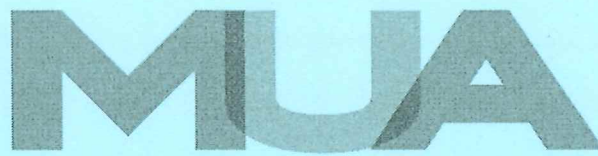


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**UNDERGRADUATE UNIVERSITY EXAMINATIONS**

**SCHOOL OF MANAGEMENT AND LEADERSHIP**

**DEGREE OF BACHELOR OF ARTS IN DEVELOPMENT STUDIES**

**BDS 208: HEALTH AND DEVELOPMENT**

**DATE: 6<sup>TH</sup> DECEMBER 2024**

**DURATION: 2 HOURS**

**MAXIMUM MARKS: 70**

**INSTRUCTIONS:**

1. Write your registration number on the answer booklet.
2. **DO NOT** write on this question paper.
3. This paper contains **SIX (6)** questions.
4. Question **ONE** is compulsory.
5. Answer any other **THREE** questions.
6. Question **ONE** carries **25 MARKS** and the rest carry **15 MARKS** each.
7. **Write all your answers in the Examination answer booklet provided.**

**QUESTION ONE**

**Read the Case Study below carefully and answer the questions that follow:**

**INTRODUCTION: A NEW STYLE OF LEADERSHIP**

Those involved in the health care system—nurses, physicians, patients, and others—play increasingly interdependent roles. Problems arise every day that do not have easy or singular solutions. Leaders who merely give directions and expect them to be followed will not succeed in this environment. What is needed is a style of leadership that involves working with others as full partners in a context of mutual respect and collaboration. This leadership style has been associated with improved patient outcomes, a reduction in medical errors, and less staff turnover (Gardner, 2005; Joint Commission, 2008; Pearson et al., 2007). It may also reduce the amount of workplace bullying and disruptive behavior, which remains a problem in the health care field (Joint Commission, 2008; Olender-Russo, 2009; Rosenstein and O’Daniel, 2008). Yet while the benefits of collaboration among health professionals have repeatedly been documented with respect to improved patient outcomes, reduced lengths of hospital stay, cost savings, increased job satisfaction and retention among nurses, and improved teamwork, interprofessional collaboration frequently is not the norm in the health care field. Changing this culture will not be easy.

The new style of leadership that is needed flows in all directions at all levels. Everyone from the bedside to the boardroom must engage colleagues, subordinates, and executives so that together they can identify and achieve common goals (Bradford and Cohen, 1998). All members of the health care team must share in the collaborative management of their practice. Physicians, nurses, and other health professionals must work together to break down the walls of hierarchal silos and hold each other accountable for improving quality and decreasing preventable adverse events and medication errors. All must display the capacity to adapt to the continually evolving dynamics of the health care system.

Nurses at all levels need strong leadership skills to contribute to patient safety and quality of care. Yet their history as a profession dominated by females can make it easier for policy makers, other health professionals, and the public to view nurses as “functional doers”—those who carry out the instructions of others—rather than

“thoughtful strategists” –those who are informed decision makers and whose independent actions are based on education, evidence, and experience. A 2009 Gallup poll of more than 1,500 national opinion leaders,<sup>1</sup> “Nursing Leadership from Bedside to Boardroom: Opinion Leaders’ Perceptions,” identified nurses as “one of the most trusted sources of health information” (RWJF, 2010a). The Gallup poll also identified nurses as the health professionals that should have greater influence than they currently do in the critical areas of quality of patient care and safety. The leaders surveyed believed that major obstacles prevent nurses from being more influential in health policy decision making. These include: Lack of involvement, negative image of nursing; lack of structures; resources. These findings have crucial implications for front-line nurses, who possess critical knowledge and awareness of the patient, family, and community but do not speak up as often as they should.

These findings have crucial implications for front-line nurses, who possess critical knowledge and awareness of the patient, family, and community but do not speak up as often as they should.

**Required:**

- a) Nurses at all levels need strong leadership skills to contribute to patient safety and quality of care. Discuss the style of leadership needed in a nursing profession. **(9 Marks)**
- b) Explain five obstacles that would prevent nurses from being more influential in health policy decision making. **(10 Marks)**
- c) Describe three roles of nurses in a health facility. **(6 Marks)**

**QUESTION TWO**

- a) Evaluate three interdisciplinary approaches to public health. **(9 Marks)**
- b) Discuss the consequences of adhering to public health intervention society today. **(6 Marks)**

**QUESTION THREE**

- a) Development thinking has been dominated by the West and is very ethnocentric, discuss from an ethical perspective, the post-development theory. (9 Marks)
- b) There has been a debate that nurses run most private clinics. Discuss the statement giving the true or false picture. (6 Marks)

**QUESTION FOUR**

- a) Describe the correspondence of five principles of sustainable development. (10 Marks)
- b) Evaluate two categories of health equity. (5 Marks)

**QUESTION FIVE**

- a) Through free maternity initiative (Linda Mama), mothers are allowed four antenatal visits. Discuss the process of mother care during these visits. (8 Marks)
- b) Examine the procedure undertaking of Child Welfare Clinic. (7 Marks)

**QUESTION SIX**

- a) Evaluate the value and importance of health research. (9 Marks)
- b) Discuss the influence of attitude towards health seeking. (6 Marks)