide food for children who lived in poverty
- d. Treat sick children so they could work in factories

# 12. What caused infant morality rates to decline after the 1920s?

- a. Removing children from parents who were neglectful
- b. Improved urban sanitation
- c. Efforts of elite and middle-class women
- d. Regulation of food and milk supplies

## 13. What exemplifies the decision to specialize in families rather than diseases?

- a. Movement by public health nurses to generalist practice
- b. Specialization of public health nurses
- c. Establishment of tuberculosis nurses
- d. Development of school nurses

## 14. Why were rural public health services unorganized prior to 1920?

- a. Rural centres were seen as healthy areas of the country.
- b. The federal government allocated financial support to the urban areas.
- c. There was an oversupply of nurses who preferred to work in urban centres.
- d. Post-diploma programs in public health focused on care in urban centres.

# 15. In the interwar years, which had the most negative impact on the development of public health nursing services?

- a. Lack of transportation
- b. Support from family physicians
- c. Tensions between local and provincial funding
- d. An oversupply of nurses

# 16. The dual mandate of doing charitable work and providing affordable nursing care was held by which agency?

- a. The Victorian Order of Nurses (VON)
- b. The Margaret Scott Nursing Mission
- c. Indian Health Services
- d. Public health services

## 17. In 1910 the social gospel movement believed in maternal feminism. What was the focus of their attention?

- a. Improving the quality of life for the middle class
- b. Alleviating the suffering of women and children
- c. The health of women returning from the world wars
- d. Establishing communicable disease clinics

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- 18. A visiting nurse assessed the proportion that a family could pay for their nursing care. Why was this done?
  - a. To provide families with charity
  - b. As an innovative government funding practice
  - c. To make families dependent on the state
  - d. To prevent families from becoming paupers
- 19. Jennifer was a public health nurse in the 1930s in Northern Ontario. What action would she have taken if she found a child with head lice in school?
  - a. Do health promotion teaching to prevent head lice
  - b. Refer the child to the local physician
  - c. Send the child home
  - d. Describe to the mother how to treat the head lice
- 20. With the emergence of the Canadian welfare state, whom did the community health nurse work for?
  - a. Provincial government
  - b. District nursing organization
  - c. Local community
  - d. Federal government
- 21. What event resulted in home care programs being established in Canada in the 1970s?
  - a. Decreasing hospital costs
  - b. Demand from public health nurses
  - c. Earlier hospital discharge times
  - d. Shortage of acute care nurses
- 22. What factor contributed to a resurgence of tuberculosis in the latter part of the 20th century?
  - a. Increased monitoring, identification, and follow-up on communicable diseases
  - b. Canadian immigration patterns
  - c. Reduction in government spending
  - d. The belief that tuberculosis was cured
- 23. Changes in health care created tremendous growth in which type of community health nurse in the past 40 years?
  - a. Home care nurses
  - b. Occupational health nurses
  - c. District nurses
  - d. Public health nurses
- 24. Which report recommended in the 1970s that the Victorian Order of Nurses be given the mandate to deliver nationally funded home care programs?
  - a. Romanow Report
  - b. Heagerty Report
  - c. Pickering Report
  - d. Lalonde Report

