

Analysis of Factors Causing Depression among University Administrative Staff

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Abstract. Occupational depression is a global issue impacting productivity, yet attention to administrative staff in higher education remains limited. A preliminary survey at Nusa Cendana University indicated that 28% of administrative staff exhibited symptoms of depression. This study aimed to analyze the determinants of such depression by examining psychological well-being, work-life balance, and work environment. Using a qualitative design, data were collected through in-depth interviews with six administrative staff members identified with depression and analyzed using Reflexive Thematic Analysis. Results identified three key themes: personal life interference with work because of family dysfunction, workplace ambivalence as a stressor, emotional escape, and manifestations of psychological collapse. It is concluded that depression among administrative staff represents a complex interaction between personal life issues and institutional pressures. These findings highlight the urgency of interventions through the development and implementation of policies that support mental health.

Keywords: *Administrative staff, Depression, Psychological well-being, Work environment, Work-life balance*

Abstrak. Depresi di lingkungan kerja telah menjadi isu global yang memengaruhi produktivitas, namun perhatian terhadap tenaga kependidikan di perguruan tinggi masih minim. Survei awal di Universitas Nusa Cendana mencatat 28% tenaga kependidikan mengalami gejala depresi. Penelitian ini bertujuan untuk menganalisis determinan depresi tersebut dengan meninjau aspek kesejahteraan psikologis, keseimbangan kehidupan-kerja dan lingkungan kerja. Penelitian ini menggunakan pendekatan kualitatif. Data dikumpulkan melalui wawancara mendalam dengan enam tenaga kependidikan yang teridentifikasi mengalami depresi, kemudian dianalisis menggunakan *Reflexive Thematic Analysis*. Hasil penelitian mengidentifikasi tiga tema utama: kehidupan personal yang mengganggu pekerjaan akibat disfungsi keluarga, ambivalensi tempat kerja sebagai stresor sekaligus pelarian emosional, serta manifestasi keruntuhan psikologis. Disimpulkan bahwa depresi pada tenaga kependidikan merupakan interaksi kompleks antara masalah kehidupan pribadi dan tekanan institusional. Temuan ini menunjukkan perlunya intervensi berupa pengembangan dan implementasi kebijakan yang mendukung kesehatan mental.

Kata kunci: *Depresi, Lingkungan kerja, Kesejahteraan psikologis, Tenaga kependidikan, Keseimbangan kehidupan-kerja*

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Introduction

Occupational depression is a critical issue impacting workforce productivity and well-being, with studies indicating that 15-30% of employees experience depression globally (Harvey et al., 2011; Theorell et al., 2015). In the higher education sector, administrative staff face high risks due to complex bureaucratic demands, stringent targets, and multi-stakeholder interactions. The report by Wray & Kinman (2021) substantiates the reality of this burden, revealing that 79% of employees frequently work under intense pressure, 52% face unrealistic time constraints, and 53% exhibit signs of probable depression.

Post-pandemic data recorded a 30.4% depression prevalence among university administrative staff (Arias-Flores et al., 2022), while research in Malaysia highlighted that non-academic professionals exhibited higher susceptibility to depressive symptoms compared to academics (Manaf et al., 2021). In Indonesia, literature remains heavily skewed toward lecturers and students (Kotera et al., 2022; Suwarsi et al., 2025). Locally, a preliminary survey at Nusa Cendana University (UNC) indicated that 28% of administrative staff experienced symptoms of depression (Health Promoting University, 2024). Preliminary interviews also revealed staff experiencing chronic emotional exhaustion and psychological distress due to clashes between domestic crises and rigid bureaucratic pressures.

To understand the contributing factors of the staff's depression, this study focuses on three aspects: psychological well-being, work-life balance, and work environment. **Psychological well-being** refers to an individual's ability to evaluate

their life positively, encompassing dimensions such as self-acceptance, positive relationships with others, autonomy, personal growth, environmental mastery, and a sense of purpose in life. (Ryff et al., 1995) Individuals with higher psychological well-being are generally better able to cope with stress and maintain mental resilience. In contrast, those with lower well-being tend to be more vulnerable to emotional disturbances and depressive symptoms.

Work-life balance is the ability to manage work and personal life demands harmoniously, as well as time management, flexibility, and equitable distribution of attention between professional and personal responsibilities (Ryff & Singer, 1996). Poor work-life balance can lead to chronic stress, fatigue, and increased susceptibility to depressive symptoms (Fisher et al., 2009). **Work environment** refers to the physical, social, and organizational conditions at the workplace that affect employee well-being. Key elements include relational quality with colleagues and supervisors, organizational culture, fairness and safety, access to resources and health support, and mechanisms for managing work-related stress. A supportive work environment enhances psychological well-being, whereas a toxic or unsupportive environment can contribute to stress and the development of depression (Jyoti & Verma, 2022; Theorell et al., 2015; World Health Organization, 2024).

