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The Impact of the Prolonged Illness of an Employee on The Efficiency of Human Resource in The Three Selected Parastatal Organizations in Kasama District of Northern Province of Zambia

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Abstract **– The prime purpose of this research is to clearly investigate into the impact of the prolonged illness of an employee on the efficiency of human resource: a case study of three selected parastatal organizations in Kasama district of Northern Province of Zambia. The research will use both qualitative and quantitative measurements because the study will be descriptive survey in nature. Data will be collected using individual questionnaires, personal interviews and other distribution averages for sake of clarity and authenticity. The targeted population will be 80 respondents. The sample size will be 30 which categorically consists of 15 employees, 3 managers, 4 human resource officers, 3 officials from civil societies and 5government officials from provincial administration. The basis of this abstract is the concern that prolonged illness of an employee has a serious impact on the provision of quality human resource in Zambia in particular parastatal institutions in Kasama district. This has prompted the researcher to find out how the scourge has affected the provision of quality human resource or services to the public in the selected parastatal organizations in Kasama District of Northern Province of Zambia: Zesco, Zamtel and Chambeshi Water respectively. The study actually consists of five chapters. Chapter one provides the introduction of the research problem, background of the problem, objective of the study, research questions and the significance of the study. Chapter two provides literature review. Chapter three gives research methodology and chapter four offers the research finding. Chapter five provide the conclusion and recommendations.**

Keywords **– Prolonged Illness, Human Resource Efficiency, Employee Health, Workforce Productivity, Human Resource Management.**

I. INTRODUCTION

The significance of this chapter is to comprehensively provide an overview of the process that will be followed in examining the negative impact of prolonged illness of an employee on the efficiency of human resource of an employee in selected parastatal organizations in Kasama district of Northern Province. The study in this chapter will further explore and present the following: background of the problem, statement of the problem, purpose of the study, objectives of study, the research questions, significance of the study, limitations, delimitations, theoretical frame work, acronyms, and definition of key terms to be used in this study.

Background To The Study

Most of the people in Sub – Saharan Africa are living with the prolonged illnesses that bring about unproductivity, which directly and indirectly affect global economy and development. When the prolonged disease enters the body for a period of time, which maybe over years keeping the victim from being proactive and productive. During this period, the person infected with the prolonged illness or condition may appear absolutely healthy and may not feel sick. This is normally referred to as the asymptomatic period (Chanda et al, 2007). However, when a person is afflicted with various opportunistic infections, as a result of the immune deficiency caused by prolonged disease, he is diagnosed as suffering from prolonged condition.

Statement Of The Problem

Zambia, with a population of about 18.9 million people, is among the countries that are most hit by the prolonged conditions in Sub-Saharan Africa. The first case of prolonged illness in Zambia was diagnosed in 1984. About 1.7 million Zambians are infected with prolonged illness. Over 270,000 are in need of therapy related to the cure of prolonged illness or condition. Since the first case of prolonged illness was diagnosed, the prevalence of prolonged condition and deaths from such diseases have been on the rise. The prolonged illnesses have negatively impacted on Zambian communities to the furthest parts of the country, for example, life expectancy has drastically dropped to 47 years; the dependency ratio has also rapidly increased, and that the number of orphans due to prolonged disease has escalated greatly in most parts of Zambia.

Purpose Of The Study

The basic purpose of carrying out this research project is to investigate the impact of prolonged illness on the human resource efficiency of an employee specifically in three selected parastatal organizations in Kasama district of Northern Province of Zambia.

Research Objectives Of The Study

- To precisely prevent the prolonged condition transmission through intensified prevention efforts and control?

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- To treat prolonged illness so as to optimize treatment with regard to long term efficacy, adherence, toxicity, prevention of resistance?
- To find out if it is possible to cure prolonged condition by diagnosing and treating it very early after infection?
- To find out the key host and viral genetic factors that determine the natural course of prolonged infection?
- To find out the long-term negative impact of prolonged infection on quality of life and ability to work in parastatal institutions?

General Objective

The general objective of this research study has been to thoroughly investigate the impact of prolonged illness on the efficiency of human resource of an employee in the three selected parastatal organizations in Kasama district of Northern Province of Zambia.

Research Specific Objectives:

- To find out how prolonged illness has negatively affect efficiency of human resource in the parastatal organizations in Kasama district.
- To find out how prolonged illness has negatively affected human resource productivity in three selected parastatal organizations in Kasama district.
- To suggest measures to be taken in the reduction of prolonged diseases in the three parastatal organizations in Kasama district.

Research Questions

The research study is to carefully seek to answer the following questions

How has prolonged condition negatively affects the efficiency of human resource?

How has prolonged illness negatively affects human building capacity?

What measures should be taken to reduce the negative impact of prolonged condition?

How has prolonged illness negatively influences the three selected parastatal organizations in a long term with regards to quality human labor?

Can the key host and viral genetic factors that determine the natural course of prolonged infection be effected?

Limitation Of The Study

The decision to restrict the research research study to only three selected parastatal organizations in Kasama district, out of 5 institutions which are in the district, is based on the Limited time in which to visit all the parastatal organizations which are in distant places. This is coupled with lack of transport to cover all the concerned parastatal organizations that fall within the boundaries of the district. In addition to that, there are limited financial resources and stationery since the research study is self-sponsored and some of the respondents may not be willing to give out information about their status or condition therefore, it will also contribute to the limitation in carrying out this research project.

Significance Of The Study

The research study is of importance because the research findings may provide information to the government ministries, policy makers and other stakeholders as they strive to prevent the negative impact of prolonged condition on the efficiency of human resource in particular in the selected parastatal organizations in Kasama district of Northern Province of Zambia.

II. LITERATURE REVIEW

Introduction:

This research study covers a wide spectrum of the human resource management studies or perspectives from other global scholars. As such, this study will highlight related issues which affect the effectiveness and efficiency of a human resource management in the selected parastatal institutions or organizations in Kasama district in particular. Among the areas which will be covered in this study exploration are: continuous training; succession planning; ageing workforce; loyalty; increasing number of female workers; ambiguous job descriptions and specifications; disabled workers, proactive workers; inactive employees; and skill deficiencies of the workforce. This chapter will further review literature on the impact of prolonged illness on the efficiency of human resource of an employee: a case study of three selected parastatal organizations in Kasama district in Northern Province of Zambia.

The aim of this study is to evaluate the effect of chronic disease(s) on work productivity. Methods: Using the Health & Work Performance Questionnaire, information was collected from 60 workers on chronic disease status and work productivity. Propensity-score matching will be performed to identify matched-pairs of workers. Results: In the propensity-score matched sample, workers with chronic diseases will be more likely to have increased absenteeism and presenteeism rates, 6.34 and 2.36 times the rates if no chronic diseases, respectively. In addition, they have greater odds for getting negative critical work incidents and less odds for positive incidents than none or balanced status. Multimorbidity showed more significant increase in absenteeism and presenteeism rates, as well as increased odds for excess negative critical work incidents.

Chronic disease(s) can significantly reduce work productivity by increasing absenteeism, presenteeism, and net negative critical incidents. We examine the impact of several chronic diseases on the probability of labour force participation using data from the Australian National Health Surveys. An endogenous multivariate probit model is used to account for the potential endogeneity of the incidence of chronic conditions such as diabetes, cardiovascular diseases and mental illnesses. The cross-equation correlations are significant, rejecting the exogeneity of the chronic illnesses. Marginal effects of exogenous socio-demographic and lifestyle variables are estimated through their direct effects on labour market participation and indirect effects via the chronic diseases. The treatment effects of chronic diseases on labour force participation are estimated via conditional

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probabilities using five-dimensional normal distributions. The estimated effects differ by gender and age groups. Although computationally more demanding, these treatment effects are compared with results from a univariate model treating the chronic conditions exogenous and the structural effects from the multivariate probit model; both significantly overestimate the effects. Sometime in the 1930s a form of simian immunodeficiency virus, SIV, jumped to humans in central Africa. The mutated virus became the first human immunodeficiency virus, HIV- I. The first known case of chronic illness in a human occurred in a person who died in the Congo, later confirmed as having HIV infection from his preserved blood samples. Chronic illness related patients began to appear in the late 1980s. No section of society was prepared to face an epidemic of this scale and having far-reaching consequences on people of all walks of life.

People in the Healthcare sector were also in the similar plight and grouped themselves to find answers. Fear and denial were the initial responses that were encountered. This fear of treating in-patients pervaded many Healthcare settings with Health care personnel refusing to conduct the deliveries of chronic illness infected women. There was also the demand of knowing the HIV status of every patient before he/she was examined. These reactions stemmed from fear and were more or less predictable, given a situation where in new fatal and infectious diseases always came up with little accompanying knowledge or skills to handle.

In Zambia, the first case of chronic illness such as AIDS was diagnosed in 1984. Chronic illness in Zambia is a major public and social health issue that demands a multi face approach if it is to be tackled successfully.

Government, non-Governmental organizations (NGOs) and communities are employing diverse but complementary strategies to mitigate the effects of the disease. The national adult HIV prevalence in Zambia is 14.3%, having reduced from 16% in the mid-1990s. More women (16.1%) are living with chronic illness compared to men (12.3%) and teachers are not exceptional.

The chronic illness pandemic has become an issue of great global concern. It has had a serious impact on the provision of quality education in Zambia, and schools in Kasama township are not exceptional. Statistics show that Zambia is experiencing one of the worst chronic illness epidemics in the world. Chronic illness infection is currently estimated at almost 20% in persons above age 15. This means that one in five of those Zambians now over the age of 15 were probably die at a young age from this disease, mostly over the next 3-10 years (MOH, 1997).

In the Ministry of Education, many teachers have died or are sick and hence are no longer productive. Educating Our Future, (2006) reports that, during illnesses and funerals the government through the ministry loses a lot of money in buying medicines for treatment, time to teach learners, buying of coffins and paying for funeral grants. The researcher agrees to this fact as the same situation has been seen in Kasama urban public day secondary schools.

Statistics repeatedly tell us that chronic illness related diseases are affecting the lives of millions of people in Africa and to an estimation of 5,7-million, 200 are affected and the majority of whom are involved in the education system as teachers, parents or learners and Kasama is not an exceptional.

What the statistics don't tell us is how the average teacher and learner are affected on a daily basis. Warnings about the potential effect the pandemic was having on the quality of education somehow do not capture the real trauma and despair of teachers who have to deal with severe emotional, financial, social, psychological, health and pedagogical challenges.

Although the negative effects of the pandemic put additional pressure on an already depleted and struggling educational system, educators have an important role to play in both the prevention of chronic illness infection and the care and support of those already infected or affected. The problem is that few teachers have been trained to cope with the educational, social and psychological consequences of chronic illness. This report has given some pointers on how to begin to do this.

People need to make sure that they know the correct facts about the virus and how it is transmitted. To see if your knowledge is up to scratch, they should take the test.

They need to know not only the HIV facts, but also about condom use, pregnancy and other sexually-related issues. This may mean that you have to become comfortable with talking about these subjects not an easy task when we have been culturally conditioned to avoid them.

There is a lot of information available, so people should be able to make sure they know the facts. If you do not know your risk spreading myths and false information that could lead to stigmatization and other negative consequences.

Teachers in all learning areas (not just life orientation) need to be able to facilitate responsible decision-making with learners and should be comfortable about integrating life-skills education into their syllabuses where possible.

To be an effective HIV and Aids educator is to be aware of your own values, beliefs, feelings and behavior, because what you believe, feel and do in the classroom would convey either a positive or negative message around HIV and people living with HIV and Aids.

Once teachers are aware of their own attitudes towards HIV and Aids and those infected or affected, they would be able to make sure that they create a safe and supportive school and classroom environment that was encourage learners to share any problem that might be affecting their ability to concentrate and learn. (Wood: 2000)

HIV and Aids exacerbates already existing problems, such as poverty, and often the teacher is the only person a learner can turn to for help.

Some ideas that might help educators to create a supportive environment for vulnerable children include: Involve the community in setting up a feeding scheme or a vegetable garden. Form personal relationships with specific social workers at the department of social welfare or non-governmental agencies to ensure the basic needs of children are met and that social welfare can be accessed; Set up a clothing exchange whereby uniforms can be donated or swapped; and Hold regular information meetings for parents and caregivers about how to reduce the vulnerability of children.

In addition to these practical actions, the school should try to create an environment in which children and teachers feel loved, secure and valued. This would help them to learn and develop holistically. Something as simple as smiling and greeting each learner by name can make a tremendous difference in their lives and education. Linking HIV infection with immoral behavior increase stigmatization of those who are infected. Many people are infected through no fault of their own for instance, through rape or mother-to-child transmission. Use scare tactics, threatening learners with death and dire consequences if they "don't behave themselves" can lead to the stigmatization of those infected and may cause undue anxiety and false beliefs among learners for instance, that all people who are HIV positive was die soon.

What would this do to the mental health of learners whose parents are HIV positive or who may be HIV positive themselves? Link HIV with specific sectors of the population, this can lead to stigmatization and discrimination. Suggesting that the disease is more prevalent among black Africans, the poor, the uneducated or women can lead to learner's 'othering" the problem and not realizing that they are just as much at risk.

In spite of the added stress and challenges that HIV presents for civil service, it also presents an opportunity to rethink your approach to human resource. employees can take the chance to integrate life-skills and sexuality education into the professionalism, to talk about safety and gender issues, to encourage a greater level of caring and empathy at schools and to bring back the nurturing element of education. (Wood: 2010).

HIV and Aids could be the catalyst we need to humanize professionalism, to make sure professional dynamics contribute to developing employees who would be compassionate, caring, responsible and HIV-free citizens.

Moreover, life expectancy, which stood at 54 years in the not-too-distant past, has plummeted to 37 and is projected to decline in the coming decade to 30.3. This tragic scenario is already making its impact felt in the formal education system. Not enough field work has been done to support a scientific assessment of the extent of the impact, but various indicators show that it is considerable. Two groups of special concern are employers and employees. Respectively, these illustrate the impacts of HIV/AIDS on the supply and demand aspects of education.

Additionally, there are at least four dimensions to the impact that HIV/AIDS is already having on employees and professionalism in Zambia: employee mortality, employee productivity, employee costs, and employee stress.

Application at district level of HIV adult prevalence estimates suggests that, out of approximately 8,100 parastatal employees in 1996 and 1997, some 5,800 (20 per cent) were HIV-positive. This is in keeping with the international finding of a positive correlation between professional status and HIV-risk (Deheneffe, etal 1998). In line with the above situation, I equally found out that eight (8) employees from the targeted parastatal institutions in Kasama were HIV-positive. Additionally, earlier reports indicate that employees in Zambia were a very high-risk group infected with HIV/AIDS among civil servants (Fylkesnes etal 1994). The infections were now resulting in deaths. Civil service data show that 320 employees died in 1996, 422 in 1997, and 942 in the first ten months of 1998. This means that the number of employee deaths rose from less than two per day in 1996 to more than four per day in 1998. The number of employees who died in 1998 was more than one-fifth of the number estimated to be HIV-positive.

While one cannot attribute all of these deaths to AIDS, the 1998 employee deaths represented a mortality rate of 39 per thousand, which is about 70% higher than the mortality rate of 23 per thousand for the 15-49year-old age group in the general population (MOH, 1997). For the civil service system, the 1998 deaths were equivalent to the loss of about two-thirds of the annual output of newly trained teachers from all training institutions combined.

Civil service officials also observe that employee posting has become more difficult. The records show that trained professionals are concentrated in urban areas while rural parastatal institutions are denied their full and fair complement. What the records do not show is that illness, much of it AIDS-related, is a major contributing factor to this situation.

Furthermore, the research further revealed that employee's efficiency has been affected by HIV/AIDS in many ways for example when employees are being handled by affected managers or directors, they usually don't work the way they are supposed to execute duties because most of the time the employees may fail to attend to them due to illness. (Jurgens: 2008). Employees' participation and performance in the service delivery was reported to have been affected as some of them are affected and therefore, are increasingly unavailable to the employees. Employees who were reported to be dying from HIV/AIDS related, are not being replaced hence the loss to the civil service in the parastatal organizational system. (Kelly:2010). Employee's participation in parastatal institutions is also being

compromised by HIV/AIDS related commitments in the community.

The study also established that knowledge is an important tool, which may be used to stop the spread of HIV/AIDS. Therefore, pupils and community leaders should be called for the integration of HIV/AIDS knowledge into the professionalism at all levels. Statistics repeatedly tell us that HIV and AIDS are affecting the lives of millions of people and the majority of whom are involved in the civil service circles as employees and directors or managers. (Chalmers: 2010). Employees in all professional areas need to be able to facilitate responsible decision making with employees and comfortable about integrating life skills and knowledge into their professionalism where possible.

There has been a steady increase in the number of chronically sick employees who are on medical grounds, must be posted near to hospitals, properly staffed clinics or medical centers. This means that they must live in or near towns, but not in remote rural areas. This situation has made rural area parastatal institutions to be understaffed. The situation described above has not spared the area of study of the researcher as it is found in the semi-rural part of Zambia.

Nevertheless, the urban posting of these employees does little, of course, for the work in the urban parastatal, since many are too ill to assume a full professional load or to guarantee some continuity in their professionalism. Reports from relevant authorities and from communities speak of loss of efficiency of human resource time due to the prolonged illness of employees or to their erratic attendance (Milimo, 1998). On the above statement, the researcher discovered that, Kasama + parastatal organization officials see that as one of the factors contributing to a decline in the quality of service (and consequently, to a reduction in their preparedness to commit the time of their employee to parastatal institutions). With an expected 12-14 AIDS-related sickness episodes occurring before the terminal illness, the contribution of many employees to what goes on in civil institutions becomes progressively more episodic until in the end it peters away.

Apart from distributional issues, this wasting loss of serving teachers has grave financial repercussions on the professionalism. As part of its structural adjustment programme, Zambia is seeking, through a Public Sector Reform Programme, to reduce the size of its public sector. Civil service constitutes the largest single group in considering sectors. But since they cannot be severed from service while they are ill, the system currently depends on unknown but large number of non-productive persons. In addition to the high costs this implies, the picture is so blurred that rational planning for employee numbers is extremely difficult. In addition, the mortality of so many young qualified professionals represent a great national loss in terms of their earlier training at public expense, to say nothing of the experience they would gather in the years when they were executing duties.

On the other hand, employees are also deeply affected personally by the incidence of HIV/AIDS among their relatives and colleagues. Though this is a major cause of concern for them, it is an area in which they receive little support. Thus, it has been found that less than one-third of a sample of employees who had experienced AIDS sickness or death among their relatives had talked about the problem with friends or relatives (UNICEF, 1996). The remainder felt either unable or unwilling to do so. The unresolved chronic illness-related stresses which employees experience, in the classroom and at home, need to be acknowledged in initial and on -going employee training. Recognizing the magnitude of this personal problem, the Zambian Ministry of Civil Service proposes to introduce chronic illness counseling for employees and other professional personnel and to integrate chronic condition awareness into its in-service training programmes (MCS, 1997:76-77). During a research study, I noted that chronic illness counseling was not effectively conducted in Kasama urban parastatal institutions. For this reason, researcher felt that the move by the government to introduce chronic illness counseling for employees and other professional personnel should be supported.

From the forgoing scenario in the civil service sector, researcher felt that, it was imperative to carry out this research as a way of caution to teachers and other stakeholders on the impact of chronic condition on efficiency of human resource in Zambia.

Chronic diseases are the major cause of death and disability worldwide, and increasingly affect people from the developing as well as the developed countries. This is a reflection of significant changes in dietary habits, physical activity levels, and tobacco use worldwide as a result of industrialization, urbanization, economic development and increasing food market globalization (WHO, 2005). Although many developed countries have been successful in reducing the mortality risk from chronic diseases in recent years, there remains a significant burden of illness, pain and disability, as well as the associated economic burden in terms of treatment costs and reduced productivity at work, unemployment and premature retirement.

The prevalence of major chronic illnesses including diabetes, cardiovascular diseases, mental illness and asthma has been on the rise in the past decade in developed countries. For example, increases in asthma prevalence have been reported for the US, England, Canada, Israel, and Australia (Anderson et al., 1994, CDCP, 1995). Amos et al. (1997) estimated that in 1997, 124 million people worldwide had diabetes, 97% of these having non-insulin dependent diabetes. By the year 2010 the total number of people with diabetes was projected to reach 221 million.

In the Australian National Health Surveys, 5.7% of the adult respondents (older than 18) reported they had diabetes at the time of the survey in 2004–2005, compared to 4.4% in 2001 and 2.8% in 1995. The trend is likely to continue due to an aging population and increasing risk factors

associated with changing modern lifestyle. Advances in medical technologies have also meant that people are now living longer with more health conditions. These chronic health problems not only place a huge burden on health care and welfare systems, but also impact negatively on the labour market performance. It is thus crucial to evaluate the economic and social consequences of a growing trend in conditions such as diabetes based on available data. Empirical studies linking lifestyle behaviour and other risk factors to chronic conditions will inform policies aimed at providing incentives to maximize productivity in the workforce.

There is a large literature on the impacts of individuals' health on labour force participation and labour market performance. The theoretical notion is that health, which deteriorates over time but is capable of enhancement as a result of household production, can be considered an endowment of human capital, like education, that is positively related to the ability to work and work productively (Becker, 1964, Becker, 1965, Lancaster, 1966, Grossman, 1972, Grossman, 1999, Currie and Madrian, 1999). This implies higher returns from work for healthy workers and healthy people are more likely to work. Poor health may also impact directly on an individual's preference via the relative utilities of work and leisure in the labour supply decision and reduce the total amount of time available to earn money. In addition, sickness in most Western countries gives an entitlement to income from welfare benefits conditional on not working (Grossman, 1999, Disney et al., 2006, Cai and Kalb, 2006). There are then a number of theoretical links between health status and work that suggest not only that better health improves labour outcomes but also that poorer health is likely to be associated with lower labour supply.

Studies analysing the impact of health on labour market outcomes have either focussed on the impact of overall health status or the impact of specific chronic conditions such as diabetes or mental health. In both cases much attention has focussed on measurement issues surrounding the variables used to proxy health status. Most studies do not have an accurate measure of overall health status but rather rely on a global self-reported health measure as a proxy. There has been much discussion in the literature regarding the potential endogeneity associated with such global self-reported health measure, and the resulting biased estimates of health effect on labour market outcomes (Anderson and Burkhauser, 1984, Anderson and Burkhauser, 1985, Stern, 1989, Bound, 1991, Dwyer and Mitchell, 1999, Bound et al., 1999, Campolieti, 2002, Cai and Kalb, 2006).

The potential endogeneity bias could arise for a number of reasons. It has been suggested that the respondents may have economic or psychological reasons to alter their self-reported health to rationalise their labour market decisions. For example, social security eligibility conditions may encourage those surveyed individuals who do not participate in the labour force to overstate their ill health as a justification for their non-participation, even though the empirical literature has not found strong evidence of this effect so far. The subjective nature of the self-reported health also means that the responses may not strictly be comparable across individuals and measurement errors are possible which may also render health measures endogenous. In addition, poor health may be associated with unobserved individual characteristics such as time or risk preference that also impact on labour market decisions. Thus, the implications for an empirical model of the relationship between health and labour outcomes is that the determinants of health and the determinants of labour outcomes need to be estimated in a system of equations that allows the unobserved factors to be accounted for.

Other researchers have examined the effects on labour market performance of specific chronic health conditions such as diabetes (Brown et al., 2005, Bastida and Pagan, 2002, Kahn, 1998) or mental health problems (Butterworth et al., 2006). Although specific health conditions may also be self-reported when using data from surveys, relative to self-assessed global health status, they are less likely to be subject to reporting or measurement errors. The focus on chronic illnesses is particularly important in the context of population ageing, given the increasingly high prevalence of many chronic diseases among the older population and the link between health and the decision to retire.

Conclusion

Health human resources management during COVID-19 pandemic and other chronic illnesses have faced three categories of challenges. Although the legal challenges are beyond the managers`authority, their identification can open a new window for health policymakers to move toward correcting the legal deficiencies and making integrated and unique instructions, regulations and protocols for those organizations with the same conditions. Organizational and personal challenges are among two other main challenges identified in the present study. Serious attention to these challenges should be considered by health policymakers in order to be prepared for facing new probable outbreaks and managing the present condition. The integrated comprehensive planning of human resources management for prolonged conditions along with supportive packages for the personnel can be helpful. It is recommended to the health human resources policymakers to plan a comprehensive roadmap for staffing, educating, developing and improving the healthcare workers for near future.

III. RESEARCH METHODOLOGY

Introduction

This chapter will discuss the methodology used in the study. Methodology is the general approach to a research topic. It will give a description of the location, research design, target population and sample size, sampling procedure, research instruments and their validity, data collection procedures and methods of data analysis.

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The research study will use the two traditions of qualitative and quantitative research. It will be also a case study because the focus is on the detailed analysis of the responses from the population sample that included employees, employers, organizational directors and the Provincial Permanent Secretary PS. This will be done in order to understand the perceived negative impact of chronic illness of a teacher on the academic progress of a learner which could lead to the lasting solution of the problem.

Research design

A research design can be thought of as the structure of research. It is the "glue" that holds all of the elements in a research project together. A design is used to structure the research, to show how all of the major parts of the research project work together to try to address the central research questions. A research design can be regarded as an arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance with research purpose. It is the conceptual structure within which research is conducted. It constitutes the blue-print for the collection, measurement and analysis of data.

The research study will use both qualitative and quantitative research procedures. The qualitative approach was used in order to find out the perceptions, views, opinions and beliefs of the respondent. On the other hand, the quantitative approach will be used to tabulate the actual statistics from the participants involved in the study. Interview guides and questionnaires were administered.

Study area of the site

The area where the research study would take place in Kasama district are the three selected parastatal institutions namely: Chambeshi Water, Zamtel and Zesco respectively.

Target population

The targeted population is the entire set of units for which the study sample will be chosen. It is a particular group of people identified as the source for the intended respondents. Therefore, the research will target the following; the Permanent Secretary Organizational directors, employees, and members of the civil service. The expected population would be 420.

Sample size

The sample size implied a group of people or events drawn from the population. The goal was to be able to find out true facts about the sample which was also true of the population.

The targeted population will be 420 respondents. The sample size will be 50 which will consist of 1 district Commissioner DC, 1 Permanent Secretary PS, 30 employees, 10 officials from Civil organizations and 8 parastatal institutional officials.

Sampling techniques

Sampling techniques had been a process of selecting a sample from the population.

In order to carry out this research, I will draw attention to the institutions of professionalism, the Permanent Secretary PS and other relevant offices where the targeted groups will be found. Sampling of places from which to collect data will be done using the simple random sampling method. I identified the following sites namely: Zesco, Zamtel and Chambeshi Water as a representation of all the surrounding parastatal organizations. The District Commissioner DC and Organizations will be sampled purposively by virtue of their positions. Employers, employees and other professional personnel will be randomly sampled.

Instruments of data collection

In my data collection I will use both interview guides and questionnaires. These will be used because they will serve time and they will be flexible and simple to employ.

Procedure for data collection

I will conduct data collection by myself. The selected sampled parastatal organizations sources of data collection will be used to conduct this study. The types of secondary sources of data used include mostly the published materials such as books and reports. These materials will be obtained from sources such as the internet.

Basic sources of information will be obtained in the field. This will involve, going physically into the field to collect the required data. This data was obtained from informants through interviews and the use of questionnaires.

Data analysis

According to Valez Thomas (1996) analysis means to separate into parts or components. Data analysis refers to examining what has been collected in survey or experiment and making deductions and inferences. It involves uncovering underlying structures; extracting important variables, detecting any anomalies and testing any underlying assumptions for purposes of interpretation. Data from the interviews and questionnaires will be transcribed using the computer. The methods that will be used to analyze data included tabulation techniques with the aid of computer programs. The researcher will further make comparisons of the researched data with the existing literature on the negative impact of chronic illness of an employee on the efficiency of human resource of an employee in the three selected sampled parastatal organizations in Kasama district of Northern province of Zambia.

IV. ETHICAL CONSIDERATION

Hammersley and Traianou (2012) pointed out that "the researcher's primary ethical duty is to seek useful knowledge; no other goal should be substituted by this, nor should other interests be undermined because this is ethically appropriate in dealing with other people." A human being is known as the key instrument in data collection and he / she plays a critical role in qualitative research. Researchers in qualitative research must be conscious of how people who take part in their research are

handled. In qualitative research the problem is therefore crucial.

Hossain (2012) summarized the basic ethical considerations mentioned by Bazeley (2002) as follows:

- Informed consent: should be given to participants before starting data collection.
- Participants should be fully aware about the research background.
- No deception: researcher should avoid any kind of deception.
- Right to withdraw: the researcher should make it clear to all participants that they can withdraw from participating in the research project without causing any trouble for them.
- Debriefing: the researcher should guarantee that he obtains the required information, when she/he informs participants about the research objectives and ideally, might give them access to the research finding at the end of the research project.

• **Confidentiality:** the researcher should maintain confidentiality for the whole period of the research project with regard to any information related to the participants.

V. CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter presents the conclusions and recommendations of the study that aimed at investigating into the impact of prolonged illness of an employee on the efficiency of human resource in selected parastatal institutions in Kasama district

Conclusion

The research had revealed the fact that, the impact of chronic illness on the provision of quality human resource to a customer had been vast, as lighted here in summary form. The government was spending a lot of resources to cushion chronic illness related cases. There was also too much loss of manager-employee contact. Early deaths by employees equally contributed to government's expenditure when replacing employees. The research further had revealed that, the chronic illness pandemic also contributed to poor staffing levels in rural schools. However, many of these effects had already been observed in Zambia.

It was also expected that almost all of these effects were manifested themselves in other places in the country that were severely affected by chronic illness. With regard to the limited nature of the investigations of this study, there could less doubt about the existence of these multiple adverse impacts of chronic illness on efficiency of human resource of employees in said selected parastatal organizations in Kasama district of Northern province in Zambia.

Recommendations

In view of these findings, the researcher has made the following recommendations to the following reliable and primary stake holders:

- Directors should be encouraged to be talking to their employees about the impact which prolonged illness has on the provision of quality human resource or service in Zambia to clients in parastatal organization
- Professionally employees should be encouraged to undergo VCT in order to be aware of their prolonged condition status.
- Employees should also be strongly advised to stick to one sexual partner for life.
- The study recommends that listening to Children's voices is important in project design, implementation and evaluation. Since children are suffering psycho-social impacts as a result of parental prolonged condition, communities and institutions working with children should be sensitized on the needs of these children.
- Communities should be encouraged to integrate safe procedures in those social-cultural practices. There should be immediate interventions in civil organizations through guidance and counseling for infected and affected children. Mechanisms should be put in place for follow up in the implementation of prolonged illness programs in public institutions.
- Civil servants should be educated in life skills, peer education and counselling.
- Invite prolonged illness people who are of a similar age and background to the employees at place of work to chat to them. Use stories or case studies of real-life people to illustrate that one can live positively with chronic illness.
- Choose your material carefully to respect the cultural beliefs of your employees and the community they live in. Be very careful to choose age-appropriate material.
- Think about how you speak about prolonged illness such as HIV and Aids referring to it as "that disease" or to people living with chronic illness as "victims" may send the wrong message. Chronic illness and Aids are not the same thing, and someone can be chronic illness without having Aids, so be careful not to use them interchangeably. Using the wrong words can increase stigmatization.

The Permanent Secretary PS office

- The PS should rehearse with health personnel to put up measures that should make employees access VTC and prolonged illness related drugs if they are sick without visiting clinics frequently.
- The PS should encourage Organizational directors to be talking to employees about chronic illness related issues.

- The PS office should organize some workshops to discuss issues related to prolonged conditions, in this way a lot of employees can be taken on board at once.

The Ministry of Community Development

- Should include prolonged illness issues in the professional ethical considerations.

The Ministry of development should also give priority to prolonged condition programs in their budgets in order to facilitate the running of the workshops at the district level

The Ministry of Community development should ensure that all chronic conditions related diseases materials sent to public institutions far and near.

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