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- 25. What was the focus of the first group of Canadian public health officials in the late 19th century?
  - a. Waste disposal and a safe water supply
  - b. Health education and disease prevention
  - c. The health of mothers and children
  - d. Social welfare programs
- 26. Why did government officials in the early 20th century perceive nurses as the ideal professionals to deliver public health programs?
  - a. They were able to work with physicians in the patients' homes
  - b. They were familiar with working in acute care hospitals
  - c. Nurses had medical knowledge and were able to interact with women and children
  - d. They were seen as non-threatening
- 27. Women who became public health nurses in the early 20th century in Canada were most likely from which group?
  - a. Middle class and British born
  - b. Elite, wealthy family
  - c. Working class and American
  - d. Agricultural, immigrant family
- 28. What type of health care would a new immigrant family living in poverty receive in the early 1900s?
  - a. Partially subsidized, regionally funded health care services
  - b. Free, provincially funded health care services
  - c. Hospital services
  - d. Charitable health care services
- 29. What is a non-traditional program that public health nurses have become involved with?
  - a. Providing home care services
  - b. Immunization programs
  - c. Communicable disease control
  - d. Early discharge programs
- 30. Helen Spackman worked as an Indian Health Service (IHS) nurse in an isolated community in Canada's north in the 1950s. What would have been true about her practice?
  - a. She worked in a limited role.
  - b. She participated in maintaining the native culture.
  - c. Teaching hygiene and child care would have the greatest impact on the community.
  - d. She had greater autonomy.

Nam	ne: 	Date:	Course:	Stamler/Yiu: Community Health Nursing: A Canadian Perspective, Third Canadian Edition	Test:	Chapter 01
Ac	tivity Name: Chapter 01					
1.	Hospital nurses, private-duty r settings/locations, pay/funding <b>Learning Objective:</b> Chapter 1 Essay Questions <b>Feedback:</b>					erences in practice
	Hints:					
2.	Health care was a privilege bacare. Health was in the realm funded health care. Those who Learning Objective: Chapter 1 Essay Questions Feedback:	of the individual and the f	family. The	ere was considerable		
	Hints:					
3.	School health programs focus assimilate new immigrants into health practices were not resp parents were stigmatized and were often paternalistic and ju in rural and working-class scholaerning Objective: Chapter 1 Essay Questions Feedback:	o the Canadian way of life ected and were viewed a ostracized for not confort dgmental in their approace	e (white, A as somethi ming to the	nglo-Celtic, middle c ng to be eliminated. e new Canadian belie	lass). T Often c efs and	raditional beliefs and hildren and their health practices. PHNs
	Hints:					
4.	The social gospel movement pordinary citizens in efforts to realso maternal feminists (focus depots, the health of pregnant Learning Objective: Chapter 1 Essay Questions Feedback:	eform Canadian society. I ing on women's and child	It involved Iren's heal	middle- and upper-c th). It focused attenti	lass wo	omen who were often he infant feeding/milk
	Hints:					

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5. Farm women had a vested interest in improving services to rural families, particularly women and children. United Farm Women of Alberta was a political group that lobbied the provincial government for improved funding and services.

Farm women's groups also supported the agriculturally based political parties that were sweeping the country after World War I. Farm women's groups provided many volunteer functions for rural PHNs/VNs.

## **Learning Objective:**

Chapter 1 Essay Questions

Feedback:

Hints:

6. d. Child welfare movement

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Correct: Child welfare movementThe maternal feminists developed the child welfare movement, mother's allowance, and services for childbearing women.

Incorrect: Canada Pension PlanThe Canada Pension Plan was not created by maternal feminists.

Incorrect: Employment insuranceEmployment insurance was developed federally in the 1940s.

Incorrect: Public health movementThe public health movement was well established at the beginning of the 20th century.

Hints:

7. b. Poor and destitute families

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

## Feedback:

Incorrect: The visiting nurses worked with the poor and destitute families in the community.

Correct: The poor and destitute families were the primary focus. The working and lower middle class were also given care.

Incorrect: The public health nurse worked for the provincial government in disease prevention in the community.

Incorrect: The public health nurse worked in the schools.

Hints:

8. d. Public health nursing

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: Visiting nurses worked with the poor and destitute families in the community.

Correct: Public health nurses worked to prevent disease and decrease the mortality and morbidity rates.

Incorrect: Private-duty nurses did not have this mandate.

Incorrect: The district nurse is similar to the visiting nurse.

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9. c. The state is not responsible for health care.

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Correct: In the early part of the 20th century the state did not take responsibility for the health of the individual or family.

Incorrect: Many women may have left nursing when they married, but others who were single made this a lifetime career.

