COVID-19 pandemic-related job insecurity, general mental health, and motivation of
Teachers: the moderating role of organizational compassion
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A dissertation submitted to the school of psychology in partial fulfillment of the
requirements for the award of Master of Organizational Psychology of

MakerereUniversity

Declaration

I declare that this dissertation is my original work and has never been submitted to any University or academic institution for any academic award

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Approval

I certify that this dissertation has been developed under my supervision and is being submitted as a partial requirement for the award of Master of Organizational Psychology of Makerere University.

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Date 16/01/2023

Mr. Khamisi Musanje

Dedication

I dedicate this work to my mum. Your sacrifices and prayers are my inspiration and the foundation of my life.

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Abstract

The closure of workplaces during COVID-19 resulted in short-term and long-term job losses, causing worry about the ability to retain jobs for many people worldwide. Whereas this can cause serious mental health problems and affect motivation, support from the organization can alleviate suffering and steer the motivation of employees. The study, therefore, investigated whether organizational compassion moderates the effects of job insecurity during the COVID -19 pandemic on employees' general mental health and motivation. The study was conducted among private and public primary and secondary school teachers. Data was collected from 476 teachers using a standardized questionnaire. Hypotheses were tested using Pearson Product Moment Correlation Coefficients and moderated mediation model in PROCESS Macro in SPSS. The results of the study showed that job insecurity during COVID-19 is positively related to mental health, amotivation, and extrinsic motivation; but not significantly associated with intrinsic motivation. Mental health (poor mental health) was positively significantly related to amotivation and extrinsic motivation and negatively significantly negatively related to intrinsic motivation. Organizational compassion was only significantly related to extrinsic and intrinsic motivation. In addition, the study found that the relationship between job insecurity during COVID-19 and the different dimensions of motivation was not mediated by mental health. Concerning moderation, organizational compassion only moderated the relationship between job insecurity during COVID-19 and extrinsic motivation. It did not moderate the relationships of job insecurity during COVID-19 with mental health, amotivation, and intrinsic motivation. Therefore, the study recommends that organizations develop interventions for addressing job insecurity and mental health as they affect motivation and behavior separately.

Chapter One

Introduction

Background

The Coronavirus disease (COVID-19) was first diagnosed in Wuhan, China, towards the end of the year 2019 and was pronounced a world health pandemic in March 2020 by the World Health Organization – WHO (Wang, 2020). By July 2022, the virus had infected over 548.99 million people, with over 6.3 million deaths worldwide (WHO Coronavirus (COVID-19) Dashboard, 2022). The Ugandan COVID-19 situation has not been frightening compared to the general global or regional situation. By the end of June 2022, a total of 166,993 confirmed cases with 3,620 deaths had been reported to WHO (WHO Coronavirus (COVID-19) Dashboard, 2022). However, this is still a significant figure of cases and deaths. The pandemic seems to have subsided due to massive vaccination, but there are still many new cases. For example, there were 897,770 new confirmed cases and 1,533 deaths globally, and 73 confirmed cases in Uganda (WHO Coronavirus (COVID-19) Dashboard, 2022).

To control the spread of the virus, the government implemented a strict economic lockdown that involved the complete closure of workplaces, depending on the essentiality of the organization's service. The changes in workplaces and working arrangements during the pandemic can cause high job insecurity (Ganson et al., 2021; Wilson et al., 2020). In addition, the COVID-19 pandemic is believed to have ushered in an economic crisis (Khan & Faisal, 2020); yet economic crises are often accompanied by high job insecurity (Burke et al., 2015). Job insecurity involves concerns on loss of some aspects of the job, which is known as qualitative job insecurity and concerns over the continuity of the job or fear of losing the job, which is known as quantitative job insecurity (Vander Elst, Richter, et al., 2014). For example, in the United States of America, unemployment increased by 1.4 million people within the first week COVID-19 was reported in the country, and by April 2020, job loss and unemployment

rates had reached the highest since the great economic recession (Coibion et al., 2020; Wilson et al., 2020). Whereas the control measures have been lifted, schools and other workplaces are fully opened, the continued resurgence of cases is likely to sustain COVID-19-related fears in the population, including job-related worries.

Overall, job insecurity has numerous outcomes, including metal health and motivation of employees (Otto et al., 2013). A recent study indicates that job insecurity has negative effects on employee motivation, consequently affecting other work outcomes, including performance and citizenship behavior (Shin et al., 2019). Concerning the specific context of COVID-19, recent research in New Orleans in the USA revealed that teachers reported increased job demands in the form of workload in the process of transiting to working from home, lack of familiarity with online teaching approaches, new ways of contacting students; and they also reported stress resulting from an inability to address student needs, difficulty in online teaching including lack of internet access, and failure to balance work and home responsibilities (Baker et al., 2021). In the case of Uganda, schools had a 2-year closure period (March 2020 to January 2022), the longest in the world (Sandefur, 2022). The school calendars and modes of operations have been affected, and such effects may continue for the foreseeable future. Therefore, the qualitative aspects of job insecurity are likely to remain in the long-term and may affect teachers' mental health.

The effects of job insecurity on employee motivation are expected to be carried through the effects of job insecurity on mental health. This could be even more serious during and in the aftermath of COVID-19 pandemic, given the impact of the pandemic on workplaces and how work is currently being done such as blended teaching/learning and blended work. Recent studies have indicated that job insecurity related to COVID-19 was associated with the risk of poor mental health (Ganson et al., 2021). In addition, job insecurity tends to be associated with risk of anxiety, emotional exhaustion, and depression symptoms (Llosa et al., 2018). These

could further have implications for the motivation of employees. However, the association between mental health and employee motivation seems to have been ignored in existing research and literature.

The study proposes that effects of the pandemic on mental health and motivation could have been minimized by the presence of organizational compassion, which happens when the organization and its members show collective recognition, understanding, and empathic concern for a colleague's distressing challenges or pain (Lown et al., 2020). The presence of organizational compassion, for example, improves mental health and other work outcomes such as performance (Chu, 2017; Guinot et al., 2020). Therefore, this study seeks to examine whether organizational compassion has influenced how job insecurity during the COVID-19 pandemic affected employee mental health and motivation.

Extant research in Uganda indicates high job insecurity levels in different employment sectors, with consequences for employee mental health and motivation. For example, heightened job insecurity levels have been reported in the academic sector, especially among academic staff, where tenure or contract-related issues have been associated with increased burnout (Amir, 2020). There have also been reports of widespread job insecurity in the health sector (Abedi et al., 2019; Atusingwize et al., 2018; Kyaddondo & Whyte, 2003), and consequent adverse outcomes, including reduced motivation, performance, and increasing moonlighting (Kyaddondo & Whyte, 2003). A study among teachers during COVID-19 revealed that job insecurity was related to teachers' motivation and engagement levels (Mulindwa, 2022). The current study goes beyond focusing on whether this relationship between Covid-19 pandemic-related job insecurity and teachers' motivation is mediated by mental health and whether it is moderated by organizational compassion. The study could provide insights to government and employers on minimizing the impacts of crises on employee wellbeing and motivation.

Problem Statement

In response to the sudden outbreak and rapid spread of the COVID-19 disease, governments introduced preventive measures such as lock downs, curfews, social distancing, and stay home orders which led to the closing of non-essential businesses and implementation of stay home orders. This led to a negative impact on the economy. There were reduced work hours, reduced number of staff that can be physically present in the workplace, closure of some organizations and businesses, hence increased unemployment. This is because business had to close and those operating had to downsize to cut operation costs and adhere to the guidelines like social distancing. Workers who were not considered essential were forced to work from home or laid off by their employers, which increased job insecurity. The situation was worse for teachers since schools were closed for nearly two years. Whereas those working in government schools were assured of salary and therefore able to meet their living costs, those working in many private schools were left with no salary for long period of the lockdown. There were fears among teachers and workers generally in the private sector about whether they would be paid a salary or still have jobs by the end of the pandemic or easing restrictions. This fear is dangerous for mental health and motivation; more especially for employees whose employers could not provide some support and care during the tough times of the pandemic. Mental health problems can substantially impact work outcomes and behaviors of employees even beyond the stressful situation.

Purpose

The purpose of the study was to examine the relationships between COVID-19 pandemic-related job insecurity and employee motivation and whether this relationship is mediated by employee general mental health and moderated by organizational compassion.

Objectives

1. To examine the relationship between job insecurity and employee motivation.

- 2. To examine the relationship between job insecurity and employee's general mental health.
- 3. To examine the relationship between employee's general mental health and employee motivation.
- 4. To establish whether employees' general mental health mediates the relationship between job insecurity and employee motivation.
- 5. To examine whether organizational compassion moderates the direct and indirect effects of job insecurity on employee motivation.

Scope

Geographical scope

The study was conducted among primary and secondary school teachers from across Uganda. The physical data collection was conducted among schools in Kampala and Wakiso districts because they have a high concentration of public and private schools. Being metropolitan areas, Kampala and Wakiso are some of the towns most affected by COVID-19 and experienced strict enforcement of the control measures. Because data collection was partly conducted before schools were fully reopened, an online data collection tool was used, which attracted participants from across the country.

Conceptual scope

This study focused on examining the relationship between job insecurity during the COVID-19 pandemic, employee general mental health and motivation and how this is moderated by organizational compassion.

Job insecurity refers to the perception by employees that they cannot maintain the continuity of their job in a threatened job situation. It concerns the perception of an involuntary and undesired change in the continuity of the work situation (Piccoli et al., 2017). This study

focused on qualitative job insecurity and quantitative job insecurity. Qualitative job insecurity is the fear by employees that valued job features may be taken away from their job (De Witte et al., 2014). Quantitative job insecurity refers to overall concern about the continued existence of a job (De Witte et al., 2014).

Organizational compassion is recognizing, understanding, and empathic concern for another's concerns, distress, pain, and suffering coupled with deep desire and action to reduce these undesired states (Lown et al.,2020). This compassion can either come from colleagues at the workplace or direct from the organization.

Employee general mental health - the study adopted the General Health Questionnaire (GHQ), developed by Goldberg (1970) to assess the risk of developing major psychological disorders or the likely hood of having a psychiatric illness (Molina et al., 2006). General mental health focuses on somatic symptoms, insomnia, social dysfunction, and severe depressive symptoms.

Employee motivation is the willingness to exert a high level of effort towards organizational goals conditioned by the ability to satisfy some individual need (Al Madi et al., 2017). This study focused on amotivation, extrinsic and intrinsic motivation.

Time Scope

The online data collection started in July 2021, when schools were still closed; however, some schools conducted online classes. The web link for the questionnaire remained open until May 2022. The physical data collection (using a self-administered questionnaire) was conducted after the full reopening of schools in January 2022 until May 2022.

Significance

Government. Government owns many schools and is the biggest employer of teachers in Uganda. Therefore, what affects teachers' work negatively impacts government service

delivery in the education sector. Government departments that are charged with the welfare of teachers can use the present research to understand how crises and disasters affect teachers and therefore take interventions to mitigate such impacts to ensure that teachers are able to function optimally even during crises, and therefore enable them to continue offering quality service even in stressful situations.

Employers (*government and schools*). The study is expected to provide information to government and employers on how employees react to organizational efforts to support them during crises that potentially impact their jobs. Therefore, this study can help managers, especially those charged with human resources management functions to help secure employees' jobs and design support interventions to support employees during crises.

Employees (teachers). The study findings are expected to provide employees with an understanding of how their mental health and motivation have been affected by the COVID-19 pandemic-related job insecurity. The information generated can be helpful to employees in preparing themselves for future crises that may impact the security of their jobs. Crises, emergencies, and disasters, whether natural or manmade, tend to have severe effects for schools and, therefore, on teachers' careers. Teachers can use the findings of the study to understand how such crises impact their mental health and work outcomes and thus be able to seek appropriate help.

Policy makers (ministry of education, district education offices, and at school level). The study may highlight the organizational and employee challenges during the pandemic, which may be helpful to the government in developing policies for supporting employees who are grossly affected by crises, just like COVID-19. Government can also use this information to develop guidelines for laying off employees, if necessary, during such crises.

Researchers. The study findings are expected to contribute to job insecurity and employee mental health literature. Also, the study will highlight gaps in the present and existing research. This can be useful in inducing further research.

Conceptual Framework

Below is a conceptual framework showing the relationships among the study variables. That is the relationship among job insecurity, mental health, and employee motivation, with organizational compassion as a moderator.

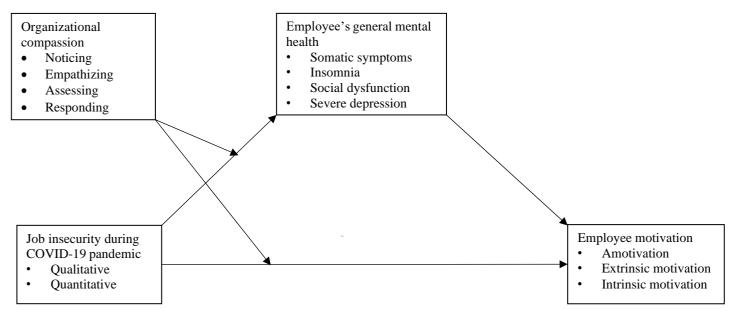


Figure 1. Conceptual framework showing how job insecurity influences employee motivation

During the COVID-19 pandemic, many employees were concerned about the security of their jobs arising from the lockdown. This could have been concerns over issues such as deterioration in salary (qualitative job insecurity) or concerns over the continued existence of the job/ fear of job loss (quantitative job insecurity). These might impact employees' current motivation levels, especially reduced intrinsic and extrinsic motivation and increased amotivation. It is also assumed that job insecurity during the COVID-19 pandemic was high for many employees. Therefore, it could lead to a decline in mental health, thereby increasing

its impact on the motivation of employees. However, this may be different for employees that received care and concern by their employers or organizations (organizational compassion). Hence, the study will test whether organizational compassion moderated the effects of job insecurity during COVID-19 pandemic on employee's current mental health and motivation.

Chapter Two

Literature Review

This chapter entails literature showing the impact of COVID-19 on job security and employees' mental health and the theoretical foundations of the study. The review further discusses the relationship between job insecurity and employee motivation; job insecurity and employee general metal health; employee general mental health and employee motivation; the mediating effect of employee general mental health, and the moderating effect of organizational compassion. The chapter, however, begins with a discussion of the theory on which this study is grounded.

Theoretical Framework

The Self-Determination Theory (SDT) (Deci & Ryan, 2002; 1985; 1980) is a macro and empirically derived theory of human emotion, personality, and motivation; and is based dialectical approach. The theory proposes that humans tend to be proactive and self-motivated; hence they actively seek optimal challenges and new experiences to master and integrate into a coherent sense of self (Standage & Ryan, 2020). Accordingly, the theory assumes that psychological growth is a function of the interplay between active organism and social context; the social contexts either support or thwart the striving for psychological growth (Deci & Ryan, 2000; Standage & Ryan, 2020). The theory comprises six minitheories, including the cognitive evaluation theory, the organismic integration theory, the causality orientations theory, the basic psychological needs theory, the goal content theory, and the relationships motivation theory.

All the six mini-theories and particularly the basic psychological needs theory emphasize the existence of three innate and universal psychological needs (need for autonomy, need for competence, and need for relatedness) that must be fulfilled to achieve optimal functioning and psychological health and wellness (Deci & Ryan, 2000; Ryan et al.,

2008; Standage & Ryan, 2020). In the present study, it is conceived that job insecurity during the COVID-19 pandemic and organizational compassion are situation factors that can thwart basic psychological needs, impacting employees' mental health and motivation.

The SDT proposes a continuum of motivation that involves amotivation, intrinsic motivation, and different dimensions of extrinsic motivation (Ryan & Deci, 2000).

Amotivation is the state of lacking an intention to act; and results from not valuing an activity, not feeling competent to do it, or not believing it will yield a desired outcome (Ryan & Deci, 2000; Vallerand et al., 2008). Intrinsic motivation refers to undertaking an activity for inherent joy and satisfaction, while extrinsic motivation occurs when one engages in an activity to achieve external rewards such as money, recognition, and status (Deci & Ryan, 2000; Ryan & Deci, 2000; Standage & Ryan, 2020).

The theory provides different forms of extrinsic motivation, from the desire for external rewards to a hierarchical congruence of goals (Ryan & Deci, 2000). The various forms include external regulation, which refers to the behaviors performed to satisfy an external demand or obtain an externally imposed reward contingency. The second form is introjected regulation which is considered a type of internal regulation that is quite controlling because people perform such actions with the feeling of pressure to avoid guilt or anxiety or to attain ego-enhancement or pride. The third form is identification, where the person has identified with the personal importance of behavior and thus accepted its regulation as his or her own. Lastly, integrated regulation, integration occurs when identified regulations have been fully assimilated to the self. This happens through self- examination and bringing new regulations into congruence with one's other values and needs. It has been argued that identification, integration, and intrinsic motivation are representations self-determined motivation while amotivation, external regulation, and introjection are not self-determined (Ryan & Deci, 2000; Tremblay et al., 2009)

COVID-19 pandemic Related Job insecurity and General Mental Health

The outbreak of the COVID-19 pandemic has had devastating effects on jobs in different ways, but more especially on nature and security of jobs as well as on the mental wellbeing of employees. To contain the virus, countries around the world adopted different measures including social distancing, staying home, and closing of economies. These ushered in serious economic instability that has resulted in loss of millions of jobs (Crayne, 2020). When COVID-19 was declared a pandemic, many workers experienced high job insecurity levels. For instance, their work hours have been reduced or lost their job or a member of their family has been laid off or taken a pay cut (Wilson et al., 2020). Due to the high unemployment rates during the pandemic, many employees developed concerns about losing their jobs and the difficulty in attaining another job (Wilson et al., 2020).

Concerning mental health, the COVID-19 pandemic led to an increase in the level of anxiety, depression, and other psychological problems. This was because of the impact the pandemic had on the economy that led to closure of some workplaces and the measures that were put to reduce the spread of the COVID-19 (Wilson et al., 2020). It has mostly been noted that psychological distress, which is an indicator of mental health (Drapeau et al., 2012), is a common challenge in pandemics (Lai et al., 2020). In addition, individuals worldwide were stressed by perceptions of safety, threat of contagion, the challenge of control measures such as quarantine and confinement, as well as financial challenges that came with the closure of economies and travel restrictions (Hamouche, 2020).

The requirements for social distancing and staying at home meant increased levels of isolation, which negatively impacted mental health (Wang et al., 2020). Moreover, the closure of workplaces, organizations operating with a lowered level of human presence, and re-configuring workplaces to meet new standard operating procedures are also precursors for uncertainties and hence mental health problems, including stress, anxiety, and depression

(Jungmann & Witthöft, 2020). Therefore, the present study mainly focuses on how the job insecurity associated with the coronavirus disease affected employees' mental health and their motivation.

Job Insecurity and Employee Motivation

It has been noted that whereas job insecurity transitioned from being an antecedent of motivation to a theory of its own, it is surprising that recent research has paid limited attention to the study job insecurity on motivation (Mahmoud et al., 2021). Moreover, even studies that have focused on effects of job insecurity on motivation have predominantly focused on the whole construct of motivation, while some have focused on intrinsic motivation. Yet job insecurity is important in predicting other aspects of motivation. Employee motivation refers to the psychological factors that prompt workers to attend to work related activities (Kotera et al., 2019).

Job insecurity has implications on employee motivation. Job insecurity can come with prolonged uncertainty, instability, and unpredictability among employees, affecting their actions (Sim et al., 2021). In this direction, job insecurity has been considered a job demand/hindrance that impacts employee performance (Shin & Hur, 2021). Concerning the different dimensions, job insecurity has been found to affect amotivation among teachers (Shin & Hur, 2020), which may occur because of the perceived lack of control and powerlessness that comes with job insecurity (Shin & Hur, 2020; Vander Elst, Richter, et al., 2014). Job insecurity is negatively related to intrinsic motivation. As a situational and contextual factor, job insecurity affects employees' intrinsic motivation, which is detrimental to intrinsic motivation. Job-insecure employees perceive their work effort as meaningless, and this hinders employees' engagement in their work there by leading to a decrease in intrinsic motivation (Shin et al., 2019). Quantitative and qualitative job insecurity can have differential effects on the different forms of employee motivation (Long et al., 2021). Long et al. (2021)

found that quantitative job insecurity had a positive indirect effect on employee avoidance form of motivation and Qualitative job insecurity had a negative indirect effect on employee approach form of motivation. However, no studies seem to have focused concurrently on the differential effects of qualitative and quantitative job insecurity on the different form of motivation proposed by the self-determination theory.

Job Insecurity and Employee Mental Health

Job insecurity is an individual's perception of a potential threat to the continuity of the current job; it is concerned with the continued existence of the job in the future (Choi et al., 2020). Further, job insecurity is the perceived powerlessness to maintain the desired continuity in a threatened job situation (De Witte, 2005). Employees are insecure about whether they will retain or lose their current job. Employees uncertain about the continuity of their job cannot adequately prepare themselves for the future since it is unclear to them whether actions should be undertaken. Job insecurity is divided into two dimensions, Quantitative and qualitative job insecurity. Quantitative job insecurity refers to the continuity of the job itself. Here people are concerned about whether they can retain their job or become unemployed (De Witte, 2005). Qualitative job insecurity refers to insecurity regarding the continued existence of valued aspects of the job, such as pay, working hours, colleagues, and the job content of autonomy and responsibility.

Generally, mental health concerns the capacities of an individual to feel, think, and act in ways that enable one to value and engage in life (Wren-Lewis & Alexandrova, 2021). The value aspect consists of capacities to care about certain states of affairs, including features of ourselves, others, and the environment. On the other hand, engaging in life consists of the ability to deal with life changes or challenges an individual faces (Wren-Lewis & Alexandrova, 2021). Whereas seen as a rather abstract conceptualization of mental health, it is still representing the World Health Organization's understanding of mental health as a state

in which individuals realize their potential, can cope with the everyday stresses of life, can work productively and fruitfully, and can contribute to the community (Wren-Lewis & Alexandrova, 2021). The absence of this state implies that an individual has mental health problems, which generally include somatic symptoms, insomnia, social dysfunction, and severe depression, as indicated in the General Health Questionnaire (Bridges & Goldberg, 1986; Goldberg & Hillier, 1979).

Job insecurity has serious implications on employee mental health. Previous research has observed that job insecurity is a serious stressor which reduces wellbeing and health (De Witte, 2005; Witte, 1999) as well as on job attitudes and indicators of mental health such as burnout, stress, emotional exhaustion, somatic issues, and depressive symptoms (de Witte et al., 2016; Griep et al., 2021; Keim et al., 2014; Lee et al., 2018; Mauno et al., 2021).

Although some studies have suggested that job insecurity causes mental health while mental health could also affect perceptions of job insecurity (e.g. Griep et al., 2021), De Witte (2005) in his meta-analysis, finds that the reverse influence of mental health is not as pronounced as the effects of job insecurity on mental health. This is further supported by the findings of De Witte et al.'s (2016) review that job insecurity affects health and wellbeing on the long term and limited evidence for reverse effects.

The impact of job insecurity on mental health seems to have been even more pronounced during the COVID-19 pandemic. The pandemic had an impact on businesses which increased individuals feeling of job insecurity which harms the mental health of employees affected by the organizational reforms of closure and reduction of working hours during the pandemic(Hamouche, 2020). Employees who anticipated employment loss due to the lockdown and work-from-home arrangement as a result of COVID-19 were more at risk of experiencing symptoms of anxiety and depression (Ganson et al., 2021). Job insecurity is

also related to increased depression, anxiety, and somatization symptoms among workers, as it influences general distress and work-related stress (Blanuša et al., 2021).

Employee Mental Health and Motivation

The self-determination theory proposes that the basic psychological needs drive human motivation, and satisfying these needs is essential for psychological health (Deci & Ryan, 2000; Ryan et al., 2008; Wu et al., 2021). This suggested that there is an association between mental health and motivation, with most researchers focusing on motivation as the antecedent for mental health (e.g. Ryan & Deci, 2008; Sheehan et al., 2018; Wu et al., 2021). However, it has been observed that the direction of the relationship between motivation and mental health remains unclear; that is, whether mental health precedes motivation or motivation precedes mental health (Dagenais-Desmarais et al., 2018). The present study proposes that psychological or mental health is essential for the different forms of motivation as suggested by the SDT (Ryan & Deci, 2000), in line with the observation that human resource practitioners tend to believe that healthy employees are likely to be more motivated (Dagenais-Desmarais et al., 2018).

Building on the reverse causality hypothesis, Dagenais-Desmarais et al.'s (2018) longitudinal study revealed that only identified regulation dimensions had a reciprocal relationship with psychological health, while psychological health predicts some dimensions such as introjected regulation, identified regulation, and intrinsic motivation. People who have mental health problems tend to experience amotivation. Furthermore, employees with mental health problems tend to experience lower levels of intrinsic motivation (Kotera et al., 2020). However, in a study carried out by (Kotera et al., 2019), extrinsic motivation was strongly associated with mental health problems. A study focusing on mental health and motivation during covid-19 pandemic confirmed the above effects that mental health problems are positively correlated to amotivation and negatively correlated to intrinsic

motivation (Kotera et al., 2021). Individuals with psychological distress and burnout symptoms are more likely to experience amotivation (Wu et al., 2021).

The Mediating role of Employee Mental Health

Employee mental health has been studied widely as one of the outcomes of job insecurity in different contexts, for example, concerning economic crises, unemployment crises, and the current coronavirus crisis. However, it has hardly been studied as a possible mediating mechanism of the effects of job insecurity on work outcomes and employee behavior. The current study proposes that employee mental health is a possible mediating link between COVID-19 pandemic-related job insecurity and motivation.

Related research shows that mental health differences mediate the association between gender and employment barriers (Webster et al., 2007) and the relationship between personality traits and happiness (Lu & Shih, 1997). Overall, job insecurity during COVID-19 has been found to have been accompanied by worries over financial stability and the possibilities of unemployment, which worsen the mental health of employees (Alcover et al., 2020; Wilson et al., 2020), yet employee mental health has been found be associated with some aspects of work motivation (Dagenais-Desmarais et al., 2018; Kotera et al., 2020).

The Moderating Role of Organizational Compassion

Organizational compassion, which describes efforts to alleviate an employee's or coworker's suffering, has emerged in the 21st century as an essential topic of focus in organizational theory and research (Simpson & Berti, 2020). Compassion is when one's suffering is met with concern and caring responses (Dutton et al., 2014). Several situations within and outside the organizations bring emotional, psychological, and physical suffering to employees, requiring organizations and coworkers to show some level of concern and care. The concept could become even more important given the challenges that employees have

endured during the COVID-19 pandemic and are likely to face in the aftermath. Organizational compassion is a process that involves noticing, feeling, sense-making, and acting to ease the suffering of an employee (Dutton et al., 2014; Simpson & Farr-Wharton, 2017). In this direction, organizational compassion can be considered a positive virtue; although aspects of its dark side such as compassion fatigue, sentimentality, and control are becoming important in its discourse (Simpson & Berti, 2020).

As a positive virtue, organizational compassion has essential outcomes that make the concept important for employee mental health and motivation. Simpson and Berti (2020) observe that the increased attention to organizational compassion is somewhat inspired by responding to employee suffering has positive outcomes for organizations and employees including fostering healing, organizational trust, motivation, and commitment. Organizational compassion is linked to reduced anxiety and burn out among suffering employees while at the same time communicates that the suffering person is of value to coworkers and the organization, hence likely to steer commitment and motivation (Dutton et al., 2014; Guo & Zhu, 2021) and innovative behavior (Hofmeyer et al., 2020). Based on this, it is proposed in this study that organizational compassion could moderate the impact of job insecurity during COVID-19 on mental health and motivation of employees. However, compassion is not automatic and is somewhat surpassing, such that it at times emerges where it is least expected and may not surface where its most expected (Rynes et al., 2012).

The above literature shows that it was not automatic that organizations cared for and supported their employees through the suffering caused by the COVID-19 pandemic.

Therefore, the study proposes that employees who received care and concern from organizations and coworkers during the COVID-19 pandemic are likely to experience better mental health and higher motivation even in the face of job insecurity, which has emerged as one of the devastating effects of the pandemic.

Hypotheses

- 1. Job insecurity is significantly related to (a) amotivation, (b) extrinsic motivation, and (c) intrinsically motivation.
- 2. Job insecurity and employee general mental health are significantly related.
- 3. Employee general mental health is significantly related to (a) amotivation, (b) extrinsic motivation, and (c) intrinsic motivation.
- 4. Employee general mental health mediates the relationship between job insecurity and (a) amotivation, (b) extrinsic motivation, and (c) intrinsic motivation.
- 5. Organizational compassion moderates the direct and indirect effects of job insecurity on(a) amotivation, (b) extrinsic motivation, and (c) intrinsic motivation.

Chapter Three

Methodology

This chapter discusses the methods that were used in the study. This includes the presentation of the study design, the population, the sample (sample size and sampling approach), instruments and measurement, procedure for data collection, ethical considerations, data management, data analysis, and study limitations.

Study Design

The study adopted a quantitative approach to examine associations among job insecurity, organizational compassion, employee mental health, and motivation. Specifically, the study used a cross-sectional survey design with correlational design aspects. First, the study was cross-sectional, given that measurement assessed the impact of COVID-19-related job insecurity at the time of measurement, surveying a large number of teachers. In addition, the study was also correlational since it focused on examining the relationships among variables and the predictive power of job insecurity on mental health and motivation of employees.

Study Population

The study was conducted in among teachers in public, government-aided, and private schools in Uganda. The target was both primary and secondary school teachers. Physical data collection was conducted in Kampala and Wakiso districts. However, some of the data was collected using an online tool. This attracted participants from across the country. For this reason, G-power was used to determine the appropriate sample size as shown in the subsequent subsection.

The Sample

The sample comprised of teachers from primary and secondary schools. The sample size was determined using G-Power v3.1 sample size calculator (Erdfelder et al., 2009). According to this software, the minimum sample recommended for a multiple regression analysis involving a total of ten (10) predictor variables including three (3) focal predictors (job insecurity, organizational compassion, and mental health) and 7 control variables (age, sex, supervisory roles, years worked in the school, type of school, and level of school) was 119 teachers. This is at the anticipated effect size of 0.15 "moderate effect size" (Erdfelder et al., 2009), desired probability level of 0.05, and desired statistical power of 0.95. Overall, the sample comprised of 476 teachers (248 males, 228 females; 119 from primary and 357 from secondary schools).

Concerning the sampling procedure, convenience sampling was used since it is difficult in the COVID circumstances to obtain a random sample. The questionnaire was administered to only those teachers available and willing to participate.

Concerning the inclusion and exclusion criteria, the study focused on teachers who are qualified to teach at the specific levels, that is, qualified teachers for primary and secondary levels. Teachers in primary schools must at least hold a certificate from primary teacher training institutions (PTCs). In contrast, secondary school teachers must hold at least a diploma from a National Teachers Training College (NTC). Therefore, those teaching at these levels but are not qualified teachers (for example, student teachers) were excluded. Also, nursery teachers and teachers in higher learning institutions such as vocational schools who had completed the questionnaire online were excluded from the analysis.

Instruments and Measurement

Data was collected using a self-administered questionnaire. The questionnaire involved mostly closed-ended questions measured on a Likert scale. The questionnaire comprised of five sections. Section one contained participants' background information, section two measured job insecurity, section three measured organizational compassion, section four measured general mental health, and section five measured motivation.

Job insecurity measure focused on both quantitative and qualitative job insecurity. Quantitative job insecurity was measured using the Job Insecurity Scale (JIS) (De Witte, 2000; Vander Elst, De Witte, et al., 2014). The qualitative job insecurity aspect was measured using the Qualitative Job Insecurity Measure (QJIM) (Blotenberg & Richter, 2020). The JIS comprises four (4) items and the QJIM comprises 11 items. All the items were measured on a 6-point Likert Scale ranging from 1 (strongly disagree) to 6 (strongly agree).

Organizational Compassion was measured using The NEAR Organizational Compassion Scale (Simpson & Farr-Wharton, 2017). The questionnaire comprises four factors: noticing, empathizing, assessing, and responding. In addition, the questionnaire includes 21 items measured on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree).

General Mental Health was measured using the General Health Questionnaire (GHQ-12), which assesses the distress and wellbeing in an individual (Bridges & Goldberg, 1986; Goldberg & Hillier, 1979). The questionnaire measures four aspects of mental health, including somatic symptoms, insomnia, social dysfunction, and severe depression. The twenty-eight (28) items will be measured on a Likert scale ranging from 1 (never) to 6 (very often).

Employee motivation was measured using The Multidimensional Work Motivation Scale (Gagné et al., 2015). This questionnaire comprises three sections: amotivation, extrinsic motivation, and intrinsic motivation. It has 19 items measured on a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree).

Quality Control

The study adopted already standardized instruments that have already been adopted in several published scientific research, therefore considered valid for measuring the constructs in this study. In addition, the instruments that were used in the study were all reliable. The Cronbach's alpha coefficients for all variables in this study are presented in Table 4. The coefficients show that all the instruments had reliability above the .70 threshold (Nunnally, 1978).

Procedure

An introductory letter from Makerere University School of Psychology helped obtain permission from the school administrators to conduct the study in each school. The school administrators supported the identification of respondents and the administration of the questionnaire. The questionnaire was self-administered; hence the researcher only issued the questionnaire to the participants and collected it back after the respondent had completed the questionnaire. Before issuing the questionnaire to the participant, the researcher explained the purpose of the study to ensure informed consent.

Ethical Considerations

The right to informed consent and voluntary participation was observed. The researcher will explain the purpose of the study and what participation in the study entails. This enabled participants to make informed decisions on whether to participate in the study. Participants were asked to indicate their agreement to participate in the study. In addition,

participants were informed that their participation is voluntary and that they have a right to drop out if they feel they cannot continue when they are already completing the survey questionnaire.

Secondly, the anonymity and confidentiality rights of participants were observed. The questionnaire did not include asking for information that might lead to the participant's identification. The data collected was kept confidential so that only the researcher and supervisor could access the questionnaires. The questionnaires were anonymous; that is, they did not include any information that could lead to the identification of the participants. Data was also anonymously entered into the analysis software to ensure that participants' identities cannot be revealed.

Data Management

The questionnaires were checked for completeness. Incomplete questionnaires or those with missing cases were not entered into SPSS. Data was entered and managed in Statistical Package for Social Scientists (SPSS) version 25. After entry, data was further checked for completeness. Incomplete cases were excluded from the analysis. Cases were assigned numbers to avoid double entries.

An essential part of data management is the coding of responses. For Biodata, numerical codes starting from zero (0) were assigned to responses to each item. For example, gender will be coded as 0 = male and 1 = female; age was grouped and coded as 0 = 20 - 29, 1 = 30 - 39, 2 = 40 - 49, 3 = 50 - 59, 4 = 60 - 69 years). The type of school will be coded as 0 for public and 1 for private; 0 for primary and 1 for secondary. Responses to items assessing variables including job insecurity, organizational compassion, and employee motivation were coded on a 6-point Likert scale ranging from 1 = strongly disagree to 6 = 1

strongly agree. General mental was also coded a 6-point frequency scale ranging from 1 = never to 6 = very often.

Data Analysis

Data was analyzed using SPSS version 25. Descriptive and inferential statistics was used. Descriptive statistics were used to analyse participants background information.

Inferential statistics were used to test the hypotheses. Hypotheses 1, 2, and 3 focused on the relationships between job insecurity and motivation, between job insecurity and mental health, and employee mental health and motivation. These were tested using the Pearson Product Moment Correlation Coefficient (PPMCC). Hypotheses 4 and 5 focused on the mediation and moderation effects. These were tested using regression analysis in PROCESS macro, Model 8, which tests for both mediation and moderation effects simultaneously. Specifically, a moderated mediation model was tested.

Chapter Four

Results

This chapter presents the findings of the study. The chapter comprises four (4) sections. Section one presents the demographic characteristics of the respondents. Section two presents the mean differences on the study variables among types of school ownerships and between primary and secondary teachers. Section three presents the major findings from hypothesis testing: the correlations among study variables and regression analyses.

Respondent Biographic Characteristics

Respondents were asked to indicate their biographic information including sex, age, years so far spent in the teaching profession, years worked in the current job (in the current school), highest educational attainment, type of school ownership, and the level of school (whether primary or secondary school). These were investigated because they may cause differences in the mean scores of the study variables. The results are presented in Table 1 below.

Table 1. Respondent characteristic

Variable	Levels	Frequency	Percentage
Sex	Male	248	52.10
	Female	228	47.90
	Total	476	100.00
Age	20 – 29 years	166	34.87
	30 – 39 years	212	44.54
	40 - 49 years	64	13.45
	50 – 59 years	31	6.51
	60 -69 years	3	0.63
	Total	476	100.00
Years in teaching profession	0 - 9 years	289	60.71
	10 -19 years	140	29.41
	20 – 29 years	35	7.35
	30-39 years	12	2.52
	Total	476	100
Years in the current job	0 - 9 years	410	86.13
-	10 -19 years	56	11.76
	20 – 29 years	7	1.47
	30 - 39 years	3	0.63
	Total	476	100
Level of education	Certificate	50	10.50
	Diploma	95	19.96
	Bachelor's Degree	287	60.29
	Post-graduate diploma	8	1.68
	Master's degree	36	7.56
	Total	476	100.00
Type of school ownership	Public schools (government)		
	teachers	140	29.41
	Private school teachers	302	63.45
	Community owned school teachers	34	7.14
	Total	476	100.00
Level of school	Primary schools teachers	119	25
	Secondary school teachers	357	75
	Total	476	100

Table 1 above shows that 52.10% of the respondent were male. Concerning the age of respondents, they were relatively young teachers aged 20-29 years (34.87%) and 30-39 years (44.54%). Only 0.63% were aged above 60 years. Most participants (60.71%) have been in the teaching profession for less than 10 years; only 2.52% of the participants had been in the profession for 30 years. Similarly, 86.13% of the participants had been teaching in the current school (years in the current job) for less than 10 years. Concerning the level of education, the majority of participants (60.29) were bachelor holders, while a sum of 31.46%

had only attained a teaching certificate or diploma; and a sum of only 9.24% had attended postgraduate training. The study included government or public schools (29.41%), private schools (63.45%), and community-owned schools (7.14%). The study also included both primary (25%) and secondary schools (75%)

Mean Differences on Study Variables among Different Types of Schools

The study was conducted among primary and secondary schools. Respondents were also from government (public) owned, privately owned, and community-owned schools. Therefore, mean differences on the variable scores among these various forms of schools were established. Table 2 below presents the mean differences in variable scores among different forms of school ownership.

Table 2. Cheffe's post-hoc ANOVA for differences in study variables among the forms of school ownership

Dependent	Type of ownership	N	M	ANC	OVA	(J) Type of ownership	Mean Difference	SE	p
Variable				F	p		(I-J)		
Job insecurity	Public (government)	140	3.16	4.63	.010	Private	40*	.13	.010
						Community owned	23	.25	.655
	Private	302	3.56			Public (government)	.40*	.13	.010
						Community owned	.17	.23	.759
	Community owned	34	3.38			Public (government)	.23	.25	.655
				_		Private	17	.23	.759
O	Total	476	3.43	2.01	105	D	22	10	155
Quantitative JI	Public (government)	140	3.16	2.01	.135	Private	33	.18	.175
	D: .	202	2.40			Community owned	45	.33	.402
	Private	302	3.49			Public (government)	.335	.18	.175
	Community owned	24	2 61			Community owned	12	.31	.934
	Community owned	34	3.61			Public (government) Private	.45 .12	.33 .31	.402 .934
	Total	476	3.40	-		riivate	.12	.31	.934
Qualitative JI	Public (government)	140	3.15	5.07	.007	Private	42*	.13	.008
Quantative 31	r ublic (government)	140	3.13	3.07	.007	Community owned	42 17	.25	.798
	Private	302	3.57			Public (government)	17 .42*	.13	.008
	11114110	302	5.51			Community owned	.25	.24	.566
	Community owned	34	3.32			Public (government)	.17	.25	.798
	Community owned	54	3.32			Private	25	.24	.566
	Total	476	3.43	-		Titvace	.23	.2 .	.500
Organizational	Public (government)	140	3.86	3.45	.032	Private	15	.11	.425
compassion	r done (go verimient)	1.0	2.00	56	.022	Community owned	.34	.21	.260
· ompussion	Private	302	4.00			Public (government)	.15	.11	.425
						Community owned	.49*	.20	.048
	Community owned	34	3.51			Public (government)	34	.21	.260
	•					Private	$.49^{*}$.20	.048
	Total	476	3.92	-					
Mental health	Public (government)	140	3.01	.36	.701	Private	05	.09	.821
						Community owned	12	.16	.753
	Private	302	3.06			Public (government)	.05	.09	.821
						Community owned	07	.15	.908
	Community owned	34	3.13			Public (government)	.12	.16	.753
				_		Private	.07	.15	.908
 	Total	476	3.05		201				
Amotivation	Public (government)	140	2.27	1.27	.281	Private	05	.14	.934
	Duissada	202	0.00			Community owned	42	.27	.288
	Private	302	2.32			Public (government)	.05	.14	.934
	Community owns 1	34	2.69			Community owned	37 .42	.25 .26	.344 .288
	Community owned	34	2.09			Public (government) Private	.37	.26 .25	.288 .344
	Total	476	2.33	-		1 11 vaic	.31	.23	۳۳.
Extrinsic	Public (government)	140	3.85	2.15	.118	Private	18	.11	.307
motivation	1 done (government)	170	5.05	2.13	.110	Community owned	.16	.21	.768
mouvauon	Private	302	4.03			Public (government)	.18	.11	.307
	- 11, 000	202				Community owned	.33	.20	.262
	Community owned	34	3.69			Public (government)	16	.21	.768
	Community Owned	٥.	5.07			Private	33	.20	.262
	Total	476	3.95	-				.=-7	-
Intrinsic	Public (government)	140	4.69	4.74	.009	Private	14	.12	.499
motivation	(6	-				Community owned	.50	.22	.087
	Private	302	4.83			Public (government)	.14	.11	.499
						Community owned	.64*	.21	.011
	Community owned	34	4.20			Public (government)	50	.22	.087
	•					Private	64*	.21	.011
	Total	476	4.75	-					

^{*.} The mean difference is significant at the 0.05 level.

Results in Table 2 above show that there were significant differences in scores on overall job insecurity, qualitative job insecurity, organizational compassion, and intrinsic job insecurity. No significant differences were observed in the scores for quantitative job insecurity, mental health, amotivation, and extrinsic motivation. Specifically, overall job insecurity (F = 4.63, p = .010) and qualitative job insecurity (F = 5.07, p = .007) were significantly higher in private and community-owned schools than in government-owned schools. Results in Table 2 above show that organizational compassion was significantly higher in private schools than in government and community-owned schools (F = 3.45, p = .032). It is, therefore, not surprising that intrinsic motivation was higher in private schools (F = 4.74, P = .009).

Concerning the differences in mean scores of variables between primary and secondary schools, the results are presented in Table 3 below. Results specifically show significant differences in mean scores of job insecurity (qualitative and quantitative), organizational compassion, and extrinsic and intrinsic motivation.

Table 3. t-test for differences in variable mean scores between primary and secondary school teachers

Variable	Level	N	M	SD	SE	Levene's t	est for	t-test for equality of means			
						equalit	y of				
						Varian	ces				
						\overline{F}	p	t	p		
Job insecurity	Primary	119	3.84	1.43	.13	7.13	.008	4.12	.000		
	Secondary	357	3.29	1.22	.07						
Quantitative JI	Primary	119	3.92	1.73	.16	.06	.807	3.85	.000		
	Secondary	357	3.23	1.10	.09						
Qualitative JI	Primary	119	3.82	1.46	.13	8.14	.005	3.78	.000		
	Secondary	357	3.30	1.24	.07						
Organizational	Primary	119	4.14	1.10	.10	.11	.736	2.46	.014		
compassion	Secondary	357	3.85	1.10	.06						
Mental health	Primary	119	3.03	.96	.09	7.06	.008	27	.791		
	Secondary	357	3.06	.80	.04						
Amotivation	Primary	119	2.16	1.37	.13	.02	.902	-1.57	.117		
	Secondary	357	2.39	1.39	.07						
Extrinsic motivation	Primary	119	4.37	.96	.09	3.10	.047	4.77	.000		
	Secondary	357	3.81	1.14	.06						
Intrinsic motivation	Primary	119	5.09	.97	.09	10.18	.002	3.73	.000		
	Secondary	357	4.63	1.23	.07						

df = 474

The results in Table 3 above specifically show that there were higher mean scores on overall job insecurity for teachers in primary schools compared to mean scores of teachers in secondary schools (t = 4.12, p = .000). Similarly, primary school teachers had significantly higher mean scores on both quantitative (t = 3.85, p = .000) and qualitative job insecurity (t = 3.78, p = .000). The results in Table 3 further reveal that there were significant differences between primary and secondary school teachers on organizational compassion (t = 2.46, p = .014); however, the difference in mean scores on mental health were not significant (t = -.27, t = .791). Finally, regarding motivation, there were significant differences between primary and secondary teachers on extrinsic motivation (t = 4.77, t = .000) and intrinsic motivation (t = 3.73, t = .000) but not on amotivation (t = -1.57, t = .117); with primary teachers reporting

higher mean scores on both extrinsic and intrinsic motivation than the secondary school teachers.

Hypothesis Testing

To test the hypotheses, Pearson product moment correlation coefficients were computed for the relational hypotheses. Regression analyses were conducted for the mediation and moderation hypotheses (moderated mediation). The results for the correlations are presented in Table 4 below.

Table 4. Correlations among study variables

		M	SD	α	1	2	3	4	5	6	7	8
1.	Job insecurity	3.43	1.30	.92	1							
2.	Quantitative job insecurity	3.40	1.73	.86	.79**	1						
3.	Qualitative job insecurity	3.43	1.32	.90	.98**	.63**	1					
4.	Organizational compassion	3.92	1.10	.93	.16**	.13**	.16**	1				
5.	GMH	3.07	.82	.87	.32**	.21**	.33**	.03	1			
6.	Amotivation	2.33	1.39	.74	.22**	.16**	.22**	.03	.35**	1		
7.	Extrinsic motivation	3.95	1.12	.83	.33**	.28**	.32**	.41**	.13**	.02	1	
8.	Intrinsic motivation	4.75	1.18	.85	.06	.07	.05	.38**	12**	25**	.47**	1

^{*.} p < .05, **. p < .01, N = 474,

M = Mean, SD = Standard deviation, $\alpha = Cronbach's alpha coeffects$

The Relationship Between Job Insecurity and Employee Motivation

Hypothesis 1 stated that job insecurity is significantly related to (a) amotivation, (b) extrinsic motivation, and (c) intrinsic motivation. Job insecurity has two dimensions including quantitative and qualitative job insecurity. Results in table 3 above show that job insecurity is positively and significantly related to amotivation (r = .22, p < .01) and extrinsic motivation (r = .33, p < .01). However, job insecurity was not significantly associated with intrinsic motivation (r = .06, p > -05).

Similarly, quantitative job insecurity was positively and significantly related to amotivation (r = .16, p < .01) and extrinsic motivation (r = .28, p < .01). However, quantitative job insecurity was not significantly related to intrinsic motivation (r = .07, p > .05). Qualitative job insecurity was positively and significantly related to amotivation (r = .22, p < .01) and extrinsic motivation (r = .33, p < .01). However qualitative job insecurity was not significantly related to intrinsic motivation (r = .05, p > .01).

The Relationship Between Job Insecurity and Employees' General Mental Health

Hypothesis 2 stated that job insecurity is significantly related to mental health. Results in Table 3 above show that job insecurity is positively and significantly related to mental health (r = .32, p < .01). Quantitative job insecurity was significantly related to mental health (r = -.21, p < .01). In addition, qualitative job insecurity was also related to mental health (r = .33, p < .01).

The Relationship Between Employees' Mental Health and Motivation

Hypothesis 3 stated that employee mental health is significantly related to (a) amotivation, (b) extrinsic motivation, and (c) intrinsic motivation. Results in table 3 above show that employee mental health is positively and significantly related to amotivation (r=.35, p<.01) and extrinsic motivation (r=.13, p<.01). However, employee mental health was negatively and significantly related to intrinsic motivation (r = -12, p < .01).

The study also sought to establish the mediating effects of mental health and the moderating effects of organizational compassion on the relationship between job insecurity during COVID-19 and motivation. The results are presented in Table 5 below.

Table 5. Regression results for mediation and moderation effects

Predictors	Mental health							Amotivation						Extrinsic motivation							Intrinsic motivation					
	В	se	t	p	C	ZI	В	se	t	p	C	I	В	se	t	p	(CI .	В	se	t	p	(CI		
					LLCI	ULCI					LLCI	ULCI					LLCI	ULCI					LLCI	ULCI		
Constant	2.99	.30	10.13	.000	2.41	3.57	.45	.52	.87	.385	57	1.48	5.02	.39	12.85	.000	4.25	5.79	6.94	.43	16.07	.000	6.09	7.79		
Sex	05	.07	70	.481	20	0.09	26	.12	-2.18	.029	50	03	.00	.09	.02	.985	18	.18	04	.10	35	.726	23	.16		
Age	01	.01	.84	.404	02	0.01	.003	.01	.37	.710	04	.02	01	.01	-2.12	.035	03	001	02	.01	-2.36	.019	03	003		
Tenure	.01	.01	.58	.563	01	0.02	03	.02	-2.00	.049	06	.00	.01	.01	.82	.413	01	.03	.01	.01	.48	.632	02	.03		
School ownership	.01	.07	.22	.829	12	0.15	.13	.11	1.21	.230	08	.34	08	.08	-1.01	.312	24	.08	14	.09	-1.50	.134	31	.04		
Level of school	.14	.09	1.57	.117	03	0.31	.32	.14	2.29	.023	.05	.60	34	.11	-3.20	.002	54	13	03	.12	-2.94	.003	57	11		
Job insecurity (JI)	.21	.03	6.95	.000	.15	0.27	.15	.05	2.85	.005	.05	.25	.21	.04	5.51	.000	.14	.29	.02	.04	.46	.647	06	.10		
Organizational compassion (OC)	03	.03	99	.324	10	0.03	.01	.05	.13	.896	10	.12	.36	.04	8.86	.000	.28	.45	.37	.05	8.51	.000	.30	.48		
Mental health							.50	.07	6.73	.000	.35	.64	.03	.06	.57	.510	08	.14	25	.06	-3.99	.000	37	12		
JI x OC	02	.02	95	.342	07	0.02	.06	.04	1.62	.107	01	.13	08	.03	-3.00	.004	14	03	06	.03	-1.86	.064	12	.003		
Model summary	R	2 = .10	, F(8, 46	7) = 6.8	1, p = .0	00	R2	2 = .17,	F(9, 466	5) = 10.	41, p = .0	000	R2 = .28, F(9, 466) = 19.94, p = .000						R2 = .21, F(9, 466) = 13.55, p = .000							
R increase	R	2 = .00	2, F(1, 4	67) = .9	0, p = .34	42	R	2 = .01	, F(1, 46	6) = 2.6	61, p = .1	07	R	R2 = .01, F(1, 466) = 8.44, p = .004						R2 = .01, F(1, 466) = 3.45, p = .064						
Conditional effects	at levels	of com	passion																							
Mean -1	.24	.04	5.58	.000	.15	0.32	.08	.07	1.14	.254	06	.22	.30	.05	5.74	.000	.20	.40	.08	.06	1.42	.155	03	.20		
Mean	.21	.03	6.95	.000	.15	0.27	.15	.05	2.85	.005	.05	.25	.21	.04	5.51	.000	.14	.29	.02	.04	.46	.647	06	.10		
Mean +1	.19	.04	5.05	.000	.11	0.26	.21	.06	3.48	.001	.10	.33	.12	.05	2.67	.008	.03	.21	04	.05	86	.389	14	.04		
Index of moderated	mediati	on					01	.01			04	.01	<.001	.002			01	.004	.01	.01			01	.02		

Mediation Effects of Employee Mental Health

The regression results in Table 5 show that job insecurity had a significant effect on mental health (B = .21, p < .01). The results in Table 5 above show that job insecurity had positive significant effects on amotivation (B = .15, p < .05) and extrinsic motivation (B = .21, p < .01) but had non-significant effect on intrinsic motivation (B = .02, p = .647). Results in Table 5 further show that mental health had positive significant effect on amotivation (B = .50, P < .01), a non-significant effect on extrinsic motivation (B = .03, p = .570), but had significant negative effect on intrinsic motivation (B = -.25, p<.01).

Concerning the mediation, effects the index of moderated moderation were not significant for amotivation (B = -.01, CI [-.04, .01]), extrinsic motivation (B = -.001, CI [-.01, 004]), and Intrinsic motivation (B = -01, CI [-.01, .02]). This suggests that mediation effects were not significant. To confirm whether mediation was not significant, a Sobel test was performed, the results showed that none of the mediation effects were significant. Therefore, hypothesis 4 is rejected.

To test whether mediation was significant when considering the two dimensions of job insecurity separately, further regression models were computed for quantitative and qualitative job insecurity respectively. These analyses revealed similar results as the effects of overall job insecurity showed above (see appendices 4 and 6).

Moderating Effects of Organizational Compassion

Hypothesis 5 stated that organizational compassion moderates the direct and indirect effects of job insecurity on (a) amotivation, (b) extrinsic motivation, and (c) intrinsic motivation. First, concerning the effects of organizational compassion, it had non-significant effects on amotivation (B = .01, p = .896) but had a significant positive effect on both extrinsic motivation (B = .36, p < .01) and intrinsic motivation (B = .39, p < .01).

Organizational compassion also had a non-significant effect on mental health (B = -.03, p = .32). Concerning the moderation effects, results in Table 5 above show that the interactive effects of job insecurity and organizational compassion on mental health were not significant (B = -.02, p = .342). Therefore, organizational compassion did not moderate the relationship between job insecurity and teachers' mental health. Similarly, the interactive effects of job insecurity and organizational compassion on amotivation (B = .06, p = .107) and intrinsic motivation (B = -.06, p = .064) were insignificant. Therefore, organizational compassion did not moderate the association between job insecurity and amotivation as well as intrinsic motivation. On the other hand, results in Table 5 show organizational compassion moderated the relationship between job insecurity and extrinsic motivation (B = -.08, p = .004). The regression plots in the graphs below display the outlook of the moderation effects.

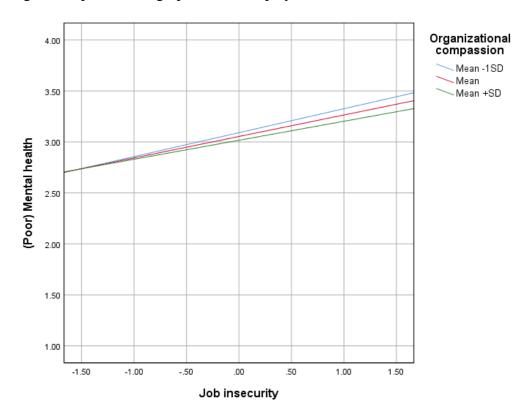


Figure 2. Graph for moderation effects of organizational compassion on the relationship between job insecurity and mental health

The moderation plot in Figure 2 above show that poor mental health tends to be high at high levels of job insecurity. This is regardless of the reported amount of organizational compassion. Whereas there are some variations mental health scores among those reporting low, moderate, and high organizational compassion, the differences are non-significant.

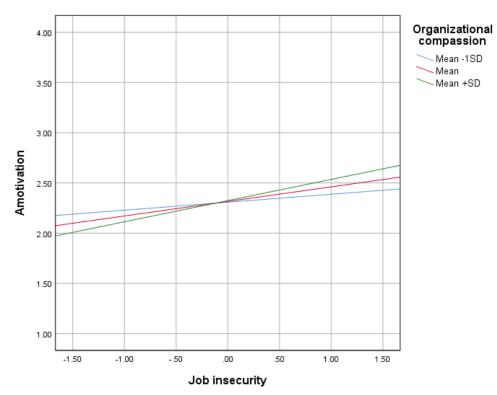


Figure 3. Graph for moderation effects of organizational compassion on the relationship between job insecurity and amotivation

The regression plots in Figure 3 above show that amotivation tends to be low at low levels of job insecurity and tends to be high at high levels of job insecurity. This is the same when organizational compassion is low, moderate, and high. However, the graph shows that there are some differences both at very low and at very high levels of job insecurity.

However, the results in Table 5 indicate that these differences are not significant.

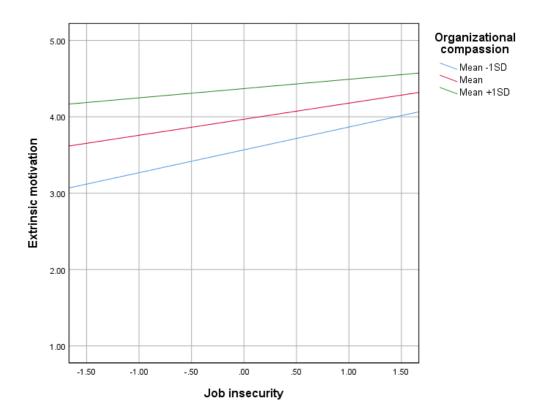


Figure 4. Graph for moderation effects of organizational compassion on relationship between job insecurity and extrinsic motivation

The moderation plots in Figure 4 above show that job insecurity generally has high effect on extrinsic motivation. Overall, the figure shows that individuals who reported high levels of organizational compassion experienced high extrinsic motivation at all levels of job insecurity. The figure also shows an increase in extrinsic motivation for those with average and low levels of organizational compassion as job insecurity tends toward the high end.

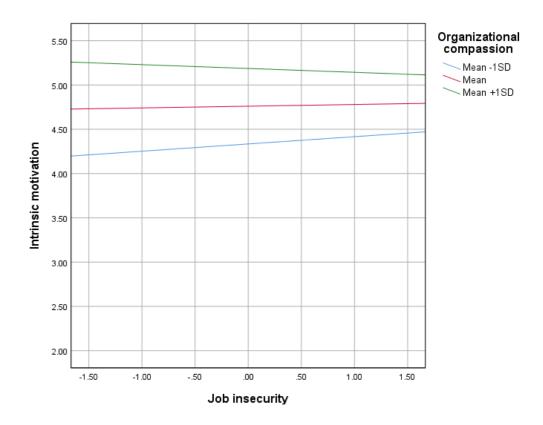


Figure 5. Graph for moderation effects of organizational compassion on relationship between job insecurity and intrinsic motivation

The moderation plots in Figure 5 above show that intrinsic motivation tended to be high for individuals remains high for participants who reported high levels of organizational compassion at all levels of job insecurity. Although the level of intrinsic motivation was high, those who reported low organizational compassion had a lower level of intrinsic motivation at all levels of job insecurity.

Chapter Five

Discussion, Conclusion, and Recommendations

This chapter presents the discussion, conclusions, and recommendations arising from the findings in accordance with the study's objectives. The study examined the relationship among job insecurity during the COVID-19 pandemic, general mental health, and motivation of teachers. The study further examined whether the organizational compassion teachers moderate this relationship received from their schools (and co-workers). The discussion is presented in five sections: job insecurity and motivation, job insecurity and general mental health, general mental health and motivation, the mediating role of general mental health, and the moderating role of organizational compassion. These sections are followed by a conclusion and recommendations.

Job Insecurity and Motivation

It was hypothesized that job insecurity during COVID-19 was significantly related to teachers' motivation. The study focused on both dimensions of job insecurity; that is, qualitative and quantitative job insecurity. Similarly, the study focused on the different dimensions of motivation; that is, amotivation (the absence of motivation towards an activity), extrinsic motivation (doing an activity for instrumental reasons such as receiving rewards and approval or avoiding punishments or criticism), and intrinsic motivation (doing an activity because it is interesting and enjoyable) (Gagné et al., 2015).

The results of the study revealed that overall job insecurity during COVID-19 was significantly and positively related to amotivation and extrinsic motivation. But the study showed non-significant positive correlation with intrinsic motivation. These findings indicate that for teachers who experienced high levels of job insecurity during COVID-19, they were less likely to be motivated to do their work activities; or would get motivated to do their work

activities because of the external benefits associated to them such as salary, allowances, recognition, and promotion among others. The findings thus support previous research that has shown that job insecurity represents prolonged uncertainty about the stability of the job and thus affects employees' actions (Sim et al., 2021).

For the case of teachers in Uganda during COVID-19, given that Uganda had the longest prolonged lockdown of schools in the world (Sandefur, 2022), teachers were out of work. In addition to uncertainty over whether some schools would reopen or not, the change to mainly online learning meant that some teachers would not be sure whether their jobs would be safe or do the work as they did before COVID-19. Moreover, many teachers, especially those in private and public schools but not yet on pay, did not receive salary and other benefits during the lockdown period. According to the results of this study, these insecurities increased the level of amotivation among teachers when the schools reopened. At best, the insecurity increases external motivation, where teachers engage in their job activities not because they love the activities but because the activities lead to some rewards.

Similar results were observed when considering the dimensions of job insecurity.

Qualitative and quantitative job insecurity had significant positive correlations with amotivation and extrinsic motivation but a non-significant relationship with intrinsic motivation. This contrasts previous findings that indicate that qualitative and quantitative job insecurity can have differing effects on different forms of employee motivation. For example, Long et al. (2021) found that quantitative job insecurity had a positive indirect effect on employee avoidance form of motivation and qualitative job insecurity had a negative indirect effect on employee approach form of motivation.

The findings of the present study show that overall job insecurity and qualitative and quantitative job insecurity had a non-significant correlation with intrinsic motivation. These findings contrast previous research that showed that job insecurity decreases intrinsic

motivation. For example, Shin et al. (2019) argued that employees experiencing job insecurity tend to perceive their work effort as meaningless, which in turn s hinders their work engagement and eventually a decline in their intrinsic motivation. The findings of this study show that the decline in intrinsic motivation of teachers as result of job insecurity during COVID-19 was not substantial. This may imply that for some teachers who love their job, that love is not entirely lost when the existence of the job is threatened or when some aspects of the job change.

Overall, the study findings partially support the hypothesis that COVID-19 pandemic-related job insecurity is significantly related to employee motivation. It is concluded that COVID-19 pandemic-related job insecurity (as well as both qualitative and quantitative dimensions) is positively significantly related to amotivation (lack of motivation) and extrinsic motivation, but not significantly related to intrinsic motivation.

Job Insecurity and Employees' General Mental Health

Hypotheses two stated job insecurity during COVID-19 and employee's general mental health are significantly related. The results revealed that job insecurity during COVID-19 was positively related to their mental health even after the reopening of schools. Moreover, both qualitative and quantitative aspects of job insecurity were positively related to teachers' mental health. Given that the higher score on the general health questionnaire indicated poor general mental health, therefore the results indicate that job insecurity and its qualitative and quantities facets are associated with poor general mental health. The regression analysis results further demonstrate that job insecurity is a predictive factor for poor general mental health among teachers.

Previous research has indicated that job insecurity is one of the serious stressors that employees experience and has an impact on their mental health (De Witte, 2005; Otto &

Dalbert, 2013). Therefore, the study findings support this previous research. People who are experiencing job insecurity have higher likelihoods of experiencing emotional exhaustion, stress, burnout, and depression (de Witte et al., 2016; Griep et al., 2021; Mauno et al., 2021). Moreover, during COVID-19, job insecurity was accompanied by other stress. For example, teachers whose jobs were threatened and had no income alternatives risked starvation. In addition, schools were encouraged to embrace online classes, which was a further stressor for some teachers and lead to further feelings of qualitative job insecurity for teachers who are not adequately skilled in the relevant computer systems. Past research has also indicated that employees who anticipated employment loss due to work-from-home arrangement were more at risk of experiencing symptoms of anxiety and depression (Ganson et al., 2021). The possible explanations for such outcomes are that job insecurity is associated with perceived loss of control, poor self-evaluation (McDonough, 2000), and financial concerns (Wilson et al., 2020). However, Llosa et al. (2018) and McDonough (2000) found that income loss or economic situation are not associated with mental health problems when experiencing job insecurity.

The fact that the study shows that job insecurity experienced during the COVID-19 lockdown affected the mental health teachers after the reopening of schools indicates that job insecurity has long term effects on employees' mental health. This is supported De Witte et al. (2016) who suggested that job insecurity affects health and wellbeing on the long term. This necessitates that organizations should support their employees who are facing the risk of job insecurity to avoid both short- and long-term effects on their mental health.

Overall, the findings of the study support the hypothesis that COVID-19 pandemic-related job insecurity is significantly related to employee mental health. It is concluded that job insecurity resulting from the COVID-19 pandemic led to poor mental health among employees.

Employees' General Mental Health and Motivation

Hypothesis three stated that employee's general mental health and motivation are significantly related. The results revealed that teachers' general mental health was positively related to their amotivation and extrinsic motivation but was negatively related to their intrinsic motivation. Again, given that a high score on the general health questionnaire indicated poor general mental health, it can be said that poor general mental health is positively associated with high amotivation and extrinsic motivation, but is negatively associated with teachers' intrinsic motivation. The regression results indicate that poor mental health is a significant predictor of amotivation, high extrinsic motivation, and low intrinsic motivation among teachers.

These findings support existing literature which already suggests that mental health is a determinant to employee motivation (Kotera et al., 2021; Sheehan et al., 2018; Wu et al., 2021). The study results imply that employees with good mental health are likely to exhibit high intrinsic motivation, which supports the se;-determination theory. On the other hand, employees who have poor mental health are more likely to exhibit strong amotivation and high extrinsic motivation. That is, when employees are experiencing symptoms of poor general mental health, they may not have any motivation to engage in their job activities or may end up only engaging in work activities because of the rewards that are associated with the job such as the salary, allowances, praise, and other tangible benefits.

Therefore, in line with the self-determination theory, the study findings suggest that employees with mental health problems may find the job no longer exciting or cease to enjoy their job activities. This is in line with the self-determination theory and also with research findings by Kotera et al. (2019, 2020), who also found that employees who mental health problems tend to experience amotivation and extrinsic and lower levels of intrinsic

motivation. Therefore, the present study not only confirms these findings but extends them to the context of teachers during and after COVID-19.

These findings are essential for understanding teachers' behavior in the aftermath of COVID-19. Having had a prolonged lockdown, which unfortunately has been followed by a financial crisis that been predicted at the onset of the pandemic (Barnett et al., 2020; Chen & Yeh, 2021), teachers are likely to continue experiencing mental health challenges for the foreseeable future. Hence, mental health interventions for teachers are necessary to mitigate the negative effects of mental health on teachers' motivation, and consequently on their students. Previous research has shown that teachers' mental health impacts teaching (Baker et al., 2021) and therefore impairs learning, but also has a spiral effect on students' mental health (Harding et al., 2019).

There is inconsistency in how the association of mental and motivation is studied. Previous research has studied motivation as a cause of mental health (e.g. Frederick & Ryan, 1993; Kotera et al., 2018). While others have considered mental health as a predictor of motivation (e.g. Sheehan et al., 2018). Overall, the study findings support the hypothesis that mental health resulting from job insecurity during COVID-19 is significantly related to motivation. Specifically, mental health was positively significantly related to amotivation and extrinsic motivation but negatively related to intrinsic motivation. Hence it is concluded that mental health resulting from job insecurity increases the likelihood of being not motivated to work; or performing job tasks because they are associated with extrinsic rewards. However mental health tends to decrease the likelihood of engaging in job tasks because of the interest of enjoyment associated with those tasks.

The Mediating Effects of General Mental Health

The fourth hypothesis stated that general mental health mediates the relationship between job insecurity during COVID-19 and employee motivation. The results revealed that

general mental health did not mediate the relationship between job insecurity and teachers' motivation. The same result was obtained mediation analysis was applied separately to qualitative and quantitative job insecurity. These findings imply that although both job insecurity during COVID-19 and general mental health predict teachers' motivation, each of them influences motivation independently of the other. This may imply that to improve teachers' motivation, interventions to address job insecurity and mental health separately are required. However, interventions to address job insecurity can also improve general mental health.

The non-significant mediation effects also suggest that there were more challenges or mechanisms through which job insecurity influenced teachers' motivation other than through general mental health. It is also important to note that during and in the aftermath of lockdowns, several other factors influenced general mental health other than job insecurity. For example, there were high levels of anxiety and stress arising for the fear of contracting COVID-19 and the economic challenges that were experienced during COVID-19, while lockdowns and quarantines caused loneliness and depression (Kokou-Kpolou et al., 2020; Lai et al., 2020; Park et al., 2021; Shan Wong et al., 2020; Wang et al., 2021). According to the literature, this was very common in the general population and not just among teachers (e.g. Wang et al., 2021). Therefore, it is not surprising that mental health did not mediate the effects of job insecurity during COVID-19 on motivation because of several other factors that might have impacted both mental health and motivation of teachers.

Overall, the study findings do not support the hypothesis that employee general mental health mediates the relationship between COVID-19 pandemic-related job insecurity and motivation. This happens when considering all dimensions of job insecurity and all dimensions of motivation. Therefore, it is concluded that job insecurity's effects on motivation are not carried through poor mental health.

The Moderating Effects of Organizational Compassion

The fifth hypothesis of the study stated that organizational compassion moderates the direct and indirect effects of COVID-19 pandemic-related job insecurity on employee motivation. Results showed that organizational compassion was only significantly related to extrinsic and intrinsic motivation, but not significantly related to amotivation and mental health.

Concerning moderation effects, the findings revealed that organizational compassion does not moderate the association between job insecurity and general mental health of teachers. Similarly, organizational compassion did not moderate the relationship between job insecurity and amotivation, as well as the relationship between job insecurity and intrinsic motivation. On the other hand, the findings releveled that organizational compassion moderates the relationship between job insecurity and extrinsic motivation. Therefore, organizational compassion did not moderate the direct and indirect effects of job insecurity on motivation, except for extrinsic motivation. Similar findings were obtained when moderation analysis was applied to the effects of qualitative and quantitative job insecurity on mental health and motivation.

These results imply that although organizational compassion during COVID-19 was important, it did not help alleviate fears concerning the future of teachers' jobs, and eventually did not help to reduce the impact of job insecurity on general mental health, amotivation, and intrinsic motivation. This implies that organizational compassion did not address the fact that teachers' jobs were threatened and the change that occurred to how their jobs are done, for example, shifting from physical to online or blended work arrangements. This also suggests that organizational compassion during COVID-19 was directed towards

survival (e.g., food distributions) but not towards the addressing the effects of the pandemic on jobs.

An important finding is that organizational compassion did not moderate the effects of job insecurity during COVID-19 on general mental health, amotivation, and intrinsic motivation. However, it moderated the effects of job insecurity on extrinsic motivation.

During COVID-19, most of the organizational compassion was expressed in terms of physical benefits such as food distribution. This mode of expressing compassion can induce dependence; therefore, as the results suggest, it is possible that organizational compassion increased teachers' desire or expectance of material or tangible benefits. It is therefore important for organizations to offer organizational compassion that does not jeopardize intrinsic motivation, which is the highest and most important form of motivation (Deci & Ryan, 2000, 2008).

Overall, the hypothesis that organizational compassion moderates the direct and indirect effects of COVID-19 pandemic-related job insecurity on employee motivation was partially supported. The moderation effects were significant for extrinsic motivation and amotivation, but not for intrinsic motivation. Therefore, it is concluded that organizational compassion increases the effects of COVID-19 pandemic-related job insecurity on extrinsic motivation only.

Conclusion

The study sought to examine the relationships between COVID-19 pandemic-related job insecurity, employee general mental health, and motivation, and whether organizational compassion moderates job insecurity's direct and indirect effects among teachers. In line with the self-determination theory (SDT), the study results have revealed that job insecurity during COVID-19 is positively related to poor general mental health and amotivation and extrinsic

motivation of teachers. The study did not find a significant relation between job insecurity during COVID-19 and teachers' intrinsic motivation. In addition, the study found that the relationship between job insecurity during COVID-19 and the different dimensions of motivation was not mediated by general mental health. The study has also demonstrated that whereas organizational compassion is related to extrinsic and intrinsic motivation, it was only helpful in mitigating against the negative effects of job insecurity during COVID-19 on extrinsic motivation. Therefore, whereas organizational compassion is a good thing, organizations must be careful in how its compassion toward employees is expressed.

Limitations

The questionnaire was quite lengthy hence some of the participants got tired and failed to complete the questionnaire or failed to give enough attention to the items. This may have affected the quality and applicability of the findings.

The study was cross-sectional. However, the effects of the pandemic on job insecurity and resulting outcomes such as mental health may vary from time to time depending on the phase of the pandemic. Therefore, a longitudinal study might be required to establish how the effects of job insecurity during the COVID-19 pandemic on mental health and teachers' motivation have varied over time.

Recommendations

Based on the findings of the study, the following recommendations are made.

Government. The results show that teachers in government schools experienced very low levels of job insecurity compared to teachers in private and community-owned schools. Therefore, the government must maintain the systems that lead to low levels of insecurity such as continuing to pay teachers even when schools are closed. This is useful in keeping teachers in public schools motivated and mentally healthy even during crises. On the other hand, government is also responsible to ensuring that all employees even in the private sector

are well catered for during crises such as the COVID-19 pandemic. Therefore, in future crises, the government may need to develop interventions that ensure the security of teachers or employees in the private sector.

Employers. The study results show that job insecurity was related to poor mental health of teachers. Therefore, employers need to always pay attention to how crises affect their employees' psychological health because this has implications on their workplace behaviors and performance. The results show that organizational compassion helped ensure that job insecurity arising from the COVID-19 pandemic does not affect employees' motivation. Therefore, organizations must always support their employees during times of distress. However, the results show that organizational compassion had no buffering role against the negative effects of job insecurity during the pandemic on teachers' mental health and intrinsic motivation. However, it buffered against the impact on extrinsic motivation. Noting that compassion during the COVID-19 pandemic was mostly offered through food aid and other material support, it may suggest that such support can condition employees towards expecting extrinsic motivators. Therefore, organizations must offer compassion to employees without increasing employees' expectations for material benefits. It is also essential for organizations to offer a range of employee assistance programs to target the different needs of employees during times of crisis. For example, counseling services can be helpful for employees in times such as those experienced during COVID-19. Even if physical contact is prohibited, organizations can use online platforms to offer such services to employees.

Employees (teachers). The results have revealed that teachers, especially in private and public schools experienced job insecurity. Although the study did not find differences in levels of mental health and motivation among teachers in the different types of schools, existing research has highlighted that job insecurity is bad for employees' well-being.

Therefore, teachers need to be aware of how crises affect their feeling about the security of their jobs and seek profession assistance.

Policy makers. The show that teachers experienced issues relating to their job security and mental health. Job insecurity was mainly high in private and community-owned schools. Therefore, the government may need to develop policies that protect workers' jobs in private institutions during crises. Government can develop guidelines stipulating how employees are laid off during crisis times without seriously harming their psychological and financial wellbeing.

Researchers. The study findings showed that mental health was a problem across all types of schools. This implies that despite teachers' job security in government schools, they still experienced mental health problems at the same level as teachers in private or community-owned schools. Therefore, researchers can study on why this scenario happened. For example, is it because that COVID-19-related distress was too high that even if employees did not experience job insecurity, they would still experience symptoms of poor mental health? Researchers can also focus on how other related concepts can be helpful. For example, if employers offer compassion, how do employees perceive it? Hence researchers can focus on concepts such as perceived organizational support and how it affects employee mental health, motivation, and other work outcomes during crises like COVID-19.

References

- Abedi, A. A., Ogwal, D. S., Pintye, J., Nabirye, R. C., & Hagopian, A. (2019). Baccalaureate prepared nurses as the new entry-level nursing cadre in Uganda: A qualitative study of BSN student and faculty perspectives in two universities. *Nurse Education Today*, 76, 131–136. https://doi.org/10.1016/j.nedt.2019.01.023
- Al Madi, F., Shrafat, F., Zeglat, D., Al-Madi, F. N., & Assal, H. (2017). The Impact of Employee Motivation on Organizational Commitment. In *European Journal of Business and Management www.iiste.org ISSN* (Vol. 9, Issue 15). Online.
- Alcover, C. M., Salgado, S., Nazar, G., Ramírez-Vielma, R., & González-Suhr, C. (2020).

 Job insecurity, financial threat and mental health in the COVID-19 context: The buffer role of perceived social support. *MedRxiv*, 2020.07.31.20165910.

 https://doi.org/10.1101/2020.07.31.20165910
- Amir, K. (2020). Citation: Amir K (2020) Prevalence of Burnout among University Academic Staff in Uganda; Does Gender Matter. 6(2), 68. www.imedpub.com
- Atusingwize, E., Musinguzi, G., Ndejjo, R., Buregyeya, E., Kayongo, B., Mubeezi, R., Mugambe, R. K., Ali Halage, A., Sekimpi, D. K., Bazeyo, W., Wang, J. S., & Ssempebwa, J. C. (2018). Occupational safety and health regulations and implementation challenges in Uganda.

Https://Doi.Org/10.1080/19338244.2018.1492895, 74(1-2), 58-65.

https://doi.org/10.1080/19338244.2018.1492895

Baker, C. N., Peele, H., Daniels, M., Saybe, M., Whalen, K., Overstreet, S., & The New Orleans, T. I. S. L. C. (2021). The Experience of COVID-19 and Its Impact on Teachers'

- Mental Health, Coping, and Teaching. *School Psychology Review*, *50*(4), 491–504. https://doi.org/10.1080/2372966X.2020.1855473
- Barnett, M. L., Mehrotra, A., & Landon, B. E. (2020). Covid-19 and the Upcoming Financial Crisis in Health Care. *NEJM Catalyst*, *April* 29, 1–6. https://doi.org/10.1056/CAT.20.0153
- Blanuša, J., Barzut, V., & Knežević, J. (2021). Intolerance of Uncertainty and Fear of COVID-19 Moderating Role in Relationship Between Job Insecurity and Work-Related Distress in the Republic of Serbia. *Frontiers in Psychology*, 12. https://doi.org/10.3389/FPSYG.2021.647972
- Blotenberg, I., & Richter, A. (2020). Validation of the QJIM: A measure of qualitative job insecurity. *Work and Stress*, *34*(4), 406–417. https://doi.org/10.1080/02678373.2020.1719553
- Bridges, K. W., & Goldberg, D. P. (1986). The validation of the GHQ-28 and the use of the MMSE in neurological in-patients. *British Journal of Psychiatry*, *148*(MAY), 548–553. https://doi.org/10.1192/bjp.148.5.548
- Burke, R. J., Ng, E. S. W., & Wolpin, J. (2015). Economic austerity and healthcare restructuring: correlates and consequences of nursing job insecurity. *International Journal of Human Resource Management*, 26(5), 640–656. https://doi.org/10.1080/09585192.2014.921634
- Chen, H. C., & Yeh, C. W. (2021). Global financial crisis and COVID-19: Industrial reactions. *Finance Research Letters*, *42*, 101940. https://doi.org/10.1016/j.frl.2021.101940
- Choi, S. L., Heo, W., Cho, S. H., & Lee, P. (2020). The links between job insecurity,

- financial well-being and financial stress: A moderated mediation model. *International Journal of Consumer Studies*, 44(4), 353–360. https://doi.org/10.1111/IJCS.12571
- Chu, L. C. (2017). Impact of Providing Compassion on Job Performance and Mental Health:

 The Moderating Effect of Interpersonal Relationship Quality. *Journal of Nursing Scholarship*, 49(4), 456–465. https://doi.org/10.1111/jnu.12307
- Coibion, O., Gorodnichenko, Y., & Weber, M. (2020). Labor Markets During the COVID-19

 Crisis: A Preliminary View. In *SSRN Electronic Journal*.

 https://doi.org/10.2139/ssrn.3574736
- Crayne, M. P. (2020). The traumatic impact of job loss and job search in the aftermath of COVID-19. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*, S180–S182. https://doi.org/10.1037/tra0000852
- Dagenais-Desmarais, V., Leclerc, J. S., & Londei-Shortall, J. (2018). The relationship between employee motivation and psychological health at work: A chicken-and-egg situation? *Work and Stress*, *32*(2), 147–167. https://doi.org/10.1080/02678373.2017.1317880
- De Witte, H. (2000). Arbeidsethos en jobonzekerheid: Meting en gevolgen voor welzijn, tevredenheid en inzet op het werk. *Van Groep Naar Gemeenschap. Liber Amicorum Prof. Dr. Leo Lagrou*, 325–350. https://biblio.ugent.be/publication/132844
- De Witte, H. (2005). Job insecurity: Review of the international literature on definitions, prevalence, antecedents and consequences. *SA Journal of Industrial Psychology*, *31*(4), 1–6. https://doi.org/10.4102/sajip.v31i4.200
- De Witte, H., De Cuyper, N., Handaja, Y., Sverke, M., Näswall, K., & Hellgren, J. (2014).

 International Studies of Management & Organization Associations Between

- Quantitative and Qualitative Job Insecurity and Well-Being A Test in Belgian Banks. https://doi.org/10.2753/IMO0020-8825400103
- de Witte, H., Pienaar, J., & de Cuyper, N. (2016). Review of 30 Years of Longitudinal

 Studies on the Association Between Job Insecurity and Health and Well-Being: Is There

 Causal Evidence? *Australian Psychologist*, *51*(1), 18–31.

 https://doi.org/10.1111/ap.12176
- Deci, E. L., & Ryan, R. M. (1980). Self-determination theory: When mind mediates behavior. *Journal of Mind and Behavior*, *I*(1), 33–43.

 http://ezproxy.library.unlv.edu/login?url=http://search.ebscohost.com/login.aspx?direct=
 true&db=psyh&AN=1982-22334-001&site=ehost-live
- Deci, E. L., & Ryan, R. M. (1985). The general causality orientations scale: Self-determination in personality. *Journal of Research in Personality*, *19*(2), 109–134. https://doi.org/10.1016/0092-6566(85)90023-6
- Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, *11*(4), 227–268. https://doi.org/10.1207/S15327965PLI1104_01
- Deci, E. L., & Ryan, R. M. (2002). An overview of Self-Determination Theory: An Organismic-Dialectical Perspective. In E. L. Deci & R. M. Ryan (Eds.), *Handbook of Self-Determination Research* (pp. 3–33). Rochester, NY: University of Rochester Press.
- Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology/Psychologie Canadienne*, 49(3), 182–185. https://doi.org/10.1037/a0012801
- Drapeau, A., Marchand, A., & Beaulieu-Prevost, D. (2012). Epidemiology of Psychological

- Distress. *Mental Illnesses Understanding, Prediction and Control*. https://doi.org/10.5772/30872
- Dutton, J. E., Workman, K. M., & Hardin, A. E. (2014). Compassion at Work. *Annual Review of Organizational Psychology and Organizational Behavior*, *1*, 277–304. https://doi.org/10.1146/annurev-orgpsych-031413-091221
- Erdfelder, E., FAul, F., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41(4), 1149–1160. https://doi.org/10.3758/BRM.41.4.1149
- Frederick, C. M., & Ryan, R. M. (1993). Differences in Motivation for Sport and Exercise and their Relations with Participation and Mental Health. *Journal of Sport Behavior*, *16*(3), 124.
- Gagné, M., Forest, J., Vansteenkiste, M., Crevier-Braud, L., van den Broeck, A., Aspeli, A.
 K., Bellerose, J., Benabou, C., Chemolli, E., Güntert, S. T., Halvari, H., Indiyastuti, D.
 L., Johnson, P. A., Molstad, M. H., Naudin, M., Ndao, A., Olafsen, A. H., Roussel, P.,
 Wang, Z., & Westbye, C. (2015). The Multidimensional Work Motivation Scale:
 Validation evidence in seven languages and nine countries. *European Journal of Work and Organizational Psychology*, 24(2), 178–196.
 https://doi.org/10.1080/1359432X.2013.877892
- Ganson, K. T., Tsai, A. C., Weiser, S. D., Benabou, S. E., & Nagata, J. M. (2021). Job

 Insecurity and Symptoms of Anxiety and Depression Among U.S. Young Adults During

 COVID-19. *Journal of Adolescent Health*, 68(1), 53–56.

 https://doi.org/10.1016/j.jadohealth.2020.10.008
- Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological Medicine*, *9*(1), 139–145.

- https://doi.org/10.1017/S0033291700021644
- Griep, Y., Lukic, A., Kraak, J. M., Bohle, S. A. L., Jiang, L., Vander Elst, T., & De Witte, H. (2021). The chicken or the egg: The reciprocal relationship between job insecurity and mental health complaints. *Journal of Business Research*, *126*, 170–186. https://doi.org/10.1016/J.JBUSRES.2020.12.045
- Guinot, J., Miralles, S., Rodríguez-Sánchez, A., & Chiva, R. (2020). Do compassionate firms outperform? The role of organizational learning. *Employee Relations*, *42*(3), 717–734. https://doi.org/10.1108/ER-07-2019-0275
- Guo, Y., & Zhu, Y. (2021). How Does Organizational Compassion Motivate Employee
 Innovative Behavior: A Cross-Level Mediation Model:

 https://Doi.Org/10.1177/00332941211037598.

 https://doi.org/10.1177/00332941211037598
- Hamouche, S. (2020). COVID-19 and employees' mental health: stressors, moderators and agenda for organizational actions. *Emerald Open Research*, 2, 15. https://doi.org/10.35241/emeraldopenres.13550.1
- Harding, S., Morris, R., Gunnell, D., Ford, T., Hollingworth, W., Tilling, K., Evans, R., Bell, S., Grey, J., Brockman, R., Campbell, R., Araya, R., Murphy, S., & Kidger, J. (2019). Is teachers' mental health and wellbeing associated with students' mental health and wellbeing? *Journal of Affective Disorders*, 242, 180–187.
 https://doi.org/10.1016/j.jad.2018.08.080
- Hofmeyer, A., Taylor, R., & Kennedy, K. (2020). Fostering compassion and reducing burnout: How can health system leaders respond in the Covid-19 pandemic and beyond?

 Nurse Education Today, 94, 104502. https://doi.org/10.1016/J.NEDT.2020.104502

- Jungmann, S. M., & Witthöft, M. (2020). Health anxiety, cyberchondria, and coping in the current COVID-19 pandemic: Which factors are related to coronavirus anxiety? *Journal of Anxiety Disorders*, 73. https://doi.org/10.1016/j.janxdis.2020.102239
- Keim, A. C., Landis, R. S., Pierce, C. A., & Earnest, D. R. (2014). Why do employees worry about their jobs? A meta-analytic review of predictors of job insecurity. *Journal of Occupational Health Psychology*, 19(3), 269–290. https://doi.org/10.1037/a0036743
- Khan, N., & Faisal, S. (2020). Epidemiology of Corona Virus in the World and Its Effects on the China Economy. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3548292
- Kokou-Kpolou, C. K., Megalakaki, O., Laimou, D., & Kousouri, M. (2020). Insomnia during COVID-19 pandemic and lockdown: Prevalence, severity, and associated risk factors in French population. *Psychiatry Research*, 290, 113128. https://doi.org/10.1016/j.psychres.2020.113128
- Kotera, Y., Adhikari, P., & Van Gordon, W. (2018). Motivation Types and Mental Health of UK Hospitality Workers. *International Journal of Mental Health and Addiction*, *16*(3), 751–763. https://doi.org/10.1007/s11469-018-9874-z
- Kotera, Y., Green, P., Sheffield, D., Salgado, J. F., Antonio, A. E., Francisco, G.-I., Medina, J., Moscoso, S., Rico, R., & Tabernero, C. (2019). Mental Health Shame of UK
 Construction Workers: Relationship with Masculinity, Work Motivation, and Self-Compassion Journal of Work and Organizational Psychology Revista de Psicología del Trabajo y de las Organizaciones. *Journal of Work and Organizational Psychology*, 35(2), 135–143. https://doi.org/10.5093/jwop2019a15
- Kotera, Y., Mayer, C.-H., & Vanderheiden, E. (2021). Cross-Cultural Comparison of Mental Health Between German and South African Employees: Shame, Self-Compassion, Work Engagement, and Work Motivation. *Frontiers in Psychology*, *0*, 2226.

- https://doi.org/10.3389/FPSYG.2021.627851
- Kotera, Y., Van Laethem, M., & Ohshima, R. (2020). Cross-cultural comparison of mental health between Japanese and Dutch workers: relationships with mental health shame, self-compassion, work engagement and motivation. *Cross Cultural and Strategic Management*, 27(3), 511–530. https://doi.org/10.1108/CCSM-02-2020-0055/FULL/HTML
- Kyaddondo, D., & Whyte, S. R. (2003). Working in a decentralized system: A threat to health workers' respect and survival in Uganda. *International Journal of Health Planning and Management*, 18(4), 329–342. https://doi.org/10.1002/hpm.730
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., Wu, J., Du, H., Chen, T., Li, R., Tan, H., Kang, L., Yao, L., Huang, M., Wang, H., Wang, G., Liu, Z., & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Network Open*, *3*(3). https://doi.org/10.1001/jamanetworkopen.2020.3976
- Lee, C., Huang, G. H., & Ashford, S. J. (2018). Job insecurity and the changing workplace:

 Recent developments and the future trends in job insecurity research. *Annual Review of Organizational Psychology and Organizational Behavior*, 5, 335–359.

 https://doi.org/10.1146/annurev-orgpsych-032117-104651
- Llosa, J. A., Menéndez-Espina, S., Agulló-Tomás, E., & Rodríguez-Suárez, J. (2018). *Job insecurity and mental health: A meta-analytical review of the consequences of precarious work in clinical disorders*. Anales de Psicología. https://doi.org/10.6018/analesps.34.2.281651
- Long, L.-R., Tu, Y., Wang, H.-J., & Jiang, L. (2021). The Content of the Threat Matters: the Differential Effects of Quantitative and Qualitative Job Insecurity on Different Types of

- Employee Motivation. *Journal of Business and Psychology 2021*, 1–14. https://doi.org/10.1007/S10869-021-09746-3
- Lown, B. A., Manning, C. F., & Hassmiller, S. B. (2020). Does Organizational Compassion Matter? A Cross-sectional Survey of Nurses. In *Journal of Nursing Administration* (Vol. 50, Issue 2, pp. 78–84). Lippincott Williams and Wilkins. https://doi.org/10.1097/NNA.0000000000000845
- Lu, L., & Shih, J. B. (1997). Personality and happiness: Is mental health a mediator?

 Personality and Individual Differences, 22(2), 249–256. https://doi.org/10.1016/S0191-8869(96)00187-0
- Mahmoud, A. B., Reisel, W. D., Fuxman, L., & Mohr, I. (2021). A motivational standpoint of job insecurity effects on organizational citizenship behaviors: A generational study.
 Scandinavian Journal of Psychology, 62(2), 267–275.
 https://doi.org/10.1111/sjop.12689
- Mauno, S., Minkkinen, J., Hirvonen, R., & Kiuru, N. (2021). Job Insecurity and Depressive Symptoms in Mothers and Adolescents: A Dyadic Study. *Journal of Child and Family Studies* 2021 30:9, 30(9), 2117–2128. https://doi.org/10.1007/S10826-021-01994-4
- McDonough, P. (2000). Job insecurity and health. *International Journal of Health Services*, 30(3), 453–476. https://doi.org/10.2190/BPFG-X3ME-LHTA-6RPV
- Mulindwa, N. G. (2022). Job security in Covid-19, employee motivation and work engagement: a case study of Kitende Secondary School. [Makerere University]. http://dissertations.mak.ac.ug/handle/20.500.12281/11506
- Nunnally, J. C. J. (1978). Psychometric theory. Auflage, New York Ua: Mc Graw-Hill.
- Otto, K., & Dalbert, C. (2013). Are insecure jobs as bad for mental health and occupational

- commitment as unemployment? Equal threat or downward spiral. *Psihološka Obzorja / Horizons of Psychology*, 22, 27–38. https://doi.org/10.20419/2013.22.375
- Otto, K., Rigotti, T., & Mohr, G. (2013). The psychological effects of restructuring. In A. S. G. Antoniou & C. L. Cooper (Eds.), *The Psychology of the Recession on the Workplace*. Edward Elgar Publishing. https://doi.org/10.4337/9780857933843.00026
- Park, K. H., Kim, A. R., Yang, M. A., Lim, S. J., & Park, J. H. (2021). Impact of the COVID-19 pandemic on the lifestyle, mental health, and quality of life of adults in South Korea.

 *PLoS ONE, 16(2 February), e0247970. https://doi.org/10.1371/journal.pone.0247970
- Piccoli, B., Callea, A., Urbini, F., Chirumbolo, A., Ingusci, E., & De Witte, H. (2017). Job insecurity and performance: the mediating role of organizational identification.
 Personnel Review, 46(8), 1508–1522. https://doi.org/10.1108/PR-05-2016-0120
- Ryan, R. M., & Deci, E. L. (2000). Intrinsic and Extrinsic Motivations: Classic Definitions and New Directions. *Contemporary Educational Psychology*, 25(1), 54–67. https://doi.org/10.1006/ceps.1999.1020
- Ryan, R. M., & Deci, E. L. (2008). Self-determination theory and the role of basic psychological needs in personality and the organization of behavior. In & L. A. P. O. P. John, R. W. Robins (Ed.), *Handbook of personality: Theory and research (3rd ed.)*. (pp. 654–678). The Guilford Press.

 http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc5&NEWS=N&A N=2008-11667-026
- Ryan, R. M., Huta, V., & Deci, E. L. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies*, *9*(1), 139–170. https://doi.org/10.1007/s10902-006-9023-4

- Rynes, S. L., Bartunek, J. M., Dutton, J. E., & Margolis, J. D. (2012). Care and compassion through an organizational lens: Opening up new possibilities. *Academy of Management Review*, *37*(4), 503–523. https://doi.org/10.5465/amr.2012.0124
- Sandefur, J. (2022). Uganda's Record-Breaking Two-Year School Closure Led to... No

 Decline in the Number of Kids Who Can Read? | Center for Global Development | Ideas

 to Action. Center for Global Development Blog Post.

 https://www.cgdev.org/blog/ugandas-record-breaking-two-year-school-closure-led-to-no-decline-number-kids-who-can-read
- Shan Wong, S. Y., Zhang, D., Shan Sit, R. W., Kei Yip, B. H., Chung, R. Y., Man Wong, C. K., Chun Chan, D. C., Sun, W., Kwok, K. O., & Mercer, S. W. (2020). Impact of COVID-19 on loneliness, mental health, and health service utilisation: A prospective cohort study of older adults with multimorbidity in primary care. *British Journal of General Practice*, 70(700), E817–E824. https://doi.org/10.3399/BJGP20X713021
- Sheehan, R. B., Herring, M. P., & Campbell, M. J. (2018). Associations between motivation and mental health in sport: A test of the hierarchical model of intrinsic and extrinsic motivation. *Frontiers in Psychology*, *9*(MAY), 707. https://doi.org/10.3389/fpsyg.2018.00707
- Shin, Y., & Hur, W. M. (2020). Supervisor Incivility and Employee Job Performance: The Mediating Roles of Job Insecurity and Amotivation. *Journal of Psychology: Interdisciplinary and Applied*, *154*(1), 38–59.

 https://doi.org/10.1080/00223980.2019.1645634
- Shin, Y., & Hur, W. M. (2021). When do job-insecure employees keep performing well? The buffering roles of help and prosocial motivation in the relationship between job insecurity, work engagement, and job performance. *Journal of Business and Psychology*,

- 36(4), 659–678. https://doi.org/10.1007/s10869-020-09694-4
- Shin, Y., Hur, W. M., Moon, T. W., & Lee, S. (2019). A motivational perspective on job insecurity: Relationships between job insecurity, intrinsic motivation, and performance and behavioral outcomes. *International Journal of Environmental Research and Public Health*, *16*(10), 1812. https://doi.org/10.3390/ijerph16101812
- Sim, B. Y. H., Lee, M. C. C., Kwan, S. S. M., & Tuckey, M. R. (2021). The Relationship Between Toxic Leadership, Job Insecurity, Workplace Bullying and Turnover Intention in the Malaysian Context: A Multilevel Mediational Perspective. *Asian Perspectives on Workplace Bullying and Harassment*, 181–210. https://doi.org/10.1007/978-981-16-2362-2-7
- Simpson, A. V., & Berti, M. (2020). Transcending Organizational Compassion Paradoxes by Enacting Wise Compassion Courageously. *Journal of Management Inquiry*, 29(4), 433–449. https://doi.org/10.1177/1056492618821188
- Simpson, A. V., & Farr-Wharton, B. (2017). The NEAR Organizational Compassion Scale:

 Validity, Reliability and Correlations. *Australian and New Zealand Academy of Management*. https://opus.cloud.lib.uts.edu.au/bitstream/10453/125452/1/SimpsonFarr-Wharton_ANZAM_1.4.pdf
- Standage, M., & Ryan, R. M. (2020). Self-Determination Theory in Sport and Exercise. In Handbook of Sport Psychology (pp. 37–56). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781119568124.ch3
- Vander Elst, T., De Witte, H., & De Cuyper, N. (2014). The Job Insecurity Scale: A psychometric evaluation across five European countries. *European Journal of Work and Organizational Psychology*, 23(3), 364–380. https://doi.org/10.1080/1359432X.2012.745989

- Vander Elst, T., Richter, A., Sverke, M., Näswall, K., De Cuyper, N., & De Witte, H. (2014).

 Threat of losing valued job features: The role of perceived control in mediating the effect of qualitative job insecurity on job strain and psychological withdrawal. *Work & Stress*, 28(2), 1–22. https://doi.org/10.1080/02678373.2014.899651
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, *17*(5), 1729. https://doi.org/10.3390/ijerph17051729
- Wang, H. (2020). HIV care during the coronavirus disease-2019 pandemic in Shenzhen, China. *Current Opinion in HIV and AIDS*, *15*(6), 341–344. https://doi.org/10.1097/COH.000000000000053
- Wang, Y., Di, Y., Ye, J., & Wei, W. (2021). Study on the public psychological states and its related factors during the outbreak of coronavirus disease 2019 (COVID-19) in some regions of China. *Psychology, Health and Medicine*, 26(1), 13–22. https://doi.org/10.1080/13548506.2020.1746817
- Webster, J. M., Rosen, P. J., McDonald, H. S., Staton-Tindall, M., Garrity, T. F., & Leukefeld, C. G. (2007). Mental health as a mediator of gender differences in employment barriers among drug abusers. *American Journal of Drug and Alcohol Abuse*, 33(2), 259–265. https://doi.org/10.1080/00952990601174980
- WHO. (2021). WHO Coronavirus (COVID-19) Dashboard. WHO Coronavirus (COVID-19)

 Dashboard With Vaccination Data. Who. https://covid19.who.int/
- Wilson, J. M., Lee, J., Fitzgerald, H. N., Oosterhoff, B., Sevi, B., & Shook, N. J. (2020). Job insecurity and financial concern during the COVID-19 pandemic are associated with

- worse mental health. *Journal of Occupational and Environmental Medicine*, 62(9), 686–691. https://doi.org/10.1097/JOM.0000000000001962
- Witte, H. De. (1999). Job Insecurity and Psychological Well-being: Review of the Literature and Exploration of Some Unresolved Issues. *European Journal of Work and Organizational Psychology*, 8(2), 155–177. https://doi.org/10.1080/135943299398302
- Wren-Lewis, S., & Alexandrova, A. (2021). Mental Health Without Wellbeing. *The Journal of Medicine and Philosophy*. https://philarchive.org/archive/WREMHWv1
- Wu, X., Abidin, N. E. Z., & Jaladin, R. A. M. (2021). Motivational Processes Influencing Mental Health Among Winter Sports Athletes in China. *Frontiers in Psychology*, 12, 726072. https://doi.org/10.3389/FPSYG.2021.726072

Appendix 1: Questionnaire

Makerere University School of Psychology

A study on the Effects of COVID-19 on Teachers' Motivation

Questionnaire

Dear sir, Dear madam,

I am student of Master of Organizational Psychology, Makerere University School of Psychology. We invite you to participate in this study that focuses on the impact of COVID-19 on teachers' mental health and motivation. Work through the items below quickly. It would be best if you often went with your first instinctive response that comes to your mind when you read the item.

Pe	rsonal Information	mnh				
1.	Your age (in year	rs):				
2.	Your gender:	Male	Fema	le 🗌		
3.	Years spent in the	e teaching profe	ession:			
4.	Years spent in thi	s school:				
5.	Highest level of e	ducation/ qual	ification:			
	Teaching Certific	ate	Diplo	ma		Bachelor's
	Degree					
	PGDE		Master's Deg	ree		Ph.D.
6.	Type of school:	Public 🗌	Private			Not applicable
7.	Level of school	Primary [Secondary			Not applicable
8.	Name of the scho	ol				
Jol	o Insecurity					
	a scale of 1-6 where	0.	Ü	0.	U	
	oking at your situation tements?	on during COVI	D-19, to what ex	tent do yo	u agree with	the following

Quanti	tative	1	2	3	4	5	6
JI1	I was sure I would keep my job						
JI2	There were chances that I could lose my job						
JI3	I felt insecure about the future of my job						
JI4	I thought I could lose my job in the near future						

Qualita	tive	1	2	3	4	5	6
JI5	I was afraid that my work would change for the worse						
JI6	I had concerns about my career in the organization						
JI7	I worried about getting less stimulating and varied tasks in the future						
JI8	I worried that I would not be able to influence how I can plan my work						
JI9	I felt anxiety about not being able to perform my duties in the way that I						
	had earlier						
JI10	There was a risk that I would not have access to the same resources						
	(work colleagues, materials, and information).						
JI11	I worried that my work would not be as meaningful in the future						
JI12	I worried that the quality of my work would deteriorate						
JI13	I worried that my skills and knowledge would not benefit my work						
	anymore						
JI14	I was anxious not being able to handle the demands that will be placed on						
	me						
JI15	I worried that the values of the organization would change for the worse						

Organizational Compassion

On a scale of 1-6 where $l = 'strongly \ Disagree' \ and 6 = 'Strongly \ Agree'; to what extent do you agree with the following statements about what happened in your organization during COVID-19?$

Noticin	g	1	2	3	4	5	6
When a	staff member was suffering in this school/organization, others tended to		ı				
OC1	notice the signs						
OC2	recognize the distress						
OC3	pay attention						
OC4	identify the indicators						1
OC5	sense the suffering						
OC6	become aware						
Empath	izing	1	2	3	4	5	6
When a	staff member was suffering in this school/organization, others tended to						
OC7	connect with the pain						
OC8	feel their co-worker's suffering						
OC9	feel the distress as their own						
OC10	become emotionally invested						
OC11	feel distressed and challenged by the situation						
Assessi	ng	1	2	3	4	5	6
When a	staff member was suffering in this school/organization, others tended to						
OC12	seek to understand if the co-worker is able to help themselves						
OC13	assess the prior circumstances leading to the co-worker's suffering						
OC14	assess if the co-worker had prior warning						
OC15	assess the co-worker's level of responsibility for their distress						
Respon	ding	-					
When a	staff member was suffering in this school/organization, others tended to						
OC16	take practical steps						
OC17	respond						

OC18	take action			
OC19	address the distress			
OC20	get involved			
OC21	champion the cause			

Motivation

Why do you or would you put efforts into your current job? On a scale of 1-6 where l= 'not at all' and 6= 'completely', indicate to what extend the following reasons apply to you.

Amotiv	ation	1	2	3	4	5	6
M1			+-	+	+ -	-	
	I don't, because I really feel that I'm wasting my time at work						+
M2	I do little because I don't think this work is worth putting efforts into						
M3	I don't know why I'm doing this job, it's pointless work.						
	sic Regulation - Social	1	2	3	4	5	6
M4	To get others' approval (e.g., supervisor, colleagues, family, clients)						
M5	Because others will respect me more (e.g., supervisor, colleagues, family,						
	clients)						
M6	To avoid being criticized by others (e.g., supervisor, colleagues, family,						
	clients)						
Extrins	ric Regulation - Material	1	2	3	4	5	6
M7	Because others will reward me financially only if I put enough effort in						
	my job (e.g., employer, supervisor)						
M8	Because others offer me greater job security if I put enough effort in my						
	job (e.g., employer, supervisor)						
M9	Because I risk losing my job if I don't put enough effort in it						
Introje	cted Regulation	1	2	3	4	5	6
M10	Because I have to prove to myself that I can						
M11	Because it makes me feel proud of myself						
M12	Because otherwise I will feel ashamed of myself						
M13	Because otherwise I will feel bad about myself						
Identif	ied Regulation	1	2	3	4	5	6
M14	Because I personally consider it important to put efforts in this job						
M15	Because putting efforts in this job aligns with my personal values						
M16	Because putting efforts in this job has personal significance to me						
Intrins	ic Motivation	1	2	3	4	5	6
M17	Because I have fun doing my job						
M18	Because what I do in my work is exciting						
M19	Because the work I do is interesting						
	•	•			•		

General Mental health

On a scale of 1-6 where I= 'Never' and 6= 'Very Often; since the outbreak of COVID-19 pandemic, how often have you...

		1	2	3	4	5	6
MH1	been getting any pains in your head?						
MH2	been feeling perfectly well and in good health?						
MH3	been feeling in need of a good energizer?						

MH5 felt that you are ill? MH6 been getting a feeling of tightness or pressure in your head? MH7 been having hot or cold spells? MH8 lost much over worry? MH9 had difficulty in staying asleep once you are off? MH10 felt constantly under strain? MH11 been getting edgy and bad-tempered? MH12 been getting scared or panicky for no good reason? MH13 found everything getting on top of you? MH14 been feeling nervous and strung-up all the time? MH15 been managing to keep yourself busy and occupied? MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life is entirely hopeless? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all? MH28 found that the idea of taking your own life kept coming to your mind?	MH4	been feeling run down and out of sorts?			
MH6 been getting a feeling of tightness or pressure in your head? MH7 been having hot or cold spells? MH8 lost much over worry? MH9 had difficulty in staying asleep once you are off? MH10 felt constantly under strain? MH11 been getting edgy and bad-tempered? MH12 been getting scared or panicky for no good reason? MH13 found everything getting on top of you? MH14 been feeling nervous and strung-up all the time? MH15 been managing to keep yourself busy and occupied? MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt capable of making decisions about things? MH20 felt capable of making decisions about things MH21 been thinking of yourself as a worthless person? MH22 felt that life is entirely hopeless? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?		-			\vdash
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MH8 lost much over worry?					
MH9 had difficulty in staying asleep once you are off? MH10 felt constantly under strain? MH11 been getting edgy and bad-tempered? MH12 been getting scared or panicky for no good reason? MH13 found everything getting on top of you? MH14 been feeling nervous and strung-up all the time? MH15 been managing to keep yourself busy and occupied? MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?					
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MH11 been getting edgy and bad-tempered? MH12 been getting scared or panicky for no good reason? MH13 found everything getting on top of you? MH14 been feeling nervous and strung-up all the time? MH15 been managing to keep yourself busy and occupied? MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?					
MH12 been getting scared or panicky for no good reason? MH3 found everything getting on top of you? MH44 been feeling nervous and strung-up all the time? MH55 been managing to keep yourself busy and occupied? MH66 been taking longer on things that you do? MH77 felt on the whole you were doing things well? MH88 been satisfied with the way you have carried out your task? MH99 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?		•			
MH13 found everything getting on top of you? MH14 been feeling nervous and strung-up all the time? MH15 been managing to keep yourself busy and occupied? MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?					
MH14 been feeling nervous and strung-up all the time? MH15 been managing to keep yourself busy and occupied? MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH12				
MH15 been managing to keep yourself busy and occupied? MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH13	found everything getting on top of you?			
MH16 been taking longer on things that you do? MH17 felt on the whole you were doing things well? MH18 been satisfied with the way you have carried out your task? MH19 felt that you are playing a useful part in things? MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH14	been feeling nervous and strung-up all the time?			
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MH20 felt capable of making decisions about things MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH18	been satisfied with the way you have carried out your task?			
MH21 been able to enjoy your normal day-to-day activities MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH19	felt that you are playing a useful part in things?			
MH22 been thinking of yourself as a worthless person? MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH20	felt capable of making decisions about things			
MH23 felt that life is entirely hopeless? MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH21	been able to enjoy your normal day-to-day activities			
MH24 felt that life isn't worth living? MH25 thought of the possibility that you might make away with yourself? MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH22	been thinking of yourself as a worthless person?			
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MH26 found at times you couldn't do anything because your nerves were too bad? MH27 found yourself wishing you were dead and away from it all?	MH24	felt that life isn't worth living?			
bad? MH27 found yourself wishing you were dead and away from it all?	MH25	thought of the possibility that you might make away with yourself?			
MH27 found yourself wishing you were dead and away from it all?	MH26	found at times you couldn't do anything because your nerves were too			
		bad?			
MH28 found that the idea of taking your own life kept coming to your mind?	MH27	found yourself wishing you were dead and away from it all?			
	MH28	found that the idea of taking your own life kept coming to your mind?			

The End Thank you for participating

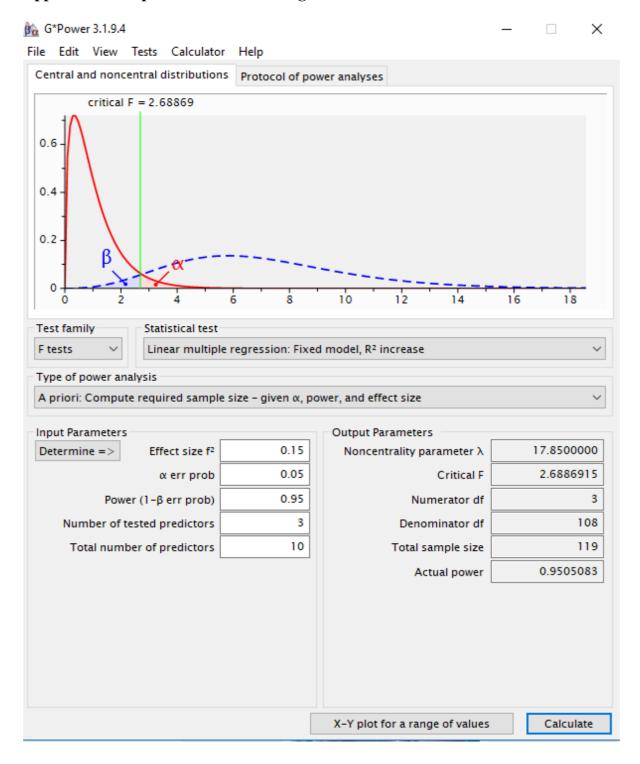
Appendix 2: Regression results with qualitative job insecurity

Predictors			Menta	al health	ı				Amot	ivation				Е	xtrinsic	motivati	on		Intrinsic motivation								
	В	se	t	p	(CI	В	se	t	p	(CI	В	se	t	p	(CI	В	se	t	p	(CI			
					LLCI	ULCI					LLCI	ULCI					LLCI	ULCI					LLCI	ULCI			
Constant	3.01	.29	10.23	.000	2.43	3.58	.47	.52	.90	.368	55	1.49	5.05	.39	12.85	.000	4.27	5.82	6.94	.43	16.07	.000	6.09	7.79			
Sex	05	.08	70	.486	20	.10	26	.12	-2.18	.030	50	03	.01	.09	.06	.954	17	.18	03	.10	33	.741	23	.16			
Age	01	.01	87	.386	02	.01	.003	.01	.35	.729	-01	.02	02	.01	-2.21	.027	03	002	02	.01	-2.41	.017	03	003			
Tenure	.01	.01	.54	.593	01	.02	03	.02	-1.95	.052	06	<.001	.01	.01	.76	.446	01	.03	.01	.01	.453	.651	02	.03			
School ownership	.02	.07	.22	.823	12	.15	.13	.11	1.20	.230	08	.34	08	.08	95	.344	24	.08	13	.09	-1.48	.141	31	.04			
Level of school	.13	.09	1.49	.137	04	.30	.31	.14	2.23	.026	.04	.59	35	.11	-3.33	.001	56	.14	34	.12	-2.98	.003	57	12			
Qualitative job insecurity (Qual)	.21	.03	7.11	.000	.15	.27	.14	.05	2.80	.005	.04	.24	.19	.04	5.08	.000	.12	.27	.01	.04	.28	.782	07	.09			
Organizational compassion (OC)	03	.03	97	.335	10	.03	.01	.06	.17	.863	02	.13	.37	.04	8.86	.000	.29	.45	.39	.05	8.53	.000	.30	.48			
Mental health							.50	.07	6.74	.000	.35	.65	.04	.06	.62	.536	08	.14	24	.06	-3.95	.000	36	12			
Qual x OC	03	.02	-1.14	.254	07	.02	.06	.04	1.56	.863	-10	.12	07	.03	-2.64	.009	13	02	.06	.03	-1.83	.069	11	.004			
Model summary	R	$^{2} = .1$	1, F(8, 46	57) = 7.1	12, p = .0	000	\mathbb{R}^2	$^{2}=.17,$	F(9, 466	5) = 10.	30, p = .0	000	\mathbb{R}^2	= .27,	F(9, 466) = 19.2	3, p = .0	00	R	$^{2}=.21,$	F(9, 466	5) = 13.5	53, p = .0)00			
R increase	\mathbb{R}^2	2 = .00	3, F(1, 4	67) = 1.	31, p = .	254	\mathbb{R}^2	$^{2} = .004$	F(1, 46	56) = 2.	43, p = .	119	R	2 = .01,	F(1, 466	6) = 6.94	p = .00	9	R	$x^2 = .01$, F(1, 46	6) = 3.3	3, p = .0	69			
Conditional effects	at level.	s of co	mpassion	n																							
Mean -1	.24	.04	5.88	.000	.16	.32	.08	.07	1.15	.251	06	.21	.27	.05	5.32	.000	.17	.37	.07	.06	1.28	.201	04	.18			
Mean	.21	.03	7.11	.000	.15	.27	.14	.05	2.80	.005	.04	.24	.19	.04	5.08	.000	.12	.27	.01	.04	.28	.782	07	.09			
Mean +1	.18	.04	4.99	.000	.11	.25	.20	.06	3.36	.001	.08	.32	.11	.05	.01	.014	.02	.20	05	.05	98	.329	15	.05			
Index of moderated	l mediat	ion					01	.01			04	.01	.001	.002			01	.004	.01	.01			01	.02			

Appendix 3: Regression results with quantitative job insecurity

Predictors			Menta	al health	1				Amot	ivation			Extrinsic motivation]	ntrinsic	motivat	ion		
	В	se	t	p	(CI	В	se	t	p	(CI	В	se	t	p	(CI	В	se	t	p	(CI
					LLCI	ULCI					LLCI	ULCI					LLCI	ULCI					LLCI	ULCI
Constant	3.12	.30	10.28	.000	2.52	3.71	.45	.52	.86	.391	58	1.48	4.93	.39	12.50	.000	4.15	5.70	6.90	.43	15.96	.000	6.05	7.75
Sex	-04	.08	47	.636	19	.12	25	.12	-2.06	.040	48	01	.01	.09	.12	.903	17	.19	04	.10	39	.700	23	.16
Age	01	.01	-1.48	.141	02	.003	.001	.01	.10	.924	02	.02	02	.01	-2.36	.019	03	003	02	.01	-2.29	.023	03	002
Tenure	.01	.01	.73	.468	01	.03	03	.02	-1.96	.051	06	<.001	.01	.08	96	.302	01	.34	.01	.01	.53	.594	02	.03
School ownership	.03	.07	.42	.678	11	.17	.14	.11	1.26	.210	08	.35	08	.08	96	.339	24	.08	13	.09	-1.50	.135	31	.04
Level of school	.10	.09	1.09	.276	08	.28	.30	.14	2.14	.033	.03	.58	36	.11	-3.42	.001	57	15	-34	.12	-2.92	.004	57	11
Quantitative job insecurity(Quant)	.10	.02	4.14	.000	.05	.14	.08	.04	2.11	.035	.01	.15	.13	.03	4.62	.000	.07	.18	.02	.03	.74	.463	04	.08
Organizational compassion (OC) Mental health	02	.04	64	.524	09	.05	.02 .53	.06 .07	.31 7.32	.757 .000	09 .39	.13 .67	.37	.04	9.04 1.53	.000	.30 03	.46 .19	.38	.05	8.48 -4.04	.000	.30 36	.47 12
Quant x OC	.01	.02	.31	.760	03	.04	.05	.03	1.51	.132	01	.10	06	.02	-2.55	.011	10	01	04	.02	-1.43	.152	-08	.01
Model summary	R	$a^2 = .05$, F(8, 46	7) = 2.9	99, p = .0	003	R^2	$^{2}=.16,$	F(9, 466	6) = 9.8	4, p = .0	00	R	$^2 = .26,$	F(9, 46	5) = 18.	49, p = .0	000	R^2	= .21,	F(9, 466	5) = 13.3	39, p = .0	000
R increase	\mathbb{R}^2	=<.0	01, F(1,	467) = .	.09, p = .	760	\mathbb{R}^2	= .004	, F(1, 46	56) = 2.2	27, p = .1	.32	R	$R^2 = .01$, F(1, 46	6) = 6.4	49, p = .0	11	\mathbb{R}^2	= .004	1, F(1, 46	56) = 2.0	05, p = .1	151
Conditional effects	at level.	s of co	mpassion	ı																				
Mean -1	.09	.03	2.67	.008	.02	.16	.03	.05	.54	.588	08	.13	.19	.04	4.80	.000	.11	.27	.06	.04	1.40	.163	03	.15
Mean	.10	.02	4.14	.000	.05	.14	.08	04	2.11	.035	.01	.15	.13	.03	4.62	.000	.07	.18	.02	.03	.74	.463	04	.08
Mean +1	.10	.03	3.57	.000	.05	.16	.13	.05	2.80	.005	.04	.22	.07	.03	1.92	.055	002	.13	02	.04	43	.665	09	.06
Index of moderated	mediat	ion					<.001	.01			02	.03	.001	.002			004	.01	001	.01			01	.01

Appendix 4: Sample Determination using G-Power



Appendix 5: Sobel Test Results

a. Sobel test results for mediation effects on amotivation

	Input:		Test statistic:	Std. Error:	p-value:				
a	.21	Sobel test:	0.29996939	0.02100214	0.7642005				
Ь	.03	Aroian test:	0.15434456	0.04081777	0.87733806				
sa	.50	Goodman test:	NaN	NaN	NaN				
sb	.07	Reset all	Calculate						

b. Sobel test results for mediation effects on extrinsic motivation

	Input:		Test statistic:	Std. Error:	p-value:
а	.21	Sobel test:	0.49872935	0.0126321	0.61797007
Ь	.03	Aroian test:	0.49374193	0.0127597	0.62148845
sa	.03	Goodman test:	0.50387103	0.0125032	0.61435201
sb	.06	Reset all		Calculate	

c. Sobel test results for mediation effects on intrinsic motivation

	Input:		Test statistic:	Std. Error:	p-value:
a	.21	Sobel test:	0.42964644	0.01466322	0.66745285
Ь	.03	Aroian test:	0.3003373	0.02097642	0.76391988
sa	25	Goodman test:	NaN	NaN	NaN
sь	.06	Reset all	Calculate		