Double De-Motivation and Negative Social Affect Among Teachers In Indonesia

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Abstract
Globalisation is creating extant salary differentials across the South Pacific region, and this study explores their impact on emotional well being within the Indonesian education system. One hundred and eighty-eight local and expatriate teachers of English were classified into underpaid (n = 66 local instructors), overpaid (n = 60 expatriate instructors), and equitably paid (n = 62 local and expatriate instructors) groups, and completed a job satisfaction scale, the Beck Depression Inventory, the Beck Anxiety Inventory, and the Beck Hopelessness Scale. Consistent with Social Equity Theory (SET), both underpaid and overpaid groups had significantly less job satisfaction than the equitably paid group. Moreover, compared to their equitably paid counterparts, the underpaid and overpaid groups experienced more symptoms of depression, anxiety, and hopelessness. These findings extend SET to both quality of working life and occupational mental health.

Introduction
One of the hallmarks of contemporary globalisation is the international or expatriate assignment in “developing” countries (Marsella, 1998). In the South Pacific region, these expatriate assignments often consist of positions within the education system (Marai, 1997). Because expatriates often originate and are paid from “developed” economies, this creates a wide salary differential between themselves and their local colleagues, with whom they are expected to form close collaborative relationships (Carr, Mac Lachlan, & Schultz, 1995). Carr et al have argued however that large salary differences such as exist in the South Pacific damage expatriate-host working relationships, and de-motivate both host and expatriate counterpart alike (Carr & Mac Lachlan, 1993/4; Mac Lachlan & Carr, 1993). This prediction of “double de-motivation” has since been supported by empirical evidence gathered in an educational development setting (Carr, Chipande, & Mac Lachlan, 1998), as well as from the South Pacific region (Carr, Mcloughlin, Hodgson, & Mac Lachlan, 1996). The present study extends these findings, by exploring the consequences of salary differentials, in the South Pacific, on both workplace motivation and psychosocial mental health.

The theoretical crux of double de-motivation is Social Equity Theory, or SET (Carr, Mac Lachlan, & Campbell, 1995). This is an extension of Equity Theory (Adams, 1965), to include inter-group relations (Aamodt, 1999). Essentially, SET predicts that under-paid groups will find inter-group inequity emotionally painful, and withdraw input to match comparatively low salary outcomes, and so restore some sense of social justice (for an example, see Manning & Avolio, 1985). In many “developing” countries, local salaries are just a tenth, or less, of expatriate salaries, and resulting feelings of social inequity are enhanced still further by prevailing traditional beliefs in relative need as a primary basis for distributive justice (Carr et al, 1998). Amongst the higher paid expatriate group, SET predicts that attempts to restore social equity by working harder to reflect higher pay will be
impractical, because nobody can work 10 times harder than their colleagues. Consequently, equity sensitive and responsive expatriates will experience guilt, and attempt to restore their self-respect and sense of social justice by convincing themselves that they somehow deserve their higher pay. They will develop an attitude of superiority. To the extent that such attitudes and delusions will not motivate expatriates to work to their maximum capacity, they, too, will become de-motivated.

Each of these two predictions about de-motivation contains indirect references to psychosocial health. Amongst the lower paid group, feelings of inequity will cause some anger and resentment and social withdrawal, whilst amongst the higher-paid there will be some guilt and self-deception (Carr, Mc Loughlin, Hodgson, & Mac Lachlan, 1996). Recently, studies have directly linked perceptions of inequity to service sector burnout (Guerts, Schaufeli, & De Jonge, 1998), as well as emotional exhaustion (Van Dierendonck, Schaufeli, & Buunk, 2000). The present study seeks to extend this line of research, by examining whether the perceptions of social inequity in educational services influences both motivational and affective experience.