Incorrect: Visiting nurses in the early 20th century visited the poor and destitute and were not responsible for community health.

Incorrect: Public health was best left with women who were more comfortable dealing with women and children in their homes.

Hints:

c. Provide nurses with more regulatory power

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: This was not to enforce educational standards on nurses.

Incorrect: This resulted in nurses reporting to the Winnipeg Health Department.

Incorrect: Health promotion programs were not developed until later in the century.

Correct: When the funding was from the civic government, the nurses had more authority to impose change.

Hints:

11. a. Prevent sick children from becoming dependent citizens in the future

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Correct: It was felt that if children were not treated they might become poverty-stricken, dependent citizens of the future.

Incorrect: Health promotion was not a concept used in public health at this time.

Incorrect: This was not the reason for implementing school health programs.

Incorrect: Children were no longer used as labour in factories.

Hints:

12. c. Efforts of elite and middle-class women

### **Learning Objective:**

Chapter 1 Multiple Choice Questions

## Feedback:

Incorrect: This did not help to reduce the infant mortality rates.

Correct: Middle-class and elite women started the process to reduce infant mortality rates by educating mothers about infant care.

Incorrect: Despite improvements to sanitation, infant mortality rates continued to rise.

Incorrect: This was no longer an option.

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a. Movement by public health nurses to generalist practice

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: Tuberculosis nurses focused on disease, not family.

Incorrect: The school health nurses were employed by the board of education and addressed the health needs of

Correct: In the early 20th century the public health nurses focused on the family rather than the individual. Several programs were amalgamated at this time.

Incorrect: Specialization focused on the disease, e.g., tuberculosis and measles, not the family unit.

Hints:

a. Rural centres were seen as healthy areas of the country.

#### **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: There was a shortage of nurses at this time, especially after World War I.

Correct: This was a common conception at the time. The urban areas were seen as needing public health services, but rural areas were seen as healthy environments.

Incorrect: The financial support for public health nursing came from the local tax base, not the government.

Incorrect: There were no post-diploma programs in Canada at this time.

Hints:

c. Tensions between local and provincial funding

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

## Feedback:

Incorrect: Following World War I there was a shortage of nurses in Canada.

Incorrect: The physicians perceived the health nurses as competition and thus were not supportive.

Incorrect: Transportation was difficult, but nurses were able to travel to homes to see families.

Correct: Tension existed between the provincial government and the local government regarding funding public health services.

Hints:

a. The Victorian Order of Nurses (VON) 16.

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Correct: The VON had this dual mandate. They provided care to the destitute and to middle-class families.

Incorrect: This agency, in Winnipeg, provided care for those who were considered charity cases.

Incorrect: The mandate of public health was to address the health needs of the family through education, not to provide direct nursing care.

Incorrect: The nurses working with Aboriginal communities provided health teaching to the population.

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17. b. Alleviating the suffering of women and children

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: The movement focused on improving the health of women and children.

Incorrect: This was not a focus of this group. Incorrect: This was prior to World War I.

Correct: The focus of the social gospel movement was on the health of women and children.

Hints:

18. d. To prevent families from becoming paupers

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Correct: Part of the role of the visiting nurse was to investigate the family's finances and ability to pay without pauperizing them.

Incorrect: If the nurse did not do this, the family might become paupers and thus dependent on the state.

Incorrect: If the family was able to pay part of the cost, it was not charity.

Incorrect: The funding for visiting nurses was partly from charitable donations, and the visiting nurses were required to offered care to all who required it.

Hints:

19. b. Refer the child to the local physician

### **Learning Objective:**

Chapter 1 Multiple Choice Questions

## Feedback:

Incorrect: The nurse would refer the child to a physician for treatment.

Correct: The referral to a local physician was to reassure the physician that the nurse was not competing for income.

Incorrect: The nurse was not able to do this as the local physician would view the nurse as competing for income and patients.