Within the Indonesian higher education context, occupational mental health research has predominantly targeted students' (Kotera et al., 2022; Ramadianto et al., 2022) or lecturers' (Rusli et al., 2023; Suwarsi et al., 2025) psychological well-being and depression, leaving administrative staff invisible in current mental health discourses. Consequently, there is a significant literature gap regarding depression among administrative staff in Indonesia. This study addresses this gap to provide an empirical basis for contextual mental health interventions. This study aimed to explore the factors causing depression among UNC administrative staff.

Method

This study employed a qualitative approach to gain an in-depth understanding of social phenomena from the perspectives of the individuals involved. Conducted at Nusa Cendana University (UNC) in Kupang from July to October 2025, the study was approved by the Research Ethics Committee of the Faculty of Medicine and Veterinary Medicine, UNC (No. 64/UN15.21/KEPK-FKKH/2025). Research subjects were administrative staff selected through purposive sampling with a maximum variation strategy to represent various work units, ages, genders, and employment statuses.

Inclusion criteria required active administrative staff screening positive for depressive symptoms or diagnosed by a professional, who provided signed consent. Staff failing to attend scheduled interviews three times or who were unreachable were excluded. Consequently, two participants were excluded, leaving a final sample of six administrative staff members (two males, four females, aged 24 to 57) from various work units, with varying marital and employment statuses (Table 1).

Table 1. *Participant characteristics*

Informant Code	Age (Years)	Gender	Work Unit	Marital Status	Employment Status	Length of Service
P1	34	Female	Bureau of General Affairs & Finance	Married	Contract Workers	7 Years
P2	37	Female	Faculty of Agriculture	Married	Civil Servant	9 Years
P3	57	Male	Fac. of Animal Husbandry, Marine & Fisheries	Married	Contract Workers	9 Years
P4	45	Female	Faculty of Medicine & Vet. Medicine	Unmarried	Civil Servant	17 Years
P5	52	Female	Faculty of Law	Married	Civil Servant	25 Years
P6	24	Male	Bureau of Academic & Student Affairs	Unmarried	Contract Workers	3 Years

Data were collected through face-to-face, in-depth interviews conducted by a clinical psychologist in a private room to ensure confidentiality. Before the interview, participants were provided with an explanation regarding the interview procedure. Guided by an interview guide, the session covered aspects of psychological well-being, work-life balance, and the work environment, lasting between 28 and 90 minutes (average: 60 minutes).

The interviews were audio-recorded, transcribed verbatim, and complemented by field notes documenting non-verbal observations. The transcripts were analyzed using Braun & Clarke's (2019) reflexive thematic analysis method, which consists of six phases: data familiarization, generating initial codes, searching for themes, reviewing themes, defining themes, and producing the report. Data trustworthiness was established through member checking. Data confidentiality was maintained by assigning informant codes and restricting data access to a secured Google Drive managed by two research team members.

Results

Based on the analysis, three main themes were identified that explain the determinants of depression among administrative staff. All names used in the transcript excerpts are pseudonyms.

Table 2. *Determinants of depression among administrative staff at Nusa Cendana University*

Main Theme	Sub-theme
Family Dysfunction	Impact of poor parenting and parental divorce Spouse as a source of trauma Toxic intervention from the spouse's family
Workplace Ambivalence	Relational toxicity and power abuse Structural injustice and status discrimination The workplace as a space for escapism

Manifestations of Psychological Collapse	Emotional dysregulation and inner suffering Self-erosion and psychophysical dysfunction Maladaptive coping and the nadir of despair
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Family Dysfunction: Loss of Support and Domestic Betrayal

For the participants, the home, which should serve as a sanctuary, has transformed into a primary source of stress due to conflict, exploitation, and psychological insecurity.

1. Impact of Poor Parenting and Parental Divorce

The psychological vulnerability experienced by administrative staff has historical roots in traumatic parenting experiences that shape negative cognitive schemas. Parental conflict or even divorce resulted in adverse childhood trauma.

"My father was irresponsible.... When my father and mother fought, I would cry in the corner... I saw my mother crying. I cleaned up the plates and glasses my father had thrown, and I just stayed silent. It is like a memory recorded in my mind since childhood." [P1].

P2 recounted receiving differential treatment and negative public labeling by her mother, instilling a deep sense of inferiority.

