

Effect of Finance, Management Style, Resource Allocation on Health and Safety Regulations in County Governments in Kenya: A Case Study of ‘A’ City County

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Abstract: - ‘A’ CITY County became a successor of the defunct City Council of CITY ‘A’. This came into existence after a successful promulgation and adoption of the new constitution in Kenya in 2010. In respect to this, the County Government of CITY ‘A’ has a responsibility of providing services that used to be provided by the defunct City Council of CITY ‘A’ and those delegated to it by the National Government of Kenya. The broad objective of this study was to look into factors affecting reinforcements of health and safety regulations in County governments in Kenya. The studies intention was to facilitate a broader understanding of the factors affecting the reinforcement of health and safety regulations in local authorities using the case of ‘A’ CITY County. Specifically, the study looked at three key factors: finances, management style and Resource allocation. The study used a descriptive research design and targeted a sample of fifty one respondents drawn from the various staff cadres at the City ‘A’ CITY County. The data was collected using questionnaires and was analyzed using MS Excel as well as the statistical package for Social Sciences (SPSS). The study established that, financing and management styles affected the reinforcement of health and safety regulation. It was further established that the allocation of adequate or sufficient resources was key in ensuring optimum implementation and reinforcement of health and safety regulations. The researcher recommended roles of employees as well as the public on health and safety while at the same time adopting a consultative decision making management style should be encouraged. The county should also ensure allocation of sufficient resources for the reinforcement of health and safety regulations.

Key Words: Occupational Health and Safety, Protection Motivation Theory, Health Belief Model, Theory of Reasoned Action, Statistical package for Social Sciences, City County, United Nations Environmental Programme, ‘A’ City County (City County where research was carried out)

I. INTRODUCTION

‘A’ CITY County became a successor of the defunct City Council of CITY ‘A’. This came into existence after a successful promulgation and adoption of the new constitution in 2010. In respect to this, the County Government of CITY ‘A’ has a responsibility of providing services that used to be provided by the defunct City Council

of CITY ‘A’ and those delegated to it by the National Government of Kenya. Some of the services that the county government is expected to offer include: physical planning, public health, social services and housing, primary education, infrastructure, inspectorate services, public works, and environment management, agriculture, livestock development and fisheries, trade, industrialization, cooperative development, tourism and wildlife, public service management. The geographical area covered by City ‘A’ CITY County still remains the same to that of City ‘A’ CITY Council.

The local authorities since its formation in 1902 has been committed to provision of services to city residents which included road maintenance, city lighting, provision of fire brigade services, health services, environmental maintenance and provision of clean drinking water, supporting development projects and entrepreneurship. City ‘A’ CITY County plays a major role in ensuring that Health and environmental safety is well enhanced in the County. The county has been on the lead by providing affordable health services to its residents, creation of awareness on measures to take to ensure a clean environment and better health living and conducting health camps annually. The mission of City ‘A’ CITY County is to provide, maintain, and promote a clean urban environment through proper solid waste management, recreational parks, and other open spaces for prosperity by developing proper management tools for urban environment, James, (2000)

Currently, health and safety regulation is managed through the Occupational Health and Safety Act, 2007. In summary, the act secures safety and health for people legally in all workplaces and prevents employment of children in workplaces where their safety and health is at risk. It also encourages entrepreneurs to set achievable safety targets for their enterprises and promotes reporting of work-place accidents, dangerous occurrences and ill health with a view to finding out their causes and preventing of similar occurrences in future. The act also promotes creation of a safety culture at

workplaces through education and training in occupational safety and health.

Finally, under legal reasons, health and safety requirements may be reinforced in civil law and/or criminal law. It is accepted that without the extra “encouragement” of potential regulatory action or litigations, many organizations would not act upon their implied moral obligations Debra (2012)

Statement of the Problem

The City ‘A’ CITY County has continuously been at logger heads with the public on its provision of services. On the other hand, the city’s health and environment continues to degrade. This is not in harmony with the county’s mission. At the same time, the residents have continued suffering in unhealthy environmental conditions, ill equipped health facilities, raw exposed sewage, uncollected garbage and unmaintained parks among others. This is despite the county’s continual receipt of payments from the city residents on services rendered to them.

Similarly, health and safety has profound impact on the supply, demand planning and management of health and environmental system in CITY ‘A’ County. In the area of supply of health and safety, training resources and communication affects the quality of provision of better health and safety regulations. It is not only the residents who are affected but also the workers, managers, and supervisors because of the length of time it takes for resources to get to the residents. It leads to problems of frequent health hazards hence disruption of a healthy and safe environment.