Incorrect: This was not part of the practice of the public health nurse at this time.

Hints:

## 20. a. Provincial government

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: Health care was under the auspices of the provincial government.

Incorrect: The welfare state saw government fund the health units; thus local funding was not required.

Correct: The community health nurse worked in a provincially funded health unit.

Incorrect: The community health nurse did not become a district or visiting nurse.

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#### c. Earlier hospital discharge times

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: Hospital costs were increasing at this time.

Incorrect: Public health nurses would have responded to the early discharge from hospital.

Incorrect: There was not a shortage of acute care nurses at that time.

Correct: Individuals were discharged from hospital early due to rising hospital costs.

Hints:

## 22. c. Reduction in government spending

### **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Correct: The reduced funding had an impact on the health unit's ability to monitor communicable diseases.

Incorrect: There was a reduction in monitoring, not an increase.

Incorrect: Canadian immigration patterns were not responsible for the resurgence.

Incorrect: Reduced government funding was responsible for the resurgence.

Hints:

## 23. a. Home care nurses

#### **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: The early discharge of people from hospital caused an increase in home care nursing.

Incorrect: Occupational health nurses have not grown as quickly as the home care nurse.

Correct: Rising health costs resulted in early discharge from hospital. These individuals received bedside care in the community from home care nurses.

Incorrect: District or visiting nurses did not increase at the same rate as home care nurses.

Hints:

#### 24. c. Pickering Report

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

## Feedback:

Incorrect: The Romanow Report came out after 2000.

Incorrect: The Heagerty Report came out in 1943.

Incorrect: The Lalonde Report came out in the 1970s but focused on health promotion.

Correct: The Pickering Report gave this mandate to the VON.

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a. Waste disposal and a safe water supply

# **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: This was not the focus in the late 19th century.

Incorrect: Social welfare programs came into being during the early to mid 20th century.

Incorrect: Health education and disease prevention became the focus in the early 20th century.

Correct: In the late 19th century the focus was on sanitation.

Hints:

26. c. Nurses had medical knowledge and were able to interact with women and children

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Correct: The combination of medical knowledge and the ability to work with women and children was perceived to place nurses in an ideal situation to deliver public health programs.

Incorrect: It was not related to this reason.

Incorrect: Nurses may have been non-threatening, but they were respected for their knowledge and abilities.

Incorrect: The nurses may or may not have come from acute care.

Hints:

#### 27. a. Middle class and British born

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: The women who went into nursing were from middle-class, working, or agricultural families. They were either British or Canadian born.

Correct: This is correct.

Incorrect: Working-class women did go into nursing, but they were not American born.

Incorrect: Women from agricultural families went into nursing, but they were not immigrants.

Hints:

#### 28. d. Charitable health care services

#### Learning Objective:

Chapter 1 Multiple Choice Questions

# Feedback:

Incorrect: Provincially funded health care services did not exist at this time.

Incorrect: Those living in poverty received charity health care.

Correct: Charitable donations were made to visiting nurses to provide care to the destitute and poor.

Incorrect: Many would not have been able to afford hospital services.

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29. d. Early discharge programs

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: Home care nurses provide this service, not public health nurses. Incorrect: This is one of the traditional programs of the public health nurse.

Correct: This non-traditional program is a variation of a traditional program.

Incorrect: Public health nurses were responsible for communicable diseases for decades.

Hints:

30. d. She had greater autonomy.

## **Learning Objective:**

Chapter 1 Multiple Choice Questions

#### Feedback:

Incorrect: The teaching would be rooted in middle-class standards that would have little relevance to the Aboriginal community.

Correct: Nurses working in Aboriginal communities developed closer relationships with the women in the community than the male doctor. This resulted in the nurses having greater autonomy.

Incorrect: The nurses worked within the Western medical system that sought to undermine the Aboriginal culture. Incorrect: The nurses developed closer relationships with the women than the doctors and thus were able to work in an expanded role.