"...a neighbor said, 'Wow, Mrs. Leo's children are all smart,' and my mother spontaneously replied, 'Yes, except Indah. She is indeed a bit difficult.' In my heart, I felt, 'Why does Mom perceive me that way?'" [P2].

2. Spouse as a Source of Trauma

Marital relationships were characterized by exploitation, violence, and betrayal, which emerged as the largest contributor to depression. P2 experienced extreme domestic violence and economic exploitation.

"Every day I was tortured semi-militarily... I was told to sell RW (dog-meat dishes) in the neighborhood... I was beaten with a bamboo stick about 50 cm long on my shins... I was beaten until my husband was tired, until he fell asleep holding that bamboo." [P2].

P3 suffered catastrophic financial betrayal after his spouse committed online loan fraud and abandoned the family.

"She said there was no more... turned out she used the shop's name to borrow again... nearly two hundred million, Ma'am... Even to this day, I haven't finished covering it... totaling thirty-two [online loan] applications." [P3].

3. Toxic Intervention from Spouse's Family

Domestic pressure was further exacerbated by extended family members violating nuclear family boundaries. P1 reported coercive control and psychological terror from her mother-in-law over her career and domestic choices.

"I must not wake up later than my mother-in-law, or the door will be banged on... even when the child was sick, if we used traditional medicine, she said, 'Take him to the doctor.' But if we gave the doctor's medicine, she said, 'use village medicine.'" [P1].

For P3, the wife's family played a role in secondary victimization by supporting her destructive behavior, deepening the social isolation he experienced.

All of my wife's family were hostile toward me... her family supported her... if we had a problem like this, we should be called, sit together, and find a solution." [P3].

Workplace Ambivalence: Between Source of Pressure and Space for Escapism

Participants experienced a functional duality at work. Data analysis indicated ambivalence, with the workplace functioning as a contradictory entity. While the feudal bureaucratic structure and toxic relationships acted as stressors, the workplace paradoxically served as an emotional refuge from domestic trauma.

1. Relational Toxicity and Power Abuse

Destructive workplace relationships among colleagues and leaders, characterized by betrayal, aggression, and unethical dominance, could lead to a loss of psychological safety. P2 experienced **institutional betrayal** through unaddressed sexual harassment by a superior, alongside unilateral **credit theft** of her work.

"I was once a victim of sexual violence by my superior... eventually, the issue gradually disappeared." [P2]

"The next day, I sent it to the Vice Dean. Then she reported, saying in front of me, 'Sir, I had finished making the PPT.' I felt hurt because it was always like that..." [P2]

At the peer level, P5 experienced relational aggression and breach of privacy by a colleague.

"...how could [she] stab me in the back, gossiping about me... my first fight with my husband caused a stir in the faculty.... That was why I could not trust people anymore." [P5]

Additionally, "career hostage-taking" occurred when leaders blocked staff mobility for operational convenience by canceling approved transfers (experienced by P2 and P5).

"I passed the P3K, but the Dean went to see the Rector so that my decree would remain at FAPERTA. So the first decree that had been issued was withdrawn." [P2]

2. Structural Injustice and Status Discrimination

The campus's feudal bureaucratic structure creates sharp social stratification. There were significant differences in treatment based on employment attributes and status. P1 noted that contract staff bore heavier workloads for less pay and faced strict nonverbal intimidation for disciplinary infractions that were tolerated among permanent staff (civil servant).

"Contract employees had a heavier workload... the honorarium distribution system was also unequal... regarding tardiness, perhaps because they were civil servants, it was ignored... But for us [contract employees], their way of reacting, their facial expressions, were already unpleasant." [P1].

P2 highlighted **academic hegemony**, where budget and self-development resources were monopolized by lecturers. Marginalizing administrative staff.

"There was apparently a leadership ego, they only wanted the budget spent on lecturers, while we, the administrative staff, might get only one percent or even zero." [P2].

3. The Workplace as a Space for Escapism

A unique finding in this study was the compensatory role of the work environment. Amidst existing toxicity and injustice, the office functioned as a defense mechanism to avoid more painful domestic trauma. P3 explicitly described this spatial inversion.

"Every afternoon when I went home, I was afraid... It was quiet, and I was alone. It was better for me to be here at the office... Work was precisely what made me calmer." [P3]

Manifestations of Psychological Collapse: From Emotional Exhaustion to Suicidal Ideation

The accumulation of domestic and professional pressures causes a wide spectrum of damage, ranging from internal emotional dysregulation to existential crisis and suicidal tendencies.

1. Emotional Dysregulation and Inner Suffering

Participants exhibited extreme mood instability as their capacity to manage emotional pain collapsed. Participants reported a condition of **prolonged grief**, emotional lability with sudden hysterical outbursts over minor triggers, or **emotional exhaustion** due to repeated betrayal.