De-motivation is implicated in emotional disorders including depression, hopelessness, and anxiety (Clark, Beck, & Alford, 1999). In fact DSM-IV identifies de-motivation as one of the cardinal symptoms in the diagnosis of depression. Within the boundary of double de-motivation among workers in a workplace situation, it is likely that those confronted with this workplace de-motivation will exhibit some symptoms of these emotional disorders. No study to date has explored this issue.

In Indonesia, one prominent group of workers that is frequently observed to be in an inequitable workplace, and who may be prone to double de-motivation and negative emotional reactions, are English teachers who are teaching in private English schools. In these schools, it is common to find expatriate teachers being paid much more than their local counterparts who are teaching the same subjects. The differences in salary are usually between 100 to 400 percent. Such situations will, according to SET, foster double de-motivation. So far, however, no study has been conducted in Indonesia to investigate double de-motivation in any group of workers.

It is firstly predicted that teachers who are underpaid and teachers who are overpaid will be experiencing double de-motivation compared to those teachers who are equitably paid. Secondly, it is predicted that teachers experiencing double de-motivation (underpaid and overpaid groups) will experience more symptoms of depression, anxiety, and hopelessness, than those who are equitably paid.

Method
Participants
A total of 188 English teachers (98 females and 90 males) volunteered to participate in the study by signing a consent form, after being requested by the Academic Co-ordinators of their respective schools. Those who refused to participate were free to do so without penalty as explained in the consent form. The participants’ ages ranged from 23 to 51 years, and the mean age of the sample was 32.30 years (SD = 4.97). The participants consisted of expatriate teachers (n = 60) who were classified as overpaid group, local teachers (n = 66), which was the underpaid group, and an equitably paid group (n = 62) consisting of both expatriate and local teachers.
The overpaid group were paid between Indonesian Rupiah 30,000 and 60,000 and the underpaid group were paid Rupiah 15,000 to 20,000 for an hour of teaching a subject. These figures vary from school to school, but are consistently within that range. The expatriate participants were from Australia (41.7 %), America (33.2 %), the rest from Canada, England, New Zealand, and Scotland. The work contracts of both the expatriate and local teachers were for an average period of two years (which is the norm internationally for expatriate assignments), renewable based on performance for all schools. The participants originated from nine different private English schools in cities of Bandung and Yogyakarta in Indonesia. Out of the nine schools, two schools paid the expatriate and local teachers the same. All the participants were fluent in the English language, and 90 percent had a first degree in English language.

**Measures**

*Pay and job satisfaction.* Following Carr et al (1996), we asked, “Are you paid less, equal, or more than your counterpart doing the same job?” Following Carr et al (1998), a second question asked the participants how satisfied they were with their current job. The scale ranged from “definitely dissatisfied” (-3) to “definitely satisfied” (+3), with (0) representing neutrality. This was our operational definition of motivation at work (see Carr et al, 1998).

*Beck Depression Inventory* (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961): The BDI was developed by Beck et al (1961), and it measures the severity of depression both in clinical and normal populations of adults and adolescents (Clark, Beck, & Alford, 1999). It consists of 21 items and was designed to assess attitudes and symptoms that are specific to depression, as described in the psychiatric literature. Each item consists of four self-evaluative statements, reflecting increasing levels of severity, and each item is rated from 0 to 3. The BDI is scored by summing the 21 ratings, and the total score ranges from 0 to 63. A score of 0 implies no symptom of depression, and ‘3’ indicates a symptom presence for each statement. For clinical diagnosis, a score of above 19 indicates moderate depression and a score above 30s indicates severe depression. Past studies have reported a coefficient alpha as high as .91 (Saunders, Munro, & Bore, 1998), while the construct validity of the BDI has been supported in numerous clinical and non-clinical studies (Beck, Steer, & Garbin, 1988). In the present study, the BDI produced a Cronbach’s Alpha of .92. Although no cross-cultural psychometric evaluation of BDI has been reported, Marai (1999) found the scale to be effective in diagnosing depression from anxiety and hopelessness in a non-Western patient.

*Beck Anxiety Inventory* (BAI; Beck, Epstein, Brown, & Steer, 1988a): The BAI was constructed by Beck et al (1988a), and measures the severity of subjective anxiety in both clinical and normal populations (Beck & Steer, 1988b; Beck, Steer & Garbin, 1988c). Given the reported high correlation between symptoms of depression and anxiety, the BAI was designed to measure symptoms of anxiety that are at least shared with depression (Beck & Steer, 1990). The BAI consists of 21 descriptive statements of anxiety symptoms, presented in a four point scale format ranging from “Not at all” (0) to “Severely, I could barely stand it”(3). Total scores range from 0 to 63. A score of above 12 indicates some degree of anxiety. Internal reliabilities (Cronbach’s Coefficient Alpha) of between .92 and .94 have been reported (Beck & Steer, 1990), and one-week test-retest reliability has been reported at .75 (Beck, Rush, Shaw, & Emery, 1979). In the present study, the BAI produced a Cronbach’s Alpha of .88. In a non-Western clinical study, Marai (1994) found BAI to be a sensitive measure of anxiety symptoms.
**Beck Hopelessness Scale** (BHS; Beck, Weissman, Lester, & Trexler, 1974): This is a 20-item true-false self-report scale that assesses a general negative expectancy about short- and long-term future events, and specifically measures the severity of hopelessness (Beck et al, 1974). The test is scored by summing the responses on each of the 20 items. The highest score is 20, which means high degree of feelings of hopelessness and also a suicide intent, and the lowest is 0, which means that there is no feeling of hopelessness. A score of above 9 indicates some degree of hopelessness and a risk of person in committing suicide. Adequate internal reliability has been reported for the BHS across clinical and non-clinical populations with KR-20s typically in the .80’s. The correlation for BHS with clinical rating of hopelessness are in the .70’s, with high internal (.87 -.93), and a 6-week test-retest reliability of .66 (Beck & Steer, 1988). In the present study, the BHS produced an internal reliability coefficient (alpha) of .93. Clinical studies reported by Marai (1994, 1999) found the BHS to be an effective measure of hopelessness.

**Procedure**

The pay/job satisfaction scale, BDI, BAI, and BHS were administered to the participants by the Academic Coordinators of these schools, and returned in tightly sealed envelopes. There was no time limit, and the participants were encouraged to complete the scales at their leisure time during school hours, and return them as soon as possible. Out of a total of 300 scales distributed, 188 were returned for analysis (a return rate of 62.67 percent). This rate is consistent with the norm for questionnaire survey methods (see, Rosenthal & Rosnow, 1991).

**Results**

**Double de-motivation**

The underpaid group mean score was 0.26 ($SD = 1.89$), the overpaid group mean was – 0.77 ($SD = 1.23$) and the equitably paid group mean was 1.58 ($SD = 0.78$). The underpaid and overpaid groups were less satisfied/more dissatisfied with their current jobs than the equitably paid group. The equitably paid group participants tended to be quite clearly satisfied with their current job.

In terms of job satisfaction or de-motivation, the one way ANOVA showed significant variation between the three groups, $F (2, 185) = 43.43, p < .001$. Furthermore, there was significant difference in job satisfaction between the underpaid and overpaid groups, with a mean difference of –1.02 and Standard Error of 0.25 ($p < .001$). A post hoc analysis utilising Scheffé procedures revealed that the underpaid group ($M = 0.26$) and the overpaid group ($M = -0.77$) were significantly less satisfied ($p < .05$) in their current job than the equitably paid group ($M = 1.58$).

**Negative affect and double de-motivation**

The BDI mean score for the underpaid group was 7.48 ($SD = 5.03$), for the overpaid group it was 7.57 ($SD = 4.0$), and for the equitably paid group it was 1.32 ($SD = 1.88$). This implies that participants in both underpaid and overpaid groups experienced more symptoms of depression than participants in the equitably paid group. In respect to the BAI, the mean score of the underpaid group was 6.88 ($SD = 7.06$), for the overpaid group it was 5.78 ($SD = 4.34$), and for the equitably paid group it was 0.87 ($SD = 1.20$). Participants in both the under- and overpaid groups experienced more symptoms of anxiety than the participants in the equitably paid group. For the BHS, the mean score for the underpaid group was 3.23 ($SD = 2.66$), for the overpaid group it was 3.30 ($SD = 2.76$), and for the equitably paid group it was 0.68 ($SD = 1.08$). Participants in both the underpaid and overpaid groups experienced more symptoms of hopelessness than participants in the equitably paid group.
In regard to depression, a one-way ANOVA showed significant variation between the three pay-equity groups, $F(2, 185) = 52.74, p < .001$. In terms of anxiety, a one-way ANOVA revealed significant variation between groups, $F(2, 185) = 26.84, p < .001$. In respect to hopelessness, a one-way ANOVA demonstrated significant variation between the three groups, $F(2, 185) = 26.22, p < .001$. A post hoc Scheffé analysis confirmed that participants in the underpaid and overpaid groups experienced significantly more symptoms of depression, anxiety, and hopelessness than participants in the equitably paid group (for all means of the three groups for each symptom measures, $p < .05$).

**Discussion**

Compared with equitably paid groups, an underpaid group of local teachers as well as an overpaid group of expatriate teachers were de-motivated, that is, there was a double de-motivation effect amongst these educators. Salary discrepancies can cause double de-motivation among expatriates and local English teachers in private schools in Indonesia. This finding is consistent with studies conducted elsewhere in both the “developed” and “developing” world, and within the South Pacific region (e.g., Carr et al, 1996; Carr et al, 1998; McLoughlin & Carr, 1997).

In regard to hypothesis two, our findings for the first time revealed that double de-motivation has an impact on negative emotional states. Specifically, those teachers in both underpaid and overpaid groups experienced significantly more symptoms of depression, anxiety, and hopelessness than teachers in an equitably paid group. This result extends double de-motivation from an organisational problem to a clinical concern. Although the participants’ symptom scores may not indicate clinical severity, the difference in severity of symptoms between (a) the underpaid /overpaid groups and (b) the equitably paid group, demonstrates a need to be aware of the broader psychological consequences of double de-motivation.

These findings also extend our understanding of problems encountered in the educational domain in terms of students’ learning processes. That is, teaching English in developing countries, for example Indonesia, where English is a second language and not the mother tongue is difficult, and students do struggle to master it. As such, de-motivation among teachers is an additional hindrance to the students’ learning process and counterproductive, because teachers may not perform to the best of their ability. There is a general agreement in the literature that job dissatisfaction and de-motivation results in higher turnover rates, drop in performance and overall productivity, and in general have negative impacts on workers’ morale and performance (Wong, 1996). Such effects moreover have been linked directly to perceptions of social inequity (Janssen, 2000).

These findings suggest that teaching organisations should become more sensitive to their teacher’s motivation. One possible solution for maintaining motivation in the event of an inequitable workplace, due to international variations in salary bases, is for the organisation to improve on their selection and recruitment procedures. This might entail for instance selecting a person for the job who is relatively insensitive, or rather non-sensitive, rather than sensitive, to social inequities of the kind described in this paper (for a wider discussion of equity sensitivity, Huseman, Hatfield, & Miles, 1987).

Although this study shows a connection between double de-motivation and negative emotional states, causality cannot be inferred. The direction of the relationship is unclear, and may well be
bi-directional. It is suggested that future studies should employ a quasi-experimental or longitudinal design to account for causality between these variables. Despite this shortcoming, the present results do demonstrate that the underpaid and overpaid groups who experienced double de-motivation also exhibited more symptoms of depression, anxiety, and hopelessness than a more equitably paid group.

References


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