Thus need for this study to empirically identify and analyse the effects finances, management style and resource allocation on improvement of service delivery in county governments in Kenya.

Research Objectives

The general objective of the study was to establish the effect of training and communication in improvement of health and safety regulations in county governments in Kenya.

The specific objectives were

- i. To establish the effect of finance on reinforcement of health and safety regulations in City ‘A’ CITY County.
- ii. To determine how resource allocation affect reinforcement of health and safety regulations in City ‘A’ CITY County.
- iii. To assess the effect of management styles in reinforcement of health and safety regulations in City ‘A’ CITY County

Research Questions

- i. How do finances affect the reinforcement of health and safety regulations in county governments?

- ii. What is the effect of management styles in reinforcement of health and safety regulations in county governments?
- iii. What is the effect of resource allocation in reinforcement of health and safety regulations in county governments?

Theoretical Literature Review

This research was underpinned by the following theories: The Health Belief theory, Protection Motivation Theory, The theory of reasoned action and The Theory of Planned Behavior

1. The Health Belief Model

The health belief model (HBM; Becker 1974) was developed in the 1950s by a group of social psychologists working in the field of public health who were seeking to explain why some people do not use health services such as immunization and screening. The model is still in common use. There are four core constructs: the first two refer to a particular disease whereas the second two refer to a possible course of action that may reduce the risk or severity of that disease. Perceived susceptibility (or perceived vulnerability) is the individual's perceived risk of contracting the disease if he or she were to continue with the current course of action. Perceived severity refers to the seriousness of the disease and its consequences as perceived by the individual. Perceived benefits refer to the perceived advantages of the alternative course of action including the extent to which it reduces the risk of the disease or the severity of its consequences. Perceived barriers (or perceived costs) refers to the perceived disadvantages of adopting the recommended action as well as perceived obstacles that may prevent or hinder its successful performance. These factors are commonly assumed to combine additively to influence the likelihood of performing the behaviour. Thus, high susceptibility, high severity, high benefits and low barriers are assumed to lead to a high probability of adopting the recommended action. Another factor that is frequently mentioned in connection with the HBM is cues to action (events that trigger behaviour), but little empirical work has been conducted on this construct. There have been two meta-analyses (quantitative reviews) of research using the HBM. Janz and Becker (1984) calculated significance ratios showing how often each HBM construct was statistically significant in the predicted direction across 46 studies. These ratios were 81 percent for susceptibility, 65 percent for severity, 78 percent for benefits, and 89 percent for barriers; the pattern of findings was similar when only the prospective studies were examined. Thus, barriers are the most consistent predictor of behaviour and severity is the least consistent. Harrison et al.(1992) used extremely strict inclusion criteria; they included only 16 of the 234 studies they originally identified. Across these 16 studies, the mean correlations between HBM components and behaviour were 0.15, 0.08, 0.13, and -0.21 for susceptibility, severity,

While statistically significant, these correlations are small in substantive terms. Harrison et al. found that benefits and barriers had significantly larger effect sizes in prospective compared with retrospective studies, whereas severity had a significantly larger effect size in retrospective studies.

2. Protection Motivation Theory

Protection motivation theory (PMT; Rogers 1983) was originally developed to explain how People respond to fear-arousing health threat communications or 'fear appeals.' It can be regarded as an adaptation of the HBM. Protection motivation refers to the motivation to protect oneself against a health threat; it is usually defined operationally as the intention to adopt the recommended action. Of the determinants of intention specified by the model, the four that have received the most empirical attention are vulnerability and severity (equivalent to perceived susceptibility and severity in the HBM), response efficacy (the belief that the recommended action is effective in reducing the threat), and perceived self-efficacy (the belief that one can successfully perform the recommended action; Bandura 1997). Thus, a person will be more motivated to protect himself or herself (i.e., have a stronger intention to adopt the recommended action) to the extent that he or she believes that the threat is likely if the current course of action is continued, that the consequences will be serious if the threat occurs, that the recommended action is effective in reducing the likelihood or the severity of the threat, and that he or she is able to carry out the recommended action. In many studies using this model (e.g., Wurtele and Maddux 1987), specific PMT variables are experimentally manipulated in a factorial design and their effects on intention (and sometimes behaviour) are measured. In fact, PMT is unique among social cognition models with respect to the relatively large number of experimental tests that have been conducted. To date, two meta-analyses of PMT studies have been conducted (Floyd et al. 2000, Milne et al. 2000). The analyses used different study inclusion criteria and different effect size measures. Floyd et al. analyzed 65 studies with about 30,000 research participants whereas Milne and colleagues included 27 studies with about 8,000 participants. There were only 12 studies in common. Both analyses found support for each of the main PMT variables as predictors of intentions and/or behaviour. Self-efficacy had the strongest, most consistent, and most robust effect.

3. The theory of reasoned action and the theory of planned behaviour

The theory of reasoned action (TRA; Ajzen and Fishbein 1980) developed out of social-psychological research on attitudes and the attitude-behaviour relationship. The model assumes that most behaviours of social relevance (including health behaviours) are under volitional control, and that a person's intention to perform behaviour is both the immediate determinant and the single best predictor of that behaviour. Intention in turn is held to be a function of two basic determinants: attitude towards the behaviour (the person's

overall evaluation of performing the behaviour) and subjective norm (the perceived expectations of important others with regard to the individual performing the behaviour in question). Generally speaking, people will have strong intentions to perform a given action if they evaluate it positively and if they believe that important others think they should perform it. The relative importance of the two factors may vary across behaviours and populations; the TRA also specifies the determinants of attitude and subjective norm. Attitude is held to reflect the person's salient behavioural beliefs concerning the possible personal consequences of the action. For example, a person who believes that performing a given behaviour will lead to mostly positive personal consequences will hold a favourable attitude towards the behaviour. Specifically, attitude is held to be a function of the sum of the person's salient behavioural beliefs concerning the outcome of the action each weighted by their evaluation of that outcome.

An indirect, belief-based, measure of attitude can be created by multiplying each behavioural belief by its corresponding outcome evaluation and then summing over outcomes. In a similar way, subjective norm is a function of the person's beliefs that specific individuals or groups think he or she should, or should not, perform the behaviour. A person who believes that most significant referents think he or she should perform the behaviour will perceive social pressure to do so. Specifically, subjective norm is held to be a function of the person's salient normative beliefs with respect to each referent, each weighted by their motivation to comply with that referent. An indirect measure of subjective norm can be created by multiplying each normative belief by its corresponding motivation to comply and then summing over referents. Much behaviour cannot simply be performed at will; they require skills, opportunities, resources, or cooperation for their successful execution. The theory of planned behaviour (TPB; Ajzen 1991) was an attempt to extend the TRA to include behaviours that are not entirely under volitional control, for example giving up smoking or using a condom. To accommodate such behaviours, Ajzen added a variable called perceived behavioural control to the TRA. This refers to the perceived ease or difficulty of performing the behaviour, and is assumed to reflect past experience as well as anticipated obstacles.

Empirical Literature Review

Effects of management styles on reinforcement health and safety regulations

Roosevelt (1991) provides a useful perspective on the recommendations to be made in this section. An environment that works for all employees is an environment that is safe for all employees regardless of their race, culture, language ability gender age or illness. Creating a safe work environment is the responsibility of all organizational members. He mentioned that safety inspections are designed to examine a specific area of the organization operations or manufacturing process in order to locate and define any default in the system equipment, plant or machines or any

operational errors that might be a cause of accidents. Safety measures should be carried out on regular and systematic basis by the line managers and supervisors with the advice and help of health and safety advisers.

Management of health and safety at work regulation requires that the risk assessment be completed by a competent person (who may be outside consultants) and that for firms with five or more workers a permanent record of the exercise maintained. In addition the time is obliged to devise and implement specific procedures for dealing with emergencies (Armstrong, 2003). The management may draw up a plan for putting into effect preventive and protective measures. The firm should also train employees in safety matters and ensure that workers are capable of avoiding risks. Employees (including temporary workers) must be informed of risks in language they can understand. The firm should take into account working conditions and local workplace hazards when setting equipment. Graham and Bennet (1998) insists on identifying unavoidable risks in relation to handling operations, having regard to shape, size, and weight of the load and the organic characteristics of the work place.

According to Movittie et al (1997) organizations have not been so safety conscious and have done little more than fulfil minimum legal requirements. He argues that organizational safety is seen as a barrier to attainment of corporate objectives and unnecessary cost burden which provides little return. The writer says that management goals are an important factor that have made S&H an important strategic goal, and implementing it with safety programmes which include rewards for goods safety back up by rigorous training.

The Occupational Health & Safety Act 2007 part III on administration, section 23 subsection (1) states that there shall be a director of occupational health and safety who shall be responsible for the administration of this act. The Director shall be; an ex officio member of the council but shall have no right to vote; and the secretary of the council. The director shall ensure adequate consultations on proposed occupational health and safety standards regulations, and codes of practice. The director shall develop a five year strategic plan for improving health and safety; and ensure that the plan meets the existing and future need of industry and the community. The director may, consult with the technical advisory committee established under section 30, issue a certificate of approval to a competent person to carry out- examination and testing of plants and equipment; medical examination of employees; medical surveillance on the health of persons employed; safety and health audits of workplaces; or any other function necessary under this act.

A certificate of approval issued under this section shall be renewed annually. The director may at any time revoke a certificate of approval under this subsection (5). The director shall promote education and training in health and safety; shall collect and disseminate information on occupational health; shall promote health and safety in all workplaces and in the community to encourage health and safety culture in

workplaces; may conduct training for enterprises, self employed persons, individuals and health and safety officers; May after consultation with the technical advisory committee, approve in writing training institutions providing health and safety training (The Occupational Health & Safety Act 2007)

Effects of finance in the reinforcement of health and safety regulations

Eisenberger et al (1990) brought out the need to invest in occupational health and safety among organizations. In considering investment levels in OHS it is important to consider both costs and benefits to the organization and to society as a whole. According to Noel et al (1996) the more risky the work, the greater the investment justified, economically, it may be questionable because the cost of work related injury and disease are shared between employers, workers and the community at large.

Mendelstin (1984) advanced the principle of provision of social service and welfare made available to everyone because the need for them has arisen and not because they have fulfilled conditions with regards to payment of contributions or absence of means. While state intervention is still important to effective OHS in the construction industry, many have little impact on accidents statistics. Health and safety auditing is similar to financial or quality auditing in that it aims to achieve a rigorous independent evaluation of effectiveness and implementation of company OHS management systems. However, since most organizations have limited social conscience, these figures provide compelling reasons for continued intervention in the protection of employee's health and safety at work. There are good economic reasons for investing beyond the point of economic equilibrium, because many benefits accrue to companies that invest in OHS.

There are economic as well as legislative reasons to pay greater attention to OHS performance. Henrich (1988) study of 75,000 accidents established the much quoted ratio 8:8:10:2 ratios that meant 88% of all accidents were caused by unsafe conditions which could not be prevented. A dozen people are killed in workplaces every day and a lot of money is used to cover these costs incurred during these accidents. A study undertaken in the UK government estimated that an average these costs amount of 8% of a construction projects tender price (HSE 1993) therefore the OHS efficiency has significant competitive complications. This estimate included near misses which also have financial impact through damage to equipment, process interruption diminished employee morale and many others.

Effects of Resources in the Reinforcement of Health and Safety Regulations

According to Dessler (2004), employees have to be empowered through the allocation of the necessary resources for the implementation of health and safety regulations in an organization. Stoner et al (2002) define empowerment as the art of providing authority, knowledge and resources to individuals so as they can achieve work objectives. It stands

for substantial change that businesses are implementing. It also means letting employees make decisions at all levels of an organization without asking for approval from managers. He pointed out that employee empowerment through resource allocation plays a significant role in ensuring effective health and safety programmes in an organization.

As stated by Ridley and Channing (1999) the process of managing health and safety risk enables decision makers to make more informed decisions about safe methods of work and appropriate H&S control strategies and allocate the necessary resources. Glanferatal (1994) pointed out that identification of hazards is the first step in risk management. Therefore, in the domain of safety, risk assessment remains a subjective process which relies on assessor’s knowledge and experience. Typically as the planning horizon expands into the longer term the list of activities should become smaller and expands specification of each activity more focused on ideas than precise fact. The role of upper management should prepare long term plans with low levels of detail that are infrequent updated, while lower level management should prepare detailed, short term plans more frequent.

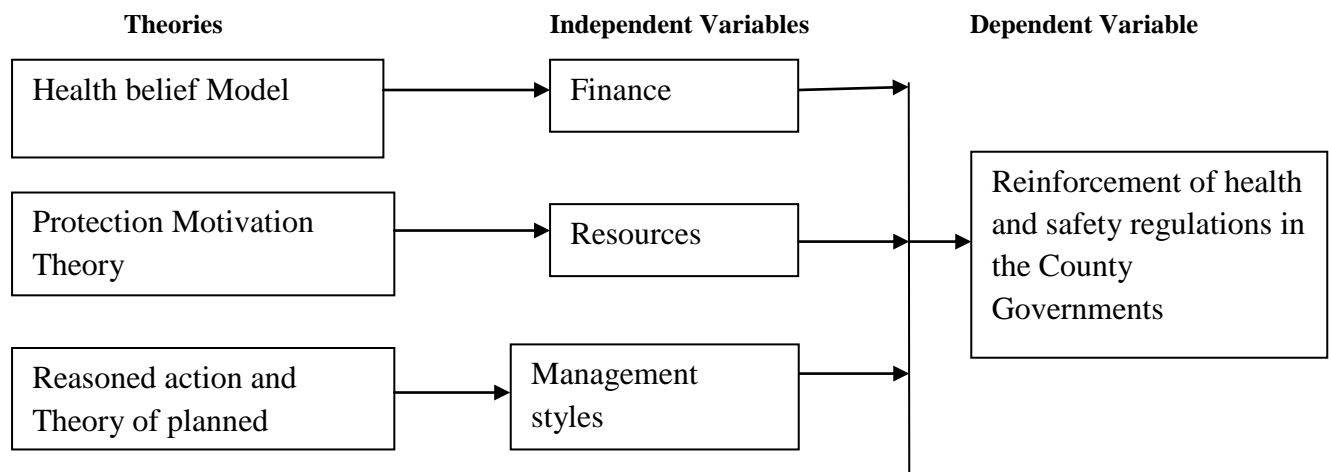
According to Lingard (2002) recent research in Australia, often the head contractor does not provide basic safety infrastructure such as suitable access equipment. This leaves the provision of such equipment to traders who are only on site for a short period of time, for whom the investment of appropriate resources is not economically practicable. Preece et al (1999) however sees the introduction of the regulations as having not been an unqualified success and numbers of problems associated with the implementation have arisen. In particular, compliance has generated a massive amount of additional paper work and excessive bureaucracy which has

often become the end not he means. Anderson (1998) argues that the costs of compliance have proved to be higher than expected.

Though there are laws in place on health and safety few people are aware of them. At times it’s left up to the employee to discover the health and safety law in place while it’s the work of the employer to keep the employee informed. The maintenance of safe working conditions and the prevention of accidents is the responsibility of the management and those responsible are often delegated to the human resource manager. The occupational health and safety act 2007 highlights the conditions affecting health and safety as cleanliness, lighting, ventilation, dust control and working space.

All health and safety programmes add value to the employee and the employer relationships. They add value to employees by giving them options to balance work and family issues coupled with strategies for personal problems and healthier lifestyle through preventive programme. Though it is expected that results from this particular study would support other studies carried out in the area of health and safety, this particular study was intended to fill the gaps addressing the factors affecting the reinforcement of health and safety regulations in local authorities in Kenya. The review has also seen different authors have shown how important health and safety services are to both the employer and employee the organization and its customers and what would happen in the absence of these services. There are many objectives why the employer should take up health and safety service for the benefit of those involved. This is what the ‘A’ City County need to understand and the gaps that the research project is filling.

Figure 1: Conceptual Framework



II. RESEARCH METHODOLOGY

Research design

The study adopted the descriptive design. Descriptive research is used to obtain information concerning the current status of the phenomena to describe what exists, with respect to variables or conditions in a situation. Descriptive research aims to gather data without any manipulation of the research context and it is non-intrusive and deals with naturally occurring phenomena (Mugenda & Mugenda 1999).

Target population

The target population of the study was the entire staff of the City 'A' CITY County. The population of interest was categorized into three namely Top management, middle management, and operational employees.

Table 1: Target population

Category	Population Size	Percentage
Top Management	10	10
Middle Management	15	15
Operational Employees	75	75
Total	100	100

Sample and Sampling Technique

The total sample consisted of 51 employees, representing the top, middle and operational levels. The research had more operational staff participating since they represent the majority at the county and are most involved in delivering direct service to the City dwellers. The middle management staffs are constantly ensuring that the operational staffs attend to their duties in a satisfactory manner.

Table 2: Sampling Table

Category	Target Population	Sample Size
Top Management	10	5
Middle management	15	8
Operational Management	75	38
Total	100	51

Stratified simple random sampling was used to come up with a sample size that is a representation of the total population. The researcher ensured that each stratum is represented proportionally. Random sampling was used to select the actual number of respondents. The identification of the staff was easy as they are all functionally located on different floors.

Data collection instruments

Both primary and secondary data was used in this study. The data collection method used is questionnaire. The means of

data collection was mainly non-verbal and the technique used is questionnaires. The study data was collected using both open ended and closed questionnaires which were administered to the respondents. Secondary data was also obtained from the organizations records. The data collection tool to use for the study is a questionnaire. A questionnaire is a list of questions to be answered by an identified number of people especially to get facts and information about views and variables under study. The questions in the study questionnaire were designed as brief as possible and were to the point. Similarly, the questionnaire allowed for rating of variables under study so that the researcher can do a factor analysis. The questionnaires were issued personally to the top management while drop – and pick method was used at the council offices targeting operations staff.

Validity and reliability test

Harper (2002) argues that for a questionnaire to produce useful results, it must have validity and reliability. If the questionnaire can actually test what it is intended for, it refers to validity, whereas, reliability measures the relevance. To test the reliability and validity questionnaire, a pre-test was carried out. The questionnaire was administered to six respondents not in the study sample so as to establish whether the questionnaire measures what it purports to (Chandran, 2004).

Data collection procedure

According to Chandran (2003), questionnaires provide a high degree of data standardization and adoption of generalized information amongst any population. They are useful in a descriptive study where there is need to quickly and easily get information from people in a non-threatening way. Primary data was collected using questionnaires which contained closed and open ended questions and also likert-scale type of questions to determine the effects of health safety Act organizational level.

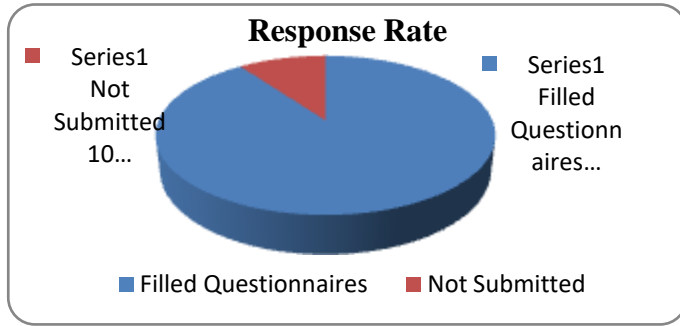
Data processing and analysis

After all questionnaires are fully completed and received, they checked and verified to ensure consistency, exhaustiveness and completeness in the information expected. The data was then be coded to allow for content analysis and factor analysis. Content analysis is best suited for the kind of data since it avoids subjectivity. Statistical data analysis, using MS Excel as well as the Statistical Programme for Social Sciences (SPSS) was done. The SPSS programme enabled the researcher come up with measures of central tendency like frequencies, standard deviations and means. Similarly, it enabled the researcher generate graphs and pie charts to present the data findings. The results were then interpreted and various inferences made from the findings.

III. RESEARCH FINDINGS AND DISCUSSION

A) Response rate

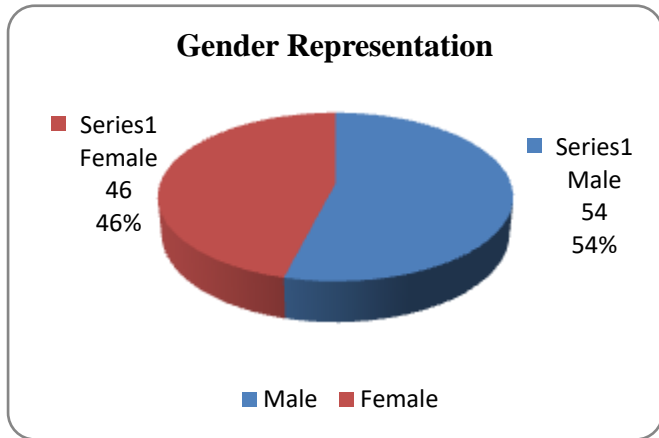
Figure 2: Response Rate



The study recorded an impressive 90% response rate with 46 out of the targeted 51 respondents correctly filling and submitting their questionnaires. This was a high response rate enabled by the researcher's data collection approach of personally distributing the questionnaires and assisting the respondents in filing the questionnaires.

B) Gender Representation

Figure 3: Gender Representation



Gender representation was skewed towards the female who were the majority with 54% representation while the males accounted for the remaining 46%.

C) Effect of Finance on Reinforcement of Health and Safety Regulations

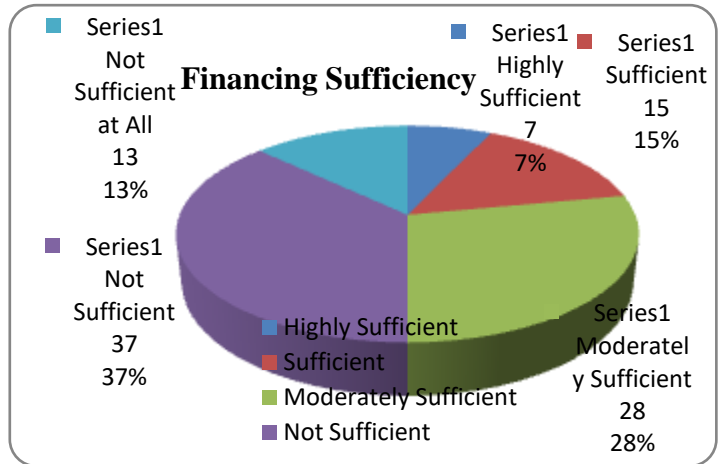
Table 2: Finance and Reinforcement

Response	Frequency	Percentage
Yes	38	83
No	8	17
Total	46	100

The study revealed that 83% of the interviewed respondents believed that financing affected the reinforcement of health and safety regulations at the council. The remaining 17% were for the opinion that finance does not affect the reinforcement of health and safety regulations at the council.

D) Sufficiency of Financing

Figure 4: Sufficiency of Financing



The sufficiency of the financing of health and safety regulations at the council was also analysed in this study. It was established that 37% of the respondents rated the financing as not sufficient with an additional 13% rating it as not sufficient at all. Among the remainder, 28% believed that the financing was moderately sufficient while a further 15% deemed it as sufficient. The remaining 7% rated the financing as highly sufficient.

E) Management Styles and Reinforcement

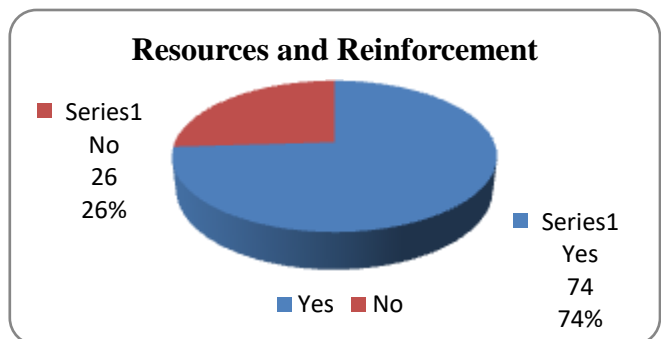
Table 3: Management Style and Reinforcement

Response	Frequency	Percentage	Cumulative Percentage
Yes	33	72	72
No	13	28	100
Total	46	100	

The study established that 72% of the respondents believed that management styles affect the reinforcement of health and safety regulations. The remaining 28% were of the opinion that management styles do not affect the reinforcement of health and safety regulations.

F) Effect of Resources on Health and Safety Reinforcement

Figure 1: Resources and Reinforcement



The study established that 74% of the respondents believed that resources affect the reinforcement of health and safety regulation at City County. The remaining 26% were of the opinion that resources do not affect the reinforcement of health and safety regulations at the council.

G) Adequacy of Resources

Table 4: Resource Adequacy

Response	Frequency	Percentage
Yes	17	37
No	29	100
Total	46	100

The study revealed that 63% of the respondents believed that the resources allocated for reinforcement of health and safety regulations were not adequate while the remaining 37% indicated that the resources were adequate.

Summary

The study established that financing significantly affected the reinforcement of health and safety regulations at the county. Respondents indicated that through sufficient financing, a proper ground work can be laid for the implementation of health and safety regulations at the county. This could involve offering sufficient training sessions, organization of sensitization programmes as well as procurement of necessary protective gear. Financing would also ensure there is effective communication through print and electric media that will lead to support of the reinforcement exercises. In addition it was revealed that through adequate financing sufficient and adequately skilled manpower can be engaged so as boost the efforts of health and safety reinforcement.

It was revealed that management styles also affected the reinforcement of health and safety regulations. A management style that allows for consultations as well as participative decision making was deemed as appropriate for the reinforcement of health and safety requirements. On the other hand it was established that the management style that supports the efforts of health and safety reinforcement that that is adequately appraised on the benefits of the same was most appropriate. Respondents indicated that the current style was hampering the reinforcement efforts through long decision making processes. Respondents noted that there is need to have a management style that supports quick decision making mechanisms so as to enhance the reinforcement of health and safety regulations.

Finally, the study revealed that allocation of adequate resources was critical to the enforcement of health and safety regulations at the council. It was noted that the exercise requires wide range of resources and failure to allocate enough resources negatively affected the exercise. The study revealed that currently, the resources allocated to the environment department were inadequate hence the level of

success in the reinforcement of health and safety regulations was low. It was also revealed that failure to allocate enough resources was one of the biggest impediments towards the reinforcement of health and safety regulations.

IV. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

Summary of Findings

On the effect of finance on reinforcement of health and safety regulations in county governments in Kenya, the study established that an overwhelming majority believed that finance affected the reinforcement of health and safety regulations at the county. It was further revealed that majority of the respondents rated the financing as not sufficient to support the reinforcement of health and safety regulations at the county. Respondents intimated that sufficient financing could contribute to laying a proper foundation for the implementation of health and safety regulations. Similarly, it would help in ensuring the availability of all the required resources for the success of the reinforcement.

In assessing the effect of management styles in reinforcement of health and safety regulations in local authorities in Kenya, the study established that majority of the respondents believed that management styles affected the reinforcement of health and safety regulations. Respondents indicated that a management style that enabled quick decision making was preferred in the reinforcement of health and safety regulations. Respondents further indicated that the current management style hampered the reinforcement efforts through long decision making processes

On the effect of resources on the reinforcement of health and safety regulations in local authorities in Kenya, it was revealed that majority of the interviewed respondents believed that resources affected the reinforcement of health and safety regulations at the county. In addition, the biggest percentage of respondents interviewed indicated that the allocated resources were not adequate. It was further established that failure to allocate enough resources was one of the biggest impediments towards the reinforcement of health and safety regulations. Respondents indicated that reinforcement was an exercise that required massive resources for it to be successful.

The study revealed that an overwhelming majority of 83% of the interviewed respondents believed that financing affected the reinforcement of health and safety requirements. In addition, it was established that through adequate financing, a proper ground work could be laid for the implementation of health and safety regulations at the county. This could be done through offering adequate training to the employees, allocating more finances to awareness creation among the public as well as the employees and procurement of all the necessary reinforcement tools. In addition it was revealed that through adequate financing sufficient and adequately skilled manpower can be engaged so as boost the efforts of health and safety reinforcement.

It was established that majority of the respondents at 72% believed that management styles affected the enforcement of health and safety requirements at the county. It was established that a management style that allows for consultations as well as participative decision making was deemed as appropriate for the reinforcement of health and safety regulations. It was further noted that a management style that appreciates the importance of health and safety regulations would play a leading role in ensuring the implementation of the health and safety regulations. Respondents noted that there is need to have a management style that supports quick decision making mechanisms so as to enhance the reinforcement of health and safety regulations.

The study also established that 74% of the interviewed respondents believed resource allocation affected the reinforcement of health and safety requirements. It was noted that allocation of adequate resources was critical in the enforcement of health and safety regulations at the county. It was noted that the exercise requires a wide range of resources – both financial and non-financial for success to be realized. The study revealed that currently, the resources allocated to the environment department were inadequate hence the level of success in the reinforcement of health and safety regulations was low. It was also revealed that failure to allocate enough resources was one of the biggest impediments towards the reinforcement of health and safety regulations.

Conclusion

It can be concluded that finance affects the reinforcement of health and safety regulations through laying down of proper groundwork for health and safety regulations implementation. Through adequate financing, through adequate financing sufficient and adequately skilled manpower can be engaged so as to boost the efforts of health and safety reinforcement.

It can also be concluded that management styles affect the reinforcement of health and safety regulations. A consultative management style, that allows for quick decision making is preferred to a style that advocates for lengthy decision making. Finally, it can be concluded that allocation of adequate resources directly affect the reinforcement of health and safety regulations. Enforcement of health and safety requirements requires a wide range of resources and these should be availed so as to ensure success in the implementation and enforcement of health and safety regulations at the county.

Recommendations

In financing, it is recommended that the council reviews the current budgetary allocation for health and safety reinforcement. This is based on the observation that the current financing is inadequate to ensure adequate and comprehensive implementation as well as enforcement of health and safety requirements at the county. The county can also source for additional funding from the donor community as well as other key stakeholders on the management of the

environment like United Nations Environmental Program (UNEP)

On management styles it is recommended that the county adopts a management style that allows for participative, consultative and quick decision making. This will ensure not only faster decision making but will also create more awareness and ownership of the health and safety reinforcement among the employees. The people supervising the enforcement of health and safety requirements should therefore be trained more on management and decision making so as to improve the reinforcement.

Finally, based in resources the researcher recommends that the county carries out a study to establish the optimum resource requirements for health and safety regulations. This should be followed by identification of any gaps between the optimum requirements and the current setting. Once the gaps are identified, they should be filled by ensuring that resources are channeled to address the gaps.

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