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Depression Symptoms in University Students

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The Impact Between Quality of Life and Self Compassion on the Emergence of Depression Symptoms in University Students

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ABSTRACT

The purpose of this research is to investigate the impact of quality of life and self-compassion on depression symptoms among undergraduate students. The prevalence of undergraduate students with depressive symptoms continues increase from year to year. Depression symptoms experienced by these students may lead to the possibility of impaired in academic performance, decreased academic achievement, drugs and alcohol abuse, and suicide. We employed a correlational study with the undergraduate students. A total of 375 participants aged 18 to 25 years old were recruited from Jakarta, Bogor, Depok, Tangerang, Bekasi (JABODETABEK) or outside JABODETABEK. The participants were selected based on gender, and currently active as an undergraduate student. The outcomes were depression (BDI-II), quality of life (WHOQOL-BREF) and self-compassion (SCS). Data analysis was performed using the regression test. The result shows that there is a negative and significant impact between quality of life and self-compassion on depression symptoms among undergraduate students. The findings indicate that quality of life and self-compassion are significant predictors of depression symptoms among undergraduate students. If undergraduate students have high quality of life and self-compassion, it can be predicted that the symptoms of depression will be low.

Keywords: *Quality of life, Self-compassion, Depression, Undergraduate students.*

1. INTRODUCTION

Depression is defined by as a mental health condition characterized by a lack of interest, focus, appetite loss, anxiety, hopelessness, and, in some cases, suicidal ideation [1]. According to the World Health Organization [2], 322 million people worldwide suffer from depression, accounting for 4.4 percent of the total population. In Indonesia, according to the Ministry of Health of the Republic of Indonesia's Basic Health Research, the prevalence of depression sufferers in 2018 was 6.1 percent. One out of four to five students who visit university clinics experience depression and two to three percent of them have suicidal thoughts [3]. A research from Alsubaie et al. [4] explained that 33% of students who were the subjects of the study experienced symptoms of mild to severe depression. The prevalence of individuals with depression aged 18 to 25 years is increasing from year to year [5]. Depression can affect

the academic performance of students at universities [6].

This research was also carried out during the COVID-19 epidemic. During the COVID-19 pandemic, worry, stress, and depression are the most common psychological disorders encountered by students in the online learning process [7]. A research from Son et al. [8] stated that there was an increase of 44% of students experiencing depression and 8% having thoughts of suicide during the COVID-19 pandemic. Some of the factors that influence the emergence of depression are feelings of loneliness, feeling helpless, and financial and academic uncertainty that causes concentration difficulty, sleep disturbances, and worries about academics. Depression is a psychological disorder associated with functional disorders, medical comorbidities, as well as a poor quality of life [9]. Individuals who are depressed will have decreased aspects of their quality of life [10]. The World Health Organization [11]

defined quality of life as an individual's perception of his position in life in the context of the culture and value system in which individuals live and relates to the goals, expectations, and standards they set. A research conducted by Li et al [12] on students in Macau, Hong Kong, and China explained that academic pressures that students face, tends to cause students to experience symptoms of depression. However, if students have a positive and optimistic perspective in dealing with lectures, the tendency for depressive symptoms will be lower. Furthermore, in students, the emergence of depression can lead to a low quality of life which can result in a decrease in achievement [10].

Kugbey et al. [1] stated that symptoms of depression experienced by individuals such as the emergence of sadness, hopelessness, helplessness and a bad view of life will have an impact on the quality of life of the individual. Sadness, hopelessness, helplessness, and a bad view of life are characteristics of individuals who have low self-compassion [13]. Neff [13] defined self-compassion as the attitude of an individual who is open to himself and willing to accept their situation, therefore they are able to have compassion for themselves even though they are in an unpleasant situation. Low self-compassion in individuals aged 19 to 66 years can be used as a predictor of symptoms of depression [14]. Previous meta-analyses [15] explained that when someone has high self-compassion, they tend to experience lower depression, anxiety, and stress. López et al. [16], explained that there are several cross-sectional studies in which three aspects of self-compassion, namely self-judgment, isolation, and over identification, show a relationship with the emergence of symptoms of depression in college students. Furthermore, Madmoli et al. [17] suggested that self-compassion can be one of the predictors in improving psychological well-being in students with depression.

According to Ribeiro et al. [18], depression is one of the problems that is becoming more prevalent among students, and it is linked to the prevalence of anxiety in students. According to Evans et al. [19], college students experience depression and anxiety six times more than the general population. Students who have higher self-compassion are predicted to have life satisfaction, develop self-identity, and avoid negative influences [20]. Thus, based on the explanation above, the objectives of this study were to determine whether there is an impact quality of life and self-compassion on the emergence of symptoms of depression in students.

2. RESEARCH METHODS

2.1. Participants

There were 375 participants from various cities in Indonesia who were included in this study. Characteristics of participants of this study are domiciled in Indonesia, man or woman, aged 18 to 25 years, and are active undergraduate students (S1). A total of 34 participants were man and 341 participants were woman. There were 340 participants who took online lectures while the other 35 participants did not take online lectures.

2.2. Measurement

The measurement of depressive symptoms was the Beck Depression Inventory-II (BDI-II) from Beck et al. [21]. The internal consistency reliability coefficient value was $\alpha = 0.874$ and the questionnaire consists of 21 statement items.

Meanwhile, the instrument used in measuring the quality of life was adapted from a construct designed by WHO with the World Health Organization Quality of life-BREF [11]. The WHOQOL-BREF consists of 26 items which are divided into four main dimensions, namely (a) physical health, (b) psychological health, (c) social relationships and (d) environment. The coefficient value of internal consistency reliability (α) ranges from 0.57 to 0.78 for each dimension. According to Sekarwiri [22] the WHOQOL-BREF instrument is a valid measuring instrument with r per domain ranging from 0.89 to 0.95.

The measurement of the self-compassion was using the Self-Compassion Scale (SCS) owned by Neff [23]. The questionnaire used was translated by Sugianto et al. [24] into Indonesian. SCS is a self-report measurement with 26 statement items that produce a self-compassion score. There were 13 positive items and 13 negative items into three main dimensions. The validity of this instrument is 0.910 and internal consistency reliability coefficient value was $\alpha = 0.872$ [24].

2.3. Research Design and Procedure

This research was quantitative research. Data retrieval was carried out by distributing online questionnaires in regional coverage in Indonesia. Participants were asked to fill out a questionnaire that the researcher has prepared via Google Forms. Data processing was carried out using the SPSS program with 25.00 version. Analysis of the data used in this study consist of reliability test, item validity test, normality test, relationship test, and descriptive

statistics. The results of data processing were reported in the form of narratives and tables.

Normality data distribution and measurement reliability were also tested in this study. Pearson correlation analysis was used to tested the correlation between variables.

3. RESULTS AND DISCUSSION

Based on the results of the normality test using one sample Kormogorov-Smirnov on the variables of quality of life, self-compassion and symptoms of depression, it was found that these three variables were normally distributed ($p = 0.534 > 0.05$).

Table 1 shows Pearson correlation of the variables. Results show that there was a significant negative relationship between quality of life and depressive symptoms ($r(375) = -0.519, p = 0.000 < 0.05$). And it shows that there was a significant negative relationship between self-compassion and depressive symptoms ($r(375) = -0.588, p = 0.000 < 0.05$).

The findings reveal that self-compassion and quality of life are characteristics that can predict the onset of depression symptoms in students. The impact of characteristics of quality of life and self-compassion on the appearance of depressive symptoms in students was 42 percent ($r^2(375) = -0.420, p = 0.000 < 0.05$) in this study. The results of this study are in accordance with previous studies that quality of life and self-compassion significantly affect depression symptoms felt by students [12, 15].

The findings also show that there is a link between characteristics of quality of life, such as psychological health, social interactions, and the environment, and the emergence of depression symptoms. The magnitude of the influence of the four aspects of quality of life on the emergence of depressive symptoms is 31.2 percent.

Table 1 Pearson’s correlation matrix of the variables

	Depression symptoms		Sig.
	r	Sig.	
Quality of Life	- 0.519**	0.000	Sig.
Self Compassion	- 0.588**	0.000	Sig.

On the aspect of psychological health has a significant negative effect on symptoms of depression.

This study found that psychological health had the most significant influence on the appearance of depressive symptoms in college students. When individuals have good psychological health, it makes individuals less likely to experience depression. A research by Kadir et al. [25] revealed that poor quality of life among college students has a relationship with low self-esteem, to depression. In accordance with what was revealed by Ribeiro et al. [18], there is a relationship between psychological aspects and symptoms of depression. Such as academic pressure, a person's perfectionist standards, and negative thoughts can make individuals in emotionally stressful situations that have an impact on depressive symptoms. Research conducted, found that low quality of life tends to be associated with burn out syndrome, sleep disturbances, irritability, feeling tired all the time, unable to concentrate, stress, to depression [18].

A research by Kadir et al. [25] also revealed that poor quality of life among college students is related to psychosocial dimensions, such as poor interpersonal relationships. This study found that social relationships have a negative and significant effect on depressive symptoms. In line with several previous findings [26, 27, 28], the social support from family, friends, and other people can predict a person's wellbeing or tendency to depression. Social support is included in the dimensions of social relations, revealed by Alsubaie et al. [4]. It has a positive role on the mental health and quality of life of individuals because it is able to help individuals feel valued and connected to their social environment. Furthermore, relationships between friends, lecturers, parental expectations, or peer pressure are some examples of factors in social relationships.

The next area of quality of life to consider is the environment and its relationship to depression symptoms. Environmental aspects include such as individual residence (condition, availability of housing to carry out all life activities as well as facilities and infrastructure that can support life), financial resources, freedom, physical safety, health and social care including accessibility and quality, home environment, opportunities to acquire new information and skills, participation and opportunities to engage in recreational and enjoyable activities in leisure time. The physical environment including pollution, noise, traffic, and climate and transportation. In this study, it did not ask for clarity about the financial situation, or the condition of the participant's residence so that the researcher did not know the state of the environmental dimensions in more depth. However, this study shows

that there is a negative and significant effect between the environmental dimensions on the appearance of depressive symptoms. A research from Hultman et al. [29] found that whether or not an individual's financial condition can predict an individual's quality of life. Further research by Islam et al. [30] found that students from poor economic backgrounds had a higher risk of depression than students with good economic factors. The research of Yu et al. [31] also found that students who have a poor home environment (such as relationships with parents/siblings, closeness to people at home, family completeness) tend to experience symptoms of depression.

The study's findings also revealed that the three components of self-compassion had a 35.3 percent impact on the appearance of depression symptoms. The first is self-kindness and self-judgment [23], in which people are able to accept and understand themselves as they are and do not harm or judge themselves when they fail or suffer. Meanwhile, in contrast to the dimensions of self-kindness, namely self-judgment which is an attitude of hostility, low self-esteem and self-criticism. This study has similar results from the research of Soysa and Wilcomb [32] where self-judgment can predict depressive symptoms. This is likely to happen because self-judgment is an attitude of low self-esteem and self-criticism because individuals reject feelings, thoughts, impulses, actions, and self-worth, causing them to respond excessively to what is happening [23]. Higher self-kindness tends to be able to make individuals not experience self-judgment so they can avoid feelings of excessive guilt or negative thoughts, as well as minimize the occurrence of mental problems in individuals [33].

The second aspect is common humanity and isolation, in which individuals are able to see hardships, failures, and obstacles as a natural part of human life rather than separating and isolating themselves [23]. A research by Cacioppo et al. and Hawkey and Cacioppo [16] revealed that when individuals choose to isolate themselves, there are risk factors for developing depressive symptoms. This is because a feeling of loneliness will arise which if left unchecked can disrupt the psychological well-being of individuals. The third dimension of self-compassion, namely mindfulness and over identification, also has a negative and significant effect on symptoms of depression. In this aspect, individuals are expected to be able to see clearly, accept, and face reality without judging what is happening in a situation [23]. Mor and Winquist's research [16] showed that when individuals

over-identify, they involve negative thoughts and emotions, they tend to have a negative effect on the individual's mental health. On the other hand, Soysa and Willcomb's [32] research showed that individuals who are more mindful tend to be able to deal with and deal with a problem. These individuals tend not to judge themselves or the situation, and do not arise negative thoughts and feelings of guilt that are excessive to minimize the symptoms of depression.

Based on the description of the participants in this study, the students showed that the quality of life values in students were at a moderate level ($M = 47.75$ dan $SD = 9.54$). Meanwhile, participants' description of self-compassion tends to be low ($M = 2.80$ dan $SD = 0.55$). As well as participants' descriptions of depression symptoms, participants experienced moderate depression symptoms ($M = 22.09$ dan $SD = 10.052$). Based on the data obtained, the five most common symptoms of depression were (1) mood swings throughout the day, almost every day (75.73%), (2) insomnia (sleeping disorder) or hypersomnia (excessive amount of sleep) almost every day (75.73%), (3) decrease ability to think or concentrate or indecisiveness most days (71.47%), (4) fatigue or loss of energy most days (66.4%), and (5) feelings of worthlessness or guilt appear significantly almost daily which is often unreasonable (65.33%).

4. CONCLUSION AND SUGGESTION

The objective of this research is to find out the effect of quality of life and self-compassion on the emergence of symptoms of depression in students. The results obtained indicated that there is a negative and significant effect between quality of life, self-compassion, on the emergence of symptoms of depression in students. This means that quality of life and self-compassion are predictors of the emergence of depression symptoms in students. When students have higher quality of life and self-compassion, it can be predicted that the symptoms of depression experienced by students will be lower.

Furthermore, the students in this study tended to have a low level of self-compassion and a moderate level of quality of life. Moderate depression describes the symptoms of depression that students encounter.

The limitation of this study is related to the research sample. The sample in this study has a wide scope, the distribution of data is not evenly distributed, and there are still some areas that have not been reached or are reached but not many have

participated. The suggestions that the researcher can convey as input for further research are (1) choosing a more specific area coverage compared to a very broad area; (2) looking for the relationship between the variables of quality of life and self-compassion with other variables such as stress, anxiety, or associated with other mental disorders.

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