Covid-19 Stress Status, Mental Health Status and Employee Performance among lecturers of

Makerere University

Ssemwogerere Peter

19/U/4918/PS

A Research Submitted to the Department of Educational, Social and Organizational

Psychology in Partial Fulfillment of the Requirements for the Award of a Bachelor's Degree

of Arts in Social Sciences of Makerere University

September 2022

# Declaration

I Ssemwogerere Peter, hereby declare that the information provided in this report is my original work and has never been presented for any academic award whatsoever in this or any other university or institution of higher learning university.

Signature:………………………………… Date………7ᵗʰ | NOV | 2022………

Ssemwogerere Peter

# Approval

I certify that this research dissertation of Ssemwogerere Peter which will be carried out under the title " Covid-19 Stress Status, Mental Health Status and Employee Performance among lecturers of Makerere University" has been under my supervision and is now ready for submission to the school of psychology with my due approval.

Signature.............................

Date.................7/11/22

Mr. Magala Dan

Supervisor

## Dedication

I dedicate this research to my family mum and dad who has continuously supported me financially and psychologically till this one of the final stages of the completion of my bachelor's degree at Makerere University.

## **Acknowledgement**

I would like to thank the Almighty God who has been my provider, protector and has seen me throughout my life in school. I would also like to extend my gratitude and special thanks to my dad Mr.Ssenkooto Gerald, my mum Mrs. Ssenkooto Flavia for their financial and moral support towards my academics.

I also take this opportunity to deliver my sincere appreciation to my university supervisor Mr. Magala Dan for his commitment, academic guidance, dedication and supervision throughout my proposal writing period.

# Table of Contents

# List of Figures

## Abstract

The purpose of this study is to investigate the connection between covid-19 stress status, mental health status and the employee performance. The study is intending to achieve the following objectives; the relationship between covid-19 stress status and mental health among lecturers, the relationship between covid-19 stress status and job performance among lectures and the relationship between mental health status and employee performance among lecturers. A descriptive and correlational study design will be used in the study to ascertain the relationship between covid-19 stress status, mental health status and employee performance. The study will be using a sample of 186 respondents who will be adopted using random sampling technique. The data will then be collected using the questionnaire and analyzed in the SPSS

**Chapter One**

**Introduction**

**Background**

The outbreak of the novel coronavirus SARS-CoV-2 (coronavirus disease 2019; previously 2019-nCoV), epi-centred in Hubei Province of the People's Republic of China, has spread to many other countries. On 30. January 2020, the WHO Emergency Committee declared a global health emergency based on growing case notification rates at Chinese and international locations. The case detection rate is changing daily and can be tracked in almost real time on the website provided by Johns Hopkins University and other forums. As of midst of February 2020, China bears the large burden of morbidity and mortality, whereas the incidence in other Asian countries, in Europe and North America remains low so far. (Daniel, S. J. (2020) *49*(1), 91-96.)

The COVID-19 crisis heightened the risk factors generally associated with poor mental financial insecurity, unemployment, fear while protective factors, social connection, employment and educational engagement, access to physical exercise, daily routine and access to health services fell dramatically. Teachers are more susceptible to mental health disorders and have been reported to experience high levels of depression and anxiety during large scale disease outbreaks. Stressful events like the COVID-19 pandemic can add extra burdens to employee's already multifaceted lives. (Rothan and Brasreddy, 2020).

Dense communities are at particular risk and the most vulnerable region certainly is Africa, due to dense traffic between China and Africa. Very few African countries have sufficient and appropriate diagnostic capacities and obvious challenges exist to handle such outbreaks. Indeed, the virus might soon affect Africa. WHO has identified 13 top-priority countries (Algeria, Angola, Cote d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda, Zambia) which either

maintain direct links to China or a high volume of travel to China. Recent studies indicate that patients ≥60 years of age are at higher risk than children who might be less likely to become infected or, if so, may show milder symptoms or even asymptomatic infection. As of 13. February 2020, the case fatality rate of COVID-19 infections has been approximately 2.2% (1370/60363; 13. February 2020, 06:53 PM CET); it was 9.6% (774/8096) in the SARS-CoV epidemic and 34.4% (858/2494) in the MERS-CoV outbreak since 2012. (Velavan, T. P., & Meyer, C. G. (2020)).

The COVID-19 outbreak affects all segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, continues to affect populations, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples. Early evidence indicates that that the health and economic impacts of the virus are being borne disproportionately by poor people. For example, homeless people, because they may be unable to safely shelter in place, are highly exposed to the danger of the virus. People without access to running water, refugees, migrants, or displaced persons also stand to suffer disproportionately both from the pandemic and its aftermath − whether due to limited movement, fewer employment opportunities, increased xenophobia etc. If not properly addressed through policy the social crisis created by the COVID-19 pandemic may also increase inequality, exclusion, discrimination and global unemployment in the medium and long term. Comprehensive, universal social protection systems, when in place, play a much durable role in protecting workers and in reducing the prevalence of poverty, since they act as automatic stabilizers. That is, they provide basic income security at all times, thereby enhancing people's capacity to manage and overcome shocks. Since its onset, the COVID-19 pandemic has spread to almost all countries of the world. Social and physical distancing measures, lockdowns of businesses, schools and overall social life, which have become commonplace to curtail the spread of the disease, have also disrupted

many regular aspects of life, including sport and physical activity. This policy brief highlights the challenges COVID-19 has posed to both the sporting world and to physical activity and well-being, including for marginalized or vulnerable groups. It further provides recommendations for Governments and other stakeholders, as well as for the UN system, to support the safe reopening of sporting events, as well as to support physical activity during the pandemic and beyond. (Singh, J., & Singh, J. 2020).