"Suddenly triggered by something, I would immediately feel sad, cry uncontrollably... But after that, it was like normal again. Was that okay?" [P1]

"Because the heartbreak was too painful, very painful... I cried more often in my room. Even now I could cry... but I could not show it... But my heart was crying." [P3]

2. Self-Erosion and Psychophysical Dysfunction

Chronic mental pressure not only induced sadness but also eroded self-worth (self-erosion) and triggered tangible bodily and mental failure (psychophysical dysfunction). Some participants blamed him/herself or felt worthless.

"Maybe I failed as a husband, could not exemplify the character of a good husband (crying)... I blamed myself... I felt like a failure as a husband and father." [P3].

Some others experienced psychomotor paralysis, short-term memory or concentration loss.

"It was harder for me to focus on work, concentration was gone, and like, many things I did were wrong." [P6]

The most fatal cases were experienced by P2 and P5, where psychological stress triggered severe trauma somatization. P2 suffered a stress-correlated stillbirth at seven months, while P5 experienced a stroke and massive hemorrhaging in public.

"Ultimately, the severe stress resulted in a stillbirth at seven months of gestation." [P2]

"I had a stroke. Every month, I would be hospitalized three or four times... Once, while riding a motorbike, I suddenly started bleeding... another time, when I went to my child's school to see the teacher, I suddenly hemorrhaged." [P5].

3. Maladaptive Coping and the Nadir of Despair

In the most severe instances, participants' defense mechanisms collapsed or devolved into destructive strategies, precipitating life-threatening existential crises. Some participants adopted maladaptive coping mechanisms in the form of substance abuse (alcohol and cigarettes). Some participants experienced hallucinations and suicidal thoughts; some had even engaged in reactive self-harm and an intentional drug overdose.

"Ever since these problems started, I turned to drinking and smoking" [P6].

"It was like someone whispering, 'You took that rope, tie it there, you hang yourself'" [P1].

Once, when disappointed by my partner, I tried to kill myself... I cut this [pointing to wrist]... I took up antalgin, up to eight or nine pills at once." [P5].

Discussion

The findings indicate that depression among administrative staff at Nusa Cendana University results from layered socio-psychological interactions that distort the staff's work-life balance, triggered by ambivalence in the work environment, and cumulatively lead to the breakdown of their psychological well-being. To provide a focused, linear analysis that addresses the research objectives, the discussion examines the following three main aspects: the dynamics of work-life balance,

participants' perceptions of work-environment ambivalence, and the collapse of psychological well-being.

Dynamics of work-life balance. The study identified extreme disruptions in work-life balance, specifically dominated by the personal life interference with work (PLIW). Unresolved domestic issues—such as incidents of domestic violence, financial deception by partners, and toxic extended family intervention—spilled over to influence work. Consequently, their attention at the office was severely fragmented, triggering constant anxiety and reducing their ability to concentrate on administrative tasks. Homes, which should serve as spaces for recovery, instead became primary sources of emotional distress.

This negative spillover pattern corroborates the work-life balance model proposed by Fisher et al. (2009), particularly the PLIW dimension, in which personal life demands destructively interfere with work through negative home-to-work spillover. The trends identified in this study reinforce the findings of Wathen et al. (2015), which indicated that victims of domestic trauma are prone to decreased workplace performance manifested as presenteeism—being physically present but unproductive due to the heavy burden of managing ongoing trauma. However, these findings contrast with the majority of Western literature, which predominantly documents work interference with personal life (WIPL), typically driven by excessive work hours or job-related overtime (Byron, 2005; Schieman et al., 2009; Wray & Kinman, 2021).

The PLIW phenomenon observed in this context is deeply embedded in Indonesia's socio-cultural characteristics. The rigid patriarchal culture imposes dual roles on women (Ardelia & Pramiyanti, 2025), obliging them to manage domestic responsibilities even as they contribute economically (as illustrated by P1). Additionally, strong communal family ties often encroach upon the privacy of the nuclear household (Ayu Indah et al., 2026), serving as a key catalyst that accelerates the spillover of domestic stress into the workplace. So, initiatives to enhance staff well-being in higher education institutions should not be limited to formal workload

interventions alone; they should also provide broader support systems, such as family counseling services, to mitigate the risks of PLIW at an early stage.

Perceptions of the work environment ambivalence. The non-physical work environment is highly ambivalent. On the one hand, it functions as a secondary stressor through the abuse of managerial power, institutional betrayal, and status-based discrimination between permanent (civil servