

Navigating Depression and Building Resilience: Coping Strategies among Healthcare Students

Annamma Kunjukunju^{1*}, Nur Natasya Bt Mohamad Shariff², Nurul Fariza³

ABSTRACT

OBJECTIVE: To assess the prevalence of depressive symptoms and the coping mechanisms employed by students at a private healthcare university in Malaysia.

METHODOLOGY: This cross-sectional study was conducted in a private university in Negeri Sembilan in November 2022. Data were collected from 293 health science diploma students (Nursing, Pharmacy, Medical Imaging, and Physiotherapy) using the pre-validated Beck Depression Inventory (BDI) and Brief-COPE inventory through convenient sampling. Foundation and business students were excluded. Descriptive statistics were applied using SPSS version 26.0 for data analysis.

RESULTS: The results show that 73.7% of respondent's experience sadness, and 41.3% feel discouraged about the future. Feelings of failure are reported by 37.2%, with 3.1% seeing themselves as complete failures. While 43.3% feel as satisfied as before, 22.9% report dissatisfaction. 42.2% feel more irritated, 41.8% lose interest in others, and 37.4% struggle with decision-making. Health concerns have increased for 44.6%, while 39.1% report reduced appetite and 36.4% experience weight loss. Regarding coping, 48.6% focus on problem-solving, and 50.7% take action to improve situations. Most students use adaptive coping mechanisms.

CONCLUSION: The findings highlight the crucial need for universities to implement comprehensive mental health screening and support systems that promote healthy coping strategies and reduce the stigma of seeking help. Higher education providers need to pay special attention to students with high scores for depressive symptoms and poor coping strategies.

KEYWORDS: Mental health, depression, university students, young adults, coping mechanism

INTRODUCTION

Depression is a disorder occurring during the teenage years marked by persistent sadness, discouragement, loss of self-worth, and loss of interest in usual activities¹. University students are a unique group of people passing through a critical stage of their lives². The transition from high school to the university itself is challenging and stressful³. At this crucial stage of development, they are more prone to experience mental illnesses in the transition from being adolescents to adults⁴. Transitioning to higher education often brings about new pressures, including academic expectations, social adjustments, financial concerns, and balancing personal life with academic responsibilities⁵. For many students, these stressors can lead to feelings of anxiety, depression, or burnout, making it essential to develop effective coping strategies. Physical symptoms of depression may include headaches, changes in appetite, fatigue, and gastrointestinal issues. Cognitive symptoms often involve slowed thought processes, difficulty making

decisions, poor concentration, and memory problems. If these symptoms persist and disrupt psychological, physical, or interpersonal functioning for at least two weeks, a diagnosis of depression may be considered. Depression is a complex disorder that significantly impacts interpersonal, social, and occupational functioning and is strongly linked to suicide among college students⁶. It is the leading risk factor for suicide and a critical focus in identifying individuals at risk⁷. According to the American College Health Association, 10% of college students have seriously contemplated suicide, with many experiencing significant depression⁸. Approximately 95% of students who die by suicide are clinically depressed⁹. A recent study in Italy also identified high rates of depression and anxiety among adolescents¹⁰. Similarly, depressive symptoms are notably prevalent among Malaysian university students, with a cross-sectional study revealing that 40% reported depressive symptoms, including 4.4% with severe symptoms¹¹. As a result, the prevalence and associated factors of depression among college students have garnered significant attention in recent years¹². Investigating the mental health of university students, particularly depression, remains essential. Coping mechanisms play a crucial role in how university students manage the various stressors and challenges they encounter throughout their academic journey¹³. Whether positive or negative, coping mechanisms are the tools students use to manage

¹Program coordinator, School of Nursing, KPJ Healthcare University, Nilai, Negeri Sembilan

²Undergraduate Student, School of Nursing, KPJ Healthcare University, Nilai, Negeri Sembilan

³Dean, School of Nursing, KPJ Healthcare University, Nilai, Negeri Sembilan,

Correspondence: ann@kpju.edu.my
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their emotional and psychological well-being. Understanding these mechanisms is critical, as healthy coping strategies can foster resilience and support academic success, while ineffective strategies may exacerbate stress and hinder overall well-being¹⁴. Identifying and promoting positive coping techniques is essential for helping students navigate university life's complexities and maintain their mental health.

Depression is a growing concern among university students, especially those in healthcare programs facing academic and personal pressures. The transition to adulthood increases vulnerability to stress, anxiety, and depression, impacting mental health, academic performance, and well-being. Coping mechanisms are vital in managing stress and building resilience. This study assesses depression levels and coping strategies among healthcare students at a private university, aiming to inform targeted mental health interventions.

METHODOLOGY

Study Design

This study was designed as a cross-sectional survey to assess the prevalence of depressive symptoms and the utilization of coping mechanisms among university students in Malaysia.

Population and Sample

The sample size of this study was 293 university students recruited using convenience sampling. Convenience sampling was employed among students who were readily available on campus and not engaged in clinical placements.

Instrument

The study instrument consisted of two sections: Depressive symptoms were assessed using the Beck Depression Inventory (BDI), a 21-item self-report tool on a 4-point scale (0–3). Coping mechanisms were measured with the 28-item Brief-COPE, which categorizes strategies into problem-focused, emotion-focused, and avoidant coping. Both tools are widely used in healthcare settings. The BDI has strong validity (0.92 for mental health outpatients, 0.93 for college students).

The BRIEF COPE inventory is quick and easy to use, with just 28 items, making it suitable for university students. It covers various coping strategies like seeking support and problem-solving and can be used multiple times to track changes. A pilot test with 10% of the sample confirmed reliability, with Cronbach's alpha of 0.815 for Brief-COPE and 0.759 for BDI.

Following approval from the university's program directors, the questionnaire was distributed to cohort leaders via Google Forms. The cohort leaders then disseminated the forms to all students within their cohorts. Completed questionnaires were submitted through the same platform.

Data Analysis

The data was analyzed using descriptive analysis, which included frequency distribution, percentage, mean, and standard deviation (SD).

Ethical Statement

Ethical approval for this study was obtained from the Institutional Review Board (IRB). The ethical approval number is xxxxx/RMC/SON/EC/2022/440.

RESULTS

Characteristics of Respondent

As shown in **Table I** the study included 293 respondents with an average age of 21.73 years (± 3.25), with the majority (51.87%) aged between 18 and 21. Female participants comprised 60.8% of the sample. Regarding racial demographics, 47.1% identified as Malay, while 48.1% were Muslim. The largest academic group was from the school of nursing (27.6%), followed by the School of Health Sciences (24.6%) and the Schools of Pharmacy and Business, representing 21.5% of participants.

Table I: Demographic profile of the respondents

Demographic variables		Frequency (n)	Percentage (%)	Mean
Age (Years)	18 - 21	152	51.87	21.73±3.25
	22 - 25	136	46.4	
	25 - 32	5	1.77	
Gender	Male	115	39.2	
	Female	178	60.8	
Race	Malay	141	47.1	
	Chinese	72	24.6	
	Indian	69	23.5	
	Others	11	3.8	
Religion	Islam	141	48.1	
	Christianity	42	14.3	
	Hinduism	59	20.1	
	Others	51	17.4	
Discipline of study	School of Nursing	81	27.6	
	School of Pharmacy	63	21.5	
	School of Health Sciences	72	24.6	
	School of Business	63	21.5	
	Centre of Global professional and social development	14	4.8	

Table II shows the behavioural and physical factors revealed that 42.2% of respondents felt slightly more irritated than usual, and 41.8% experienced a loss of interest in others. A significant 37.4% delayed decision-making more frequently, while 38.4% worried about appearing unattractive. Work-related challenges were evident, with 41.2% needing extra effort to initiate tasks. Sleep disturbances affected 37.4% who reported lower sleep quality; the same percentage

experienced reduced energy levels tiring more easily. Appetite changes were common, with 39.1% noting a decrease, and 36.4% reported a weight loss exceeding five pounds. Health concerns, including aches and pains, impacted 44.6% of respondents.

Table II: Depressive Symptoms among Healthcare Students: Emotional and Cognitive Factors

	Frequency	Percent
Sadness		
1 Do not feel sad.	71	24.2
2 Feel sad	216	73.7
3 Always sad	6	2.0
4 So sad that I cannot stand it.	-	
Pessimistic		
5 Not particularly discouraged about the future.	121	41.3
6 Feel discouraged about the future.	121	41.3
7 Feel I have nothing to look forward to.	38	13.0
8 Feel the future is hopeless.	13	4.4
Past failure		
9 Do not feel like a failure.	125	42.7
10 Feel I have failed more than the average person.	109	37.2
11 I can see is a lot of failures.	50	17.1
12 Failure as a person.	9	3.1
Satisfaction		
13 Get as much satisfaction out of things as I used to.	127	43.3
14 Do not enjoy things the way I used to.	99	33.8
15 Do not get real satisfaction out of anything anymore.	67	22.9
16 Dissatisfied or bored with everything.		
Guilt		
17 Do not feel particularly guilty	82	28.0
18 Feel guilty a good part of the time.	114	38.9
19 Feel quite guilty most of the time.	77	26.3
20 Feel guilty all of the time.	20	6.8
Punishment		
21 I do not feel I am being punished.	92	31.4
22 I feel I may be punished.	119	40.6
23 I expect to be punished.	59	20.1
24 I feel I am being punished.	23	7.8
Self-Hate		
25 Do not feel disappointed in myself.	92	31.4

26 Disappointed in myself.	121	41.3
27 Disgusted with myself.	58	19.8
28 Hate myself.	22	7.5

Self-critique

29 Do not feel I am any worse than anybody else.	75	25.5
30 Critical of myself for my weaknesses or mistakes.	108	36.7
31 Blame myself all the time for my faults.	85	28.9
32 Blame myself for everything bad that happens.	26	8.8

Suicidal Thoughts

33 Do not have any thoughts of killing myself.	121	41.2
34 Have thoughts of killing myself, but I would not carry them out.	98	33.3
35 Want to kill myself.	58	19.7
36 Would kill myself if I had the chance.	17	5.8

Cry

37 Do not cry any more than usual.	98	33.3
38 Cry more now than I used to.	100	34.0
39 Cry all the time now.	56	19.0
40 Used to be able to cry, but now I cannot cry even though I want to.	40	13.6

Table III displays the mean and standard deviation for respondents' positive and negative coping strategies. The high mean score for positive coping indicates that respondents frequently employed these strategies, with moderate variability in their usage. In contrast, the mean score for negative coping is significantly lower, suggesting that respondents utilized negative coping strategies less often, and there was relatively little variability in how these strategies were applied.

Table III: Coping approaches by the students

	Mean	Std. Deviation
Positive coping styles	61.05	6.851
Negative coping styles	23.08	4.445

Table IV highlights key coping strategies among university students: 48.6% sought solutions, 50.7% took action, and 41.2% sought support. Emotional coping included expressing feelings (39.2%) and using humour (40.5%). Religious coping was notable, with 39.6% finding comfort in faith and 40.8% engaging in prayer or meditation. Avoidance strategies were common, including distractions (44.1%), substance use (35.2%), and escapism (45.6%).

Table IV: Coping mechanisms employed by the respondents

No.		I have not been doing this at all	A little bit	A medium amount	I have been doing this a lot	Mean	SD
		n(%)	n (%)	n(%)	n(%)		
PF 1	Concentrating my efforts on doing something about my situation.	6 (2.1)	45(15.4)	142(48.6)	99(33.9)	3.14	.75
PF 2	Taking action to try to make the situation better.	2(0.7)	52(17.9)	147(50.7)	89(30.7)	3.11	.70
PF 3	Getting help and advice from other people.	13(4.4)	102(34.8)	67(22.9)	111(37.9)	2.94	0.95
PF 4	Trying to see it in a different light to make it seem more positive.	2(.7)	53(18.3)	108(37.2)	127 (43.8)	3.24	.76
PF 5	Trying to devise a strategy about what to do.	8(2.7)	60(20.5)	128(43.7)	97(33.1)	3.07	.80
PF 6	Looking for something good in what is happening.	2(.7)	53(18.3)	108(37.2)	98(33.7)	3.14	.72
PF 7	Trying to get advice or help from other people about what	13(4.5)	63(21.6)	120(41.2)	95(32.6)	3.02	.85
PF 8	Thinking hard about what steps to take.	9(3.1)	61(21.0)	119(40.9)	102(35.1)	3.07	.82
EF 9	Getting emotional support from others.	18(6.1)	69(23.5)	106(36.2)	100(34.1)	2.98	.90
EF 10	Saying things to let my unpleasant feelings escape.	13(4.5)	65(22.3)	104(35.6)	110(37.7)	3.06	.88
EF 11	Criticizing myself.	17(5.8)	69(23.7)	112(38.5)	93(32.0)	2.96	.88
EF 12	Getting comfort and understanding from someone.	15(5.2)	73(25.3)	105(36.5)	95(33.0)	2.97	.89
EF 13	Making jokes about it.	17(5.9)	56(19.4)	117(40.5)	99(34.3)	3.03	.87
EF 14	Accepting the reality of the fact that it has happened.	5(1.7)	62(21.2)	126(43.2)	99(33.9)	3.09	.78
EF 15	Expressing my negative feelings.	14(4.8)	56(19.1)	108(36.9)	115(39.2)	3.10	.87
EF 16	Trying to find comfort in my religion or spiritual beliefs.	15(5.1)	59(20.1)	116(39.6)	103(35.2)	3.04	.87
EF 17	Learning to live with it.	7(2.4)	56(19.3)	138(47.6)	89(30.7)	3.06	.77
EF 18	Blaming myself for things that happened	19(6.5)	64(21.8)	106(36.1)	101(34.4)	2.99	.91
EF 19	Praying / meditating	13(4.5)	56(19.5)	117(40.8)	101(35.2)	3.06	.85
EF 20	Making fun of the situation.	24(8.2)	62(21.3)	122(41.9)	83(28.5)	2.90	.90
AC 21	Turning to work or other activities to take my mind off things	14(4.8)	49(16.9)	128(44.1)	99(34.1)	3.07	.83
AC 22	Saying to myself, "This isn't real."	37(12.7)	58(19.9)	100(34.2)	97(33.2)	2.8	1.01
AC 23	Using alcohol or other drugs to make myself feel better	63(21.7)	50(17.2)	102(35.2)	75(25.9)	2.65	1.08
AC 24	Giving up trying to deal with it	33(11.5)	68(23.7)	102(35.5)	84(29.3)	2.82	.98
AC 25	Refusing to believe that it has happened.	31(10.8)	60(20.9)	107(37.3)	89(31.0)	2.88	.97
AC 26	Using alcohol or other ways to help me get through it.	104(35.7)	87(29.9)	54(18.6)	46(15.8)	2.82	1.11
AC 27	Giving up the attempt to cope.	37(12.7)	53(18.2)	131(44.9)	71(24.3)	2.80	.94
AC 28	Doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping	7(2.4)	50(17.4)	131(45.6)	99(34.5)	3.12	.77

Note: 1 – 8: Problem-focused Coping; 9 – 20: Emotion Focused Coping; 21 – 28: Avoidant coping

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