Mental health wellbeing is about lives going on well. It is the combination of feelings of being good and functioning effectively .Mental health wellbeing is, however, compromised when negative emotions are extreme or very long lasting and interfere with a person's ability to function in his or her daily life.(Chen et al.,2020). Mental health is an active state of mind which enables a person to use their abilities in coordination with the common human tenets of society (Galderisi, Heinz, Kastrup, Beezhold et al., 2015). Mental health is a pivot of human life however despite its importance, it is often less prioritized amongst health conditions. In a low and medium income countries like Uganda where disease, ignorance and poverty are common and demand for a steady-fast metal health care can seem luxury (WHO,2019). In Uganda, mental disorders are a major public health burden (Mugisha et al.,2019). Uganda is ranked among the top six countries in Africa in rates of depressive disorders (4.6%; miller et al.,2020) while 2.9% live with anxiety disorders and about 5.1% of females and 3.6% of males are affected (WHO, 2017).

Molodynski et al., (2017) found out that Uganda spends 9.8% of its gross domestic product on health care but just 1% of this goes to mental healthcare. The majority of national mental funding goes to the national mental health referral hospital, Butabika Hospital. The World Health Organization (WHO, 2020) declared the outbreak of COVID-19 outbreak a pandemic in the early months of 2020 and  classed it a major disaster. According to Kuntz(2021),COVID-19 as an acute stressor that can induce trauma destabilize individuals.

Uganda had reported 39,314 positive cases , 318 deaths and 53 new cases by January 26, 2021(Uganda Ministry of Health, 2021) with the highest cases in Kampala city and the town on the neighboring countries. But given the social-economic impact of the corona virus, the psychological wellbeing of individuals, families and society has been affected (Ainamami, Gumisiriza and Rukundo, 2021).

There is a reported increase in sexual and gender-based violence (SGBV) including physical, sexual, emotional and economic violence and its health and psychosocial effects (Nakalembe, 2020). For example, the UN-Women has noted that the "COVID-19 pandemic is a global crisis that risks exacerbating gender inequalities as well as violence against women. As in past pandemics, there are clear signs women continue to bear the brunt of emergent risks to public health, safety, and human rights" (United Nations, 2020a, 2020b, 2020c, 2020d). This is because the lockdown has challenged the traditional gender roles in terms of men being the main breadwinners for families. For instance, the closure of markets interrupted the work of male refugees who previously operated as vendors/small scale retailers. Consequently, such a sudden loss of work has resulted in a lack of income to support their children and women under their care (Peterman et al., 2020). This causes anger and frustration within families which aggravate emotional and physical violence. Lockdowns amidst economic hardships for families are associated with an increase of violence and abuse especially for dependents such as children (United Nations, 2020a, 2020b, 2020c, 2020d). Although female refugees would supplement the family income, these regularly work in the traditionally female-dominated informal economy such as braiding hair, washing clothes and tailoring (Macchiavello, 2004; Omata & Kaplan, 2013a, 2013b). These have however, also been closed during the lockdown but without providing any social protection to mitigate the effects of loss of livelihoods. Social distancing directives also indicate that such workers (i.e. female refugees) are no longer welcome in the places (including households) where they previously worked as

casual domestic workers. (Bukuluki, P., Mwenyango, H., Katongole, S. P., Sidhva, D., & Palattiyil, G. (2020).)

**Problem Statement**

Sustained stress exposure causes people to turn up to damaging behavior like crime, reckless sexual acts, violence, domestic abuse and substance abuse. Without doubt, COVID-19 has imposed a significant mental health burden upon the lecturers of Uganda. COVID-19 pandemic in Uganda has greatly impacted on all the sectors both social and economical and as seen many people lose their sources of livelihood losing their loved ones and organizations like schools who were one of the employers of the biggest population in the country have also felt the economic impact like schools that have been out of business close to two years and many organizations have opted to working at home due social distancing whereas many have been total been laid off or working for half pay or no pay at all, thus the pandemic has triggered an increase in persistent stress, anxiety and depression symptoms especially amongst the employees which impacts on their performance at work and thus, this is what is meant to examine.

**Purpose of the Study**

To examine COVID-19 stress status, mental health status, employee performance among lecturers at Makerere university.

**Specific Objectives of the Study**

1. To examine the relationship between COVID-19 stress status, employee performance among lecturers.

2. To establish the relationship between COVD-19 stress status and employee performance among lecturers.

3. To ascertain the relationship between mental health status and employee performance among lecturers.

**Scope of the Study**

The study will be varied out around Kampala district restricted to mainly lecturers at Makerere University, as this will provide the researcher with clear information of the study due to the fact that the education sector has been of the greatly impacted sectors of COVID-19 and thus, this will provide a clear sampling ground in line to the study

**Significance of the Study**

The study was to enrich knowledge and information on the covid-19 stress status among lecturers and thus how to be controlled by the different stake holders like the schools and government.

