

NEA-BC認證考試問題與答案



2025春季考試日期

場次	課程/檢定	日期
新竹場	二級課程	2.17
	一級課程	2.18
	檢定	3.17
台北場	三級課程	2.18
	二級課程	2.19
	檢定	3.5
台中場	二級課程	2.5
	一級課程	2.6
	二級檢定	3.17
	一級檢定	3.18
高雄場	三級課程	2.18
	二級課程	2.19
	檢定	3.5
	一級課程	2.19

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最新的 Nursing ANCC NEA-BC 免費考試真題 (Q224-Q229):

問題 #224

Which of the following is least likely to describe one of Leininger's assumptions on caring and nursing practice?

- A. Expressions of care are the same no matter what culture of the world.
- B. There can be no curing without caring.
- C. Therapeutic nursing care can only occur when cultural care values, expressions, or practices are known and used explicitly.
- D. Care is essential for human growth and survival, and to face death.

答案： A

解題說明：

The question asks which statement is least likely to describe one of Madeleine Leininger's assumptions about caring and nursing practice. The correct answer is "Expressions of care are the same no matter what culture of the world." Madeleine Leininger was a pioneering nursing theorist who founded the transcultural nursing movement. She introduced the concept of "Cultural Care Diversity and Universality," emphasizing that nursing care practices should be adapted to meet the cultural needs and contexts of different people. This theory elaborates on how nurses should consider cultural differences in their practice to provide effective care. Leininger's theory is built on several core assumptions, one of which is that care is a universal phenomenon, but the expressions, processes, and practices of care are diverse and vary across cultures. This assumption directly contradicts the statement that "Expressions of care are the same no matter what culture of the world." According to Leininger, recognizing and understanding these cultural variations is critical to providing meaningful and effective nursing care.

Other assumptions of Leininger's theory include the idea that care is essential for human growth, development, health, and survival, and that there can be no curing without caring. These assumptions highlight the intrinsic value of care in the nursing profession and the necessity of integrating caring into all treatment processes.

Another assumption states that culturally congruent care can only occur when cultural care values, expressions, or practices are known and used explicitly by the nurse in planning and implementing care. This emphasizes the need for nurses to have a deep understanding of their patients' cultural backgrounds to provide care that is not only effective but also respects the patients' cultural beliefs and practices.

Therefore, the statement "Expressions of care are the same no matter what culture of the world" is least likely to describe one of Leininger's assumptions. In contrast, her theory and work advocate for an understanding and acknowledgment of the rich diversity in cultural expressions of care, which is crucial for effective nursing practice across different cultural settings.

問題 #225

The FMLA (Family and Medical Leave Act) can provide temporary medical leave for an employee for all of the following except?

- A. A serious health condition.
- B. Childbirth
- C. Adoption
- D. Education

答案： D

解題說明：

The Family and Medical Leave Act (FMLA) is a federal law in the United States that allows eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. The main purpose of the FMLA is to allow employees to balance their work and family life by taking reasonable unpaid leave for certain family and medical reasons, ensuring the continuation of health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Under the FMLA, eligible employees are entitled to take up to 12 workweeks of leave in a 12-month period for any of the following reasons: 1. The birth of a child and to care for the newborn child within one year of birth. 2. The placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement. 3. To care for the employee's spouse, child, or parent who has a serious health condition. 4. A serious health condition that makes the employee unable to perform the essential functions of their job. 5. Any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty." However, the FMLA does not provide leave for educational pursuits. This means that employees cannot use FMLA leave to attend school, pursue further education, or undertake training courses, as these activities are not covered under the provisions of the Act. The focus of the FMLA is strictly on medical and family care, and it does not extend to personal development or educational advancements. Therefore, in the context of the provided question, "Education" is correctly identified as the option that is not a reason for which FMLA leave can be granted.

The inclusion of medical and family-related leave provisions under FMLA helps protect employees from losing their jobs in cases of serious health conditions or important family responsibilities, ensuring that individuals do not have to choose between job security and caring for themselves or loved ones. However, it is important for employees to understand the specific provisions and limitations of FMLA, including the fact that it does not cover educational leaves.

問題 #226

Which of the following would NOT be a defense to a malpractice claim?

- A. assumption of the risk
- B. contributory negligence
- C. unavoidable accident

- D. *res ipsa loquitur*

答案： D

解題說明：

The legal doctrine of *res ipsa loquitur* is often mentioned in discussions of negligence, particularly in personal injury and malpractice cases. However, contrary to some of the options presented in the original question, *res ipsa loquitur* is not a defense mechanism that can be used by defendants in such cases. Instead, it is a principle used by plaintiffs to establish evidence of negligence.

Res ipsa loquitur, a Latin term meaning "the thing speaks for itself," applies when the nature of the accident is such that it would not ordinarily occur without negligence and the instrumentality causing the injury was under the exclusive control of the defendant. When invoked successfully, this doctrine shifts the burden of proof from the plaintiff to the defendant, compelling the defendant to provide evidence that the injury was not due to their negligence.

For example, in a surgical malpractice case where a patient suffers burns from a piece of medical equipment that should have been under the exclusive control of the surgical team, the principle of *res ipsa loquitur* can help establish that such an incident typically arises from negligence. The patient (plaintiff) would not need to prove exactly how the negligence occurred, merely that the accident itself is evidence of negligence.

In contrast, other options listed in the question, such as contributory negligence, assumption of the risk, and unavoidable accident, are indeed defenses that can be used by defendants. Contributory negligence involves a situation where the plaintiff may have also been negligent and contributed to their harm. Assumption of the risk is a defense when the plaintiff knowingly and voluntarily assumes a risk inherent to a dangerous activity they chose to undertake. Unavoidable accident refers to incidents that occur without negligence from any party.

Therefore, *res ipsa loquitur* stands out among the listed options as it does not serve as a defense for the defendant but rather a tool for the plaintiff to facilitate proving a claim of negligence. This distinction is crucial for both legal practitioners and those involved in or studying cases of negligence and malpractice.

問題 #227

New goals are being set for a patient. Which of the following should be included in the collaboration?

- A. Provider.
- B. Patient.
- C. Team.
- D. All of the above.

答案： D

解題說明：

When setting new goals for a patient, it is crucial to involve all relevant parties to ensure that the goals are comprehensive and achievable. This collaborative approach is essential for several reasons:

****Patient****: The patient is the central figure in care planning. Their needs, preferences, and personal goals must be considered when setting new objectives. Involving the patient in goal setting empowers them and enhances their motivation to engage with the treatment plan. This inclusion ensures that the goals are tailored to the patient's specific health conditions, lifestyle, and what they realistically feel they can achieve.

****Provider****: Healthcare providers, including doctors, nurses, and specialists, bring professional expertise to the goal-setting process. They can offer insights into the medical feasibility of certain goals and outline the necessary steps to achieve them. Providers can also identify potential medical constraints or opportunities that might not be evident without their professional input.

****Care Team****: This group may include a variety of professionals such as physical therapists, dietitians, social workers, and case managers. Each team member contributes a different perspective, ensuring that all aspects of the patient's health and well-being are considered. For instance, while a physical therapist might focus on mobility goals, a dietitian would be crucial in setting dietary targets.

****All of the Above****: The phrase "All of the above" underscores the importance of a multidisciplinary approach to patient care.

When setting new goals, the collective input from the patient, providers, and care team fosters a holistic care plan. This collaboration helps in setting realistic, achievable goals that are supported by a comprehensive care strategy, addressing various facets of the patient's health and life.

Collaboration in healthcare, especially in the context of goal setting, is not just beneficial but necessary. It leads to better health outcomes by ensuring that goals are aligned with the best medical advice, patient desires, and practical considerations. This approach also minimizes the risks of conflicts between different care aspects and maximizes the use of available resources and expertise.

問題 #228

In the planning process, patients:

- A. Cannot object to anything in the planning process regarding their treatment.
- **B. Can object to anything in the planning process regarding their treatment.**
- C. Can decide on their own diagnosis.
- D. Can choose and implement treatment options, even if they are not recommended by medical professionals.

答案： B

解題說明：

In the realm of medical treatment and healthcare, the planning phase is critically important. This phase involves outlining the proposed course of treatment based on the patient's diagnosis, health status, and medical history. The process should be inherently collaborative, involving both medical professionals and the patient.

The active involvement of the patient in the planning process is essential. It is during this phase that the healthcare provider explains the various aspects of the proposed treatments, including their benefits, risks, alternatives, and any other relevant information. This detailed discussion is crucial to ensure that the patient fully understands what the proposed treatment entails and the implications it carries.

One of the fundamental rights of patients during this phase is the ability to object to any part of the treatment plan. This right is rooted in the principle of patient autonomy, a cornerstone of medical ethics. Patient autonomy emphasizes the patient's right to make informed decisions about their own health care. If a patient feels uncomfortable with any aspect of the proposed plan, they have the right to express their objections. This can lead to a re-evaluation of the treatment plan, adjustments to better suit the patient's preferences, or even consideration of alternative treatments.

It is vital for healthcare providers to not only present all necessary information but also to listen to and respect the patient's views, concerns, and objections. This interactive process helps ensure that the treatment plan is not only medically sound but also aligns with the patient's values and desires. Moreover, a plan that has the patient's buy-in is more likely to be successful, as the patient is more likely to adhere to a treatment they understand and agree with.

In summary, during the planning process of their treatment, patients have the right to object to any part of their care plan. This right supports the broader principles of patient autonomy and informed consent, ensuring that patients remain central to the decision-making process regarding their health. This approach not only respects the patient's rights but also fosters a therapeutic alliance between the patient and healthcare providers, potentially leading to better health outcomes.

問題 #229

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