Furthermore to enable the University board to improvise better strategies for lecturers to aid them perform their worker better.

And lastly to the future researchers who would wish to carry out the same topic by availing the necessary literature review.

**Conceptual Frame Work**

| Covid-19 stress status | Mental health status | Employee Performance |
|---|---|---|
| • Lockdown<br>• Domestic violence<br>• closure of schools<br>• quarantine<br>• low income | • Stress<br>• Despair<br>• Depression<br>• Anxiety | • Sick leaves<br>• Reduced productivity<br>• Increased absenteeism. |
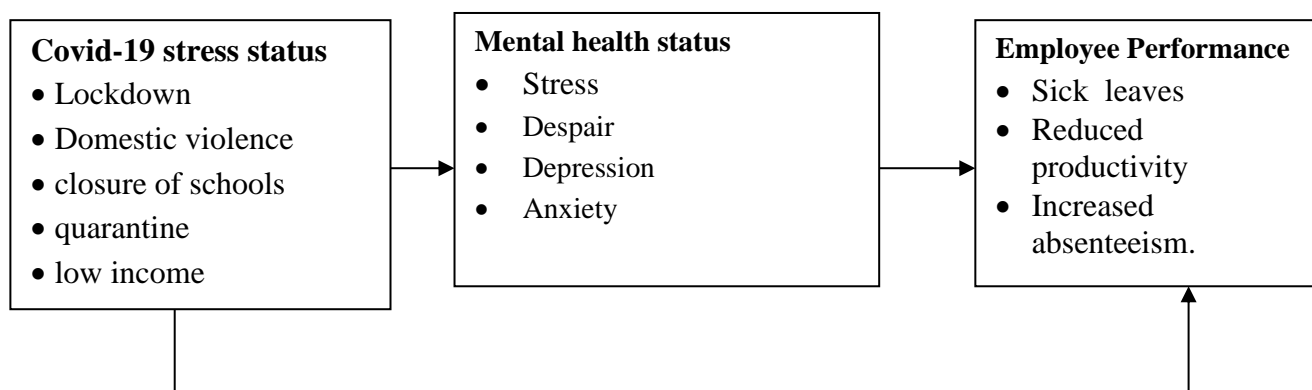
Figure 1**:** *Conceptual Framework showing the relationship between Covid 19 stress status, Mental Health status and Employee Performance*

The impact of COVID-19 pandemic that led to lock down causing unemployment, closure of schools, quarantine, and failure of businesses in informal sectors, low income and domestic violence since a lot of people were confine in ones areas. Teachers have been out of school for quite a long time mainly due to the lockdown of schools and some have not been paid while others have been laid off work. This impacted o their absenteeism, reduced productivity and increased many sick leaves among the teachers.

## Chapter Two

## Literature Review

**Introduction**

This chapter encompasses of the review of the available literature that has been explored carefully by different researchers on covid-19 stress status and mental health status, the covid-19 stress status and employee performance and the mental health status and employee performance.

**Covid-19 Stress Status and Mental Health Status**

The mental health status of the general population and its predictive factors amid the COVID-19 pandemic. Generally, there is a higher prevalence of symptoms of adverse psychiatric outcomes among the public when compared to the prevalence before the pandemic (Huang et al., 2019; Lim et al., 2018). Variations in prevalence rates across studies were noticed, which could have resulted from various measurement scales, differential reporting patterns, and possibly international/cultural differences. For example, some studies reported any participants with scores above the cut-off point (mild-to-severe symptoms), while others only included participants with moderate-to-severe symptoms (Moghanibashi-Mansourieh, 2020; Wang et al., 2020a). Regional differences existed with respect to the general public's psychological health during a massive disease outbreak due to varying degrees of outbreak severity, national economy, and government preparedness, availability of medical supplies / facilities, and proper dissemination of COVID-related information. Additionally, the stage of the outbreak in each region also affected the psychological responses of the public. Symptoms of adverse psychological outcomes were more commonly seen at the beginning of the outbreak when individuals were challenged by mandatory quarantine, unexpected unemployment, and uncertainty associated with the outbreak (Ho et al., 2020). When evaluating the psychological impacts incurred by the coronavirus outbreak, the duration of

psychiatric symptoms should also be taken into consideration since acute psychological responses to stressful or traumatic events are sometimes protective and of evolutionary importance (Yaribeygi et al., 2017; Brosschot et al., 2016; Gilbert, 2006). Being anxious and stressed about the outbreak mobilizes people and forces them to implement preventative measures to protect themselves. Follow-up studies after the pandemic may be needed to assess the long-term psychological impacts of the COVID-19 pandemic. (Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., ... & McIntyre, R. S. 2020)

Anxiety symptoms were assessed in 11 out of the 19 studies, with a noticeable variation in the prevalence of anxiety symptoms ranging from 6.33% to 50.9% (Ahmed et al., 2020; Gao et al., 2020; González-Sanguino et al., 2020; Huang and Zhao, 2020; Lei et al., 2020; Mazza et al.,2020; Moghanibashi-Mansourieh, 2020; Ozamiz-Etxebarria et al., 2020; Özdin and Özdin, 2020; Wang et al., 2020a; Wang et al., 2020b).

Anxiety is often comorbid with depression (Choi et al., 2020). Some predictive factors for depressive symptoms also apply to symptoms of anxiety, including a younger age group (≤40 years), lower education levels, poor self-rated health, high loneliness, female gender, divorced/widowed status, quarantine status, worry about being infected, property damage, history of mental health issue/medical problems, presence of chronic illness, living in urban areas, and the presence of specific physical symptoms (Ahmed et al., 2020; Gao et al., 2020; González-Sanguino et al., 2020; Huang and Zhao, 2020; Lei et al., 2020; Mazza et al., 2020; Moghanibashi-Mansourieh, 2020; Ozamiz-Etxebarria et al., 2020; Ozamiz-Etxebarria et al., 2020; Wang et al., 2020a; Wang et al., 2020b).

Additionally, social media exposure or frequent exposure to news/information concerning COVID-19 was positively associated with symptoms of anxiety (Gao et al., 2020; Moghanibashi-Mansourieh, 2020). With respect to marital status, one study reported that

married participants had higher levels of anxiety when compared to unmarried participants (Gao et al., 2020). On the other hand, Lei et al. (2020) found that divorced/widowed participants developed more anxiety symptoms than single or married individuals. A prolonged period of quarantine was also correlated with higher risks of anxiety symptoms. Intuitively, contact history with COVID-positive patients or objects may lead to more anxiety symptoms, which is noted in one study (Moghanibashi-Mansourieh, 2020).

According to Zhang and Ma (2020) and N. Liu et al. (2020) similar prevalence rates were reported at 7.6% and 7%, respectively. Despite using the same measurement scale as Zhang and Ma (2020) and Wang et al. (2020a) noted a remarkably different result, with 53.8% of the participants reporting moderate-to-severe psychological impact. González et al. (González-Sanguino et al., 2020) noted 15.8% of participants with PTSD symptoms. Three out of the four studies that measured the traumatic effects of COVID-19 reported that the female gender was more susceptible to develop symptoms of PTSD. In contrast, the research conducted by Zhang and Ma (2020) found no significant difference in IES scores between females and males. Other risk factors included loneliness, individuals currently residing in Wuhan or those who have been to Wuhan in the past several weeks (the hardest-hit city in China), individuals with higher susceptibility to the virus, poor sleep quality, student status, poor self-rated health, and the presence of specific physical symptoms. Besides sex, Zhang and Ma (2020) found that age, BMI, and education levels are also not correlated with IES-scores.

Non-specific psychological distress was also assessed in three studies. One study reported a prevalence rate of symptoms of psychological distress at 38% (Moccia et al., 2020), while another study from Qiu et al. (2020) reported a prevalence of 34.43%. The study from Wang et al. (2020) did not explicitly state the prevalence rates, but the associated risk factors for higher psychological distress symptoms were reported (i.e., younger age groups and female gender are more likely to develop psychological distress) (Qiu et al., 2020; Wang et al.,

2020). Other predictive factors included being migrant workers, profound regional severity of the outbreak, unmarried status, the history of visiting Wuhan in the past month, higher self-perceived impacts of the epidemic (Qiu et al., 2020; Wang et al., 2020). Interestingly, researchers have identified personality traits to be predictive of psychological distresses. For example, persons with negative coping styles, cyclothymic, depressive, and anxious temperaments exhibit greater susceptibility to psychological outcomes (Wang et al., 2020; Moccia et al., 2020).

The intensity of overall stress was evaluated and reported in four studies. The prevalence of overall stress was variably reported between 8.1% to over 81.9% (Wang et al., 2020a; Samadarshi et al., 2020; Mazza et al., 2020). Females and the younger age group are often associated with higher stress levels as compared to males and the elderly. Other predictive factors of higher stress levels include student status, a higher number of lockdown days, unemployment, having to go out to work, having an acquaintance infected with the virus, presence of chronic illnesses, poor self-rated health, and presence of specific physical symptoms ( Wang et al., 2020a; Samadarshi et al., 2020; Mazza et al., 2020).

**Covid-19 Stress Status and Employee Performance.**

In the wake of COVID-19, organizations all over the world have closed their premises and shifted to work from home policy to curb the further spread of the virus. This has led to increased stress and anxiety among employees, which explicably affects their satisfaction with life. Thus, the present study analyses the effect of COVID-19 induced stressors (role overload, lifestyle choices, family distraction, and occupational discomfort) on employees' distress levels and job performance. Subsequently, the impact of such distress and job performance on the employees' life satisfaction is analyzed during the lockdown period ( Kumar, P., Kumar, N., Aggarwal, P., & Yeap, J. A. 2021).

The novel coronavirus has further aggravated these ill effects. The majority of the organizations, be it educational institutions, schools, corporate houses, some businesses, and government offices, overnight adopted the work from home (WFH) concept (Shareena and Shahid 2020). The novel coronavirus, which initially originated from Wuhan, China, in December 2019, has, to date, spread across all the countries in the world. The World Health Organization (WHO) declared the coronavirus epidemic a 'pandemic' (World Health Organisation (WHO) 2020). Thus, in an unparalleled attempt to control the spread of the COVID-19 outbreak, the Government of India enforced lockdown in the entire nation on March 25th, 2020. It resulted in the suspension of all economic activities apart from the supply of essential goods. The people engaged in the field of medicine, journalism and essential commodities were exempted from the lockdown and rest of the working class has been directed to shift to remote working. Before the pandemic, WFH was a matter of privilege offered by the corporates and big business houses, as it provides flexibility and discretion; however, it has now become the new normal. This overnight shift to WFH has been new to most of the professionals. Thus, a lot of stressors have come into existence, possibly affecting their job performance, causing distress, and diminishing life satisfaction. The COVID-19 has tumbled up everyone's daily routine and everything; business, schools, and the economy (Gautam and Sharma 2020).

Based on this theoretical perspective, the present research conceptualizes COVID-19 mandatory WFH induced stress factors. A working professional finds it difficult to manage work and home responsibilities in the WFH scenario. The struggle between work and home domains is because of his inability to manage the resources ( Brummelhuis and Bakker 2012) as the resources are finite (Becker 1965; Goode 1960), and it becomes difficult to manage and fulfill the obligations effectively at both work and home with limited resources (Greenhaus and Beutell 1985; Halbesleben et al. 2009). Based upon COR theory, this reduction in employees'

resources, both in terms of physical and emotional, has an impact on the performance of the employees (Xia et al. 2019). Thus, a professional has been unable to manage both the work and home roles simultaneously. This might be leading to an increasing level of anxiety and job dissatisfaction (Hobfoll 2002). Applying the COR theory & role theory in the WFH scenario, the authors attempt to understand how an employee has been managing and performing the responsibilities of work and home with the limited resources. Based on this, the study shall further assess how this possible conflict (in managing the roles properly) influences the performance on the job, which has been leading to the distress level.

Organizations continuously try to survive and sustain themselves (Bishwas and Sushil, 2016) requiring well-performing employees. However, it becomes difficult for organizations to maintain consistency in their operations in uncertain external situations that can affect the wellbeing of their employees. These uncertain conditions such as the covid-19 pandemic can develop stress which hampers the performance of employees. The hazards prevailing in the work environment due to pandemics not only distract the attention of employees from work but also threaten their survival at the workplace by causing health problems (Carroll et al.,2009).

**Mental Health Status and Employee Performance**

According to the World Health Organization(WHO) mental health is defined as " a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stress of life, can work productively and fruitfully and e is able to make a contribution to his community''. Mental health is an important contributing factor to an individual's overall health status. Mental health is not merely the absence of mental illness but rather the state of wellbeing.

Employee mental health has long been a topic of concern for researchers and practitioners alike. One reason for this interest is that employee mental health is increasingly

prominent within workplaces, which leads to significant costs including absenteeism, burnout, employee compensation claims, work–family conflict and low productivity. In particular, with the outbreak of COVID-19, the uncertainties and fears associated with the virus outbreak, along with survival crisis of enterprises, lead to increases in employees' mental disorders. For example, Xiong et al found that people in China, Spain, Italy and five other countries had higher levels of symptoms of anxiety, depression, traumatic stress disorder and other mental health problems during the COVID-19 pandemic. Bufquin et al. 2018 showed that since the outbreak, employees in the restaurant industry experienced higher levels of psychological distress and drug and alcohol use than furloughed employees. In this regard, it is timely to examine the influence of the mental health of employees on outcomes (Lu, X., Yu, H., & Shan, B. 2022).

Recent studies have shown the relationship between employee mental health and different organizational outcomes, including employee emotional expression, job satisfaction, daily work behavior, job performance and firm performance. Among these, the relationship between employee mental health and job performance has been an important research topic and has received more and more attention. Scholars suggested that employees with good mental health will show a positive working state and devote themselves to work tasks with more enthusiasm, whereas poor mental health may lead to inactivity at work and degradations in interpersonal relationships, which, in turn, negatively impacts employees' work performance. Although the relationship between mental health and job performance has been well-documented, there still remain some insufficiencies in the previous research. As a result, our extant knowledge on how employee mental health shapes job performance has remained fragmented and limited. First, the path of how employee mental health affects job performance is still unclear. The psychological characteristic–behavior–outcome framework indicates that although a strong individual attribute is important for an outcome, it does not automatically yield that outcome; instead, it influences outcome via appropriate behaviors. Second, such

studies have been primarily conducted in Western economic contexts, whereas examinations in Eastern cultures such as China are lacking, which impedes upon the field's global relevance. Studies have shown that culture, such as individualism and collectivism, will affect individuals' mental health. Therefore, the impact of mental health on performance may be different under different cultural backgrounds ( Jiang, S. . 2020, ).

With the goal of addressing this gap of the unclear path of employee mental health–job performance in the literature, we consider the mediating role of employee innovation behavior and work engagement on this relationship. It additionally aims to identify the antecedents of job performance. Because research on the employee mental health–job performance relationship in emerging economies is lacking, we also aim to analyze the role of employee mental health in job performance in China. To achieve the goals adopted in the study, we examine the employee mental health–job performance relationship, innovation behavior, the work engagement–job performance relationship, and the mediating role of innovation behavior and work engagement in the mental health–job performance relationship using data from Chinese firms. Our results show that employee mental health is positively associated with job performance, and that these effects are mediated by employee innovative behavior and work engagement.

The World Health Organization (WHO, 2020) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". Over the years, researchers have developed a variety of operational definitions. For example, Ford et al., 2013 suggest that mental health refers to an individual's affective experiences and behavior. Montano et al. 2016 define mental health as a continuum of neurophysiological and cognitive states related to thinking, mood and emotion, and behavior including negative and positive mental health states. Sharma et al. 2021, show that mental

health is a positive expression, which is the absence of anxiety, social dysfunction and the presence of condition. Based on these definitions, scholars have developed a variety of measurement instruments that include both positive and negative terms in order to describe mental health more accurately. Although definitions and measurements differ among scholars, it is widely accepted that positive affective states are often described as 'good' mental health, while a state of emotional suffering such as depression and anxiety is often used to refer to 'poor' mental health.

**Research Hypothesis**

1. There is a significant relationship between covid-19 stress status and mental health status among lecturers.

2. There is a significant relationship between Covid-19 stress status and employee performance among lecturers.

3. There is a significant relationship between mental health and performance among lecturers.

**Chapter Three**

**Methodology**

**Introduction**

       The content of the chapter will cover the content and the methods that will be used in the data collection and it includes the research design, population, sample size determination, research instruments, procedures, quality control, data management, data analysis reliability, validity and anticipated problems.

**Research Design**

       A description and correlation research design will be used. Descriptive research design will be used because the variable requires answering "what" and its ability to describe results from questionnaires and interviews. A correlation research design will be applied in the study so as to establish the relationship that exists between covid-19 stress status, mental health and employee performance among lecturers at Makerere University. The design is considered to be important since the researcher is going to use it to collect data, examine and analyze as well as present the findings as they exist from the field without changing or manipulating of anything. The study will involve use of questionnaire.

**Population of the Study**

       The study will include all 285  lecturers at Makerere University both male and female.

**Sample Size**

       The total population represented by letter N (285) we will be able to check the corresponding minimum sample size represented by letter (s) using the formula by Krejcie and Morgan's (1970).

$s = \chi^2 NP \, (1- P) \, /d \, 2 \, (N -1) + \chi^2 \, P \, (1- P)$.

 Where s= required sample size.

$\chi$ 2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N = the population size.

P = the population proportion (assumed to be 50 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05). 1.

$$S = \frac{3.841 \ x \ 285 \ x \ 0.5(1-0.5)}{0.05^2(285-1)+3.841 \ x \ 0.5(1-0.5)}$$

$$= \frac{273.67125}{1.67025}$$

$$= 164$$

The sample size will include around 164 lecturers at Makerere University using random sampling with the help of a questionnaire.

**Measuring Instrument**

The questionnaire will be designed and will be self-administered measuring the covid-19 stress status, the mental health status and the employee performance of the lecturers at Makerere University. The questionnaire development will include 12 items on covid-19 stress scale which will measure the stress caused by covid-19among lecturers, 12 items on mental health status scale which will measure the mental health of lecturers and a 10 item scale employee performance which will measure performance of employees. The variables will be measured among a five-point Likert scale where 1= strongly agree, 2= agree, 3= not sure, 4= disagree and 5= strongly disagree. The questionnaire will be structured in four sections which require the respondents to indicate the degree of agreement with each statement by via ticking of the alternatives. Section A requires the respondents to fill in information about them that is personal data. Section B requires respondent to answer questions on covid-19 stress status, section C, the mental questions by lecturers and lastly section D will include items on employee performance.

**Procedure**

The researcher will distribute the questionnaires to the respondents, the researcher will then introduce himself to the respondents as he clearly explains the importance of the study given. Ethical considerations such as privacy and confidentiality of information will be assured.

**Quality Control**

**Reliability;** The reliability of the questionnaire was established by carrying out a pilot study. The pilot study was carried out in Makerere Kikoni and comprised 10 respondents. Using a Cronbach coefficient, the researcher correlated with the findings and the accepted reliability of the questionnaire was established to be (above 0.6) which is satisfactory (Amin, 2005).

**Validity;** The validity of the questionnaire was computed using the content validity index. The questionnaire was constructed within the objectives of the study and it was edited by the research experts to make independent judgment of the items by rating them on the scale as 'very relevant' (1) 'relevant' (2), 'somehow relevant' (3) and 'not relevant' (4).

The ratings were used to compute the content validity index (CVI).

Using formula $\quad$ CVI= $\dfrac{\text{Items rated 1 and 2}}{\text{Total number of items in the questionnaire}}$

Items rated 1 and 2 Total number of items in the questionnaire

The obtained ratio was used to ascertain if the items measured the parameters they ought to measure.

**Data Management**

The researcher will use variables of age, level of education, sex and time spent at Makerere University which explains the demographic data of respondents. Data from the questionnaires will be coded and fed into the computer using Statistical Package for Social Scientists (SPSS).

**Data Analysis**

Data collected will be analyzed using tables with frequencies and percentages that will enable the researcher in summarizing data from which measures of significant relationship between the two variables were obtained. SPSS will be used to determine the significance of the relationship using Pearson's correlation to analyze the data and make a conclusion.

The collected data will first be cleaned out to get rid of the missing responses, coded and entered into Statistical Package for Social Scientists (SPSS) where it will be analyzed. Descriptive analysis will be done to summarize data into frequencies and percentages. Inferential statistics will provide logical associations or correlation among studied variables. All statistics will be carried out at 95% level of significance.

**Anticipated Problems**

Making appointments with reliable informants will be difficult since most of the lecturers are always never in their offices and some don't even have offices with in campus.

The researcher will also encounter problems of limited funds to carry out the study.

Some of the respondents may not be willing to participate in the research due to lack of time and other personal reasons.

**References**

Akhtar, M., & Sushil, S. (2018). Strategic performance management system in uncertain business environment: An empirical study of the Indian oil industry. *Business Process Management Journal*.

Bulut, C., & Kato, Y. (2020). Epidemiology of COVID-19. *Turkish journal of medical sciences*, *50*(9), 563-570.

Daniel, S. J. (2020). Education and the COVID-19 pandemic. *Prospects*, *49*(1), 91-96.

Halbesleben, J. R., Harvey, J., & Bolino, M. C. (2009). Too engaged? A conservation of resources view of the relationship between work engagement and work interference with family. *Journal of applied psychology*, *94*(6), 1452.

Li, H., Liu, S. M., Yu, X. H., Tang, S. L., & Tang, C. K. (2020). Coronavirus disease 2019 (COVID-19): current status and future perspectives. *International journal of antimicrobial agents*, *55*(5), 105951.

Luo, M., Guo, L., Yu, M., Jiang, W., & Wang, H. (2020). The psychological and mental impact of coronavirus disease 2019 (COVID-19) on medical staff and general public–A systematic review and meta-analysis. *Psychiatry research*, *291*, 113190.

Nandkeolyar, A. K., Shaffer, J. A., Li, A., Ekkirala, S., & Bagger, J. (2014).Surviving an abusive supervisor: the joint roles of conscientiousness and coping strategies.Journal of Applied Psychology, 99(1), 138.

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & Van Gelder, N. (2020). *Pandemics and violence against women and children* (Vol. 528). Washington, DC: Center for Global Development.

Prandi, F. R., Evangelista, I., Sergi, D., Palazzuoli, A., & Romeo, F. (2022). Mechanisms of cardiac dysfunction in diabetic cardiomyopathy: molecular abnormalities and phenotypical variants. *Heart Failure Reviews*, 1-10.

Shen, M. T., Guo, Y. K., Liu, X., Ren, Y., Jiang, L., Xie, L. J., ... & Yang, Z. G. (2022). Impact of BMI on left atrial strain and abnormal atrioventricular interaction in patients with type 2 diabetes mellitus: A cardiac magnetic resonance feature tracking study. *Journal of Magnetic Resonance Imaging*, *55*(5), 1461-1475.

Wallace-Wells, D. (2021). Tomorrow: Imagining a COVID Endgame" Should we be satisfied with just slightly speeding up the status quo?". *New York*, *54*(4), 14-16.

Xia, S., Liu, M., Wang, C., Xu, W., Lan, Q., Feng, S., ... & Lu, L. (2020). Inhibition of SARS-CoV-2 (previously 2019-nCoV) infection by a highly potent pan-coronavirus fusion inhibitor targeting its spike protein that harbors a high capacity to mediate membrane fusion. *Cell research*, *30*(4), 343-355.

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., ... & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*, *277*, 55-64.

Yau, S. Y., Xiao, X. Y., Lee, L. Y. K., Tsang, A. Y. K., Wong, S. L., & Wong, K. F. (2012). Job stress among nurses in China.Applied Nursing Research, 25(1), 60-64.

Zhao, F. F., Lei, X. L., He, W., Gu, Y. H., & Li, D. W. (2014). The study of perceived stress, coping strategy and self-efficacy of Chinese undergraduate nursing students in clinical practice. *International journal of nursing practice*

**Appendices**

**Appendix I : Questionnaire**

Dear respondents, this questionnaire seeks to obtain data on the covid-19

Stress status, Mental Health Status and Employee Performance among lecturers at Makerere

University. The study is purely for research purposes and as partial requirements for the award

of a Bachelor's Degree, your responses will be treated with confidentiality.

Section A: Background Information. (Fill in or tick choice from the categories below).

| No | Item | Coding category | Response(tick or fill in) |
|---|---|---|---|
| 1 | Sex | Male | |
| | | Female | |
| 2 | Age group of respondents | 20-30 year | |
| | | 31-40 years | |
| | | 41-50 years | |
| | | 50 and above years | |
| 3 | Marital status | Single | |
| | | Married | |
| | | Divorced | |
| | | Widowed | |
| 4 | Highest education level | Degree | |
| | | Masters | |
| | | PHD | |
| 5 | Time spent at the university | Less than 5 years | |
| | | 5-10 years | |
| | | Above 10 years | |

**Section B. Covid-19 Stress Status.**

Read each statement carefully and tick the score that closely responds with how you view covid-19 stress status at your workplace as measured on the scale below.

| Strongly Agree | Agree | Not sure | Disagree | Strongly Disagree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | I have ever tested Covid-19 | 1 | 2 | 3 | 4 | 5 |
| 2 | I have a relative and friends that tested covid-19 positive | 1 | 2 | 3 | 4 | 5 |
| 3 | I am worried about catching the virus | 1 | 2 | 3 | 4 | 5 |
| 4 | I am worried that our mental care system is unable to protect my lovely ones. | 1 | 2 | 3 | 4 | 5 |
| 5 | I am worried about coming in contact with foreigners because they might have the virus. | 1 | 2 | 3 | 4 | 5 |
| 6 | Reminders of the virus caused me to have physical reactions such as sweating and pounding heart. | 1 | 2 | 3 | 4 | 5 |
| 7 | I am worried that if someone coughed or sneezed near me, I would catch the virus. | 1 | 2 | 3 | 4 | 5 |
| 8 | I have been in control of most issues in my life. | 1 | 2 | 3 | 4 | 5 |
| 9 | I am worried that people around me will infect me with the virus. | 1 | 2 | 3 | 4 | 5 |
| 10 | I try to joke and keep a sense of humor whenever am bothered by a problem | 1 | 2 | 3 | 4 | 5 |

**Section C: Mental Health status**

Read each statement carefully and tick the score that closely corresponds with how you view mental status at your workplace as measured on the below scale.

| Strongly Agree | Agree | Not sure | Disagree | Strongly Disagree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

| 1 | The university provides mental health checkup | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 2 | I fell calm and peaceful | 1 | 2 | 3 | 4 | 5 |
| 3 | I have felt particularly low and down for more than 2 weeks in a row | 1 | 2 | 3 | 4 | 5 |
| 4 | I feel sad all the time | 1 | 2 | 3 | 4 | 5 |
| 5 | I have been able to control my emotions all the time | 1 | 2 | 3 | 4 | 5 |
| 6 | In certain times, usually expect the best | 1 | 2 | 3 | 4 | 5 |
| 7 | I feel bothered by feeling down and depressed | 1 | 2 | 3 | 4 | 5 |
| 8 | I have trouble falling sleep and staying asleep | 1 | 2 | 3 | 4 | 5 |
| 9 | I feel bad about myself that and failure or have let m self or my family down | 1 | 2 | 3 | 4 | 5 |
| 10 | I feel upset because of something that happened unexpectedly | 1 | 2 | 3 | 4 | 5 |

**Section D: Employee Performance**.

Read each statement carefully and tick the score that closely corresponds with how you view mental status at your workplace as measured on the below scale.

| Strongly Agree | Agree | Not sure | Disagree | Strongly Disagree |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | I am always at the work place in time | 1 | 2 | 3 | 4 | 5 |
| 2 | I perform competently under pressure | 1 | 2 | 3 | 4 | 5 |
| 3 | I feel more concentrated when carrying out my tasks at work | | | | | |
| 4 | I relate best with my workmates at the university | 1 | 2 | 3 | 4 | 5 |
| 5 | I conscientiously follow the rules and regulations as provided by the university | 1 | 2 | 3 | 4 | 5 |
| 6 | I effectively collaborate with the other department members as necessary. | 1 | 2 | 3 | 4 | 5 |
| 7 | I feel I can take-up different tasks for a very long time | 1 | 2 | 3 | 4 | 5 |
| 8 | I deal appropriately with confidential information. | 1 | 2 | 3 | 4 | 5 |
| 9 | I respond appropriately to feedback on job performance. | 1 | 2 | 3 | 4 | 5 |
| 10 | I set priorities for tasks | 1 | 2 | 3 | 4 | 5 |

**Thank you for your time and considered responses! Stay**

**Appendix II**

**Time Frame**

| Activity | Duration (Days/weeks/months) | Date (2022) |
|----------|------------------------------|-------------|
| Literature review/ reading about the topic of study and writing research proposal. | 23 weeks | August 2022 |
| Submitting proposal | 1 month | September |
| Carrying out fieldwork, interviews and data collection | 1 week | September |
| Undertaking data analysis and interpretation. | 1 week | September |
| Writing/ compiling research dissertation. | 1 week | September |
| Submission of dissertation. | 1 week | September |

## Appendix III

## Budget

Budget for a bachelor's of arts in social sciences degree

| Item | Quantity | Unit cost(shs) | Total amount(shs) |
|---|---|---|---|
| Transport | | 50,000 | 50000 |
| Feeding | | 200,000 | 200,000 |
| Communication | | 20,000 | 20,000 |
| Printing questionnaires | 30 | 300 | 9000 |
| Pens and makers | 10 | 1000 | 10,000 |
| Notebooks | 2 | 5000 | 10,000 |
| Total | | | 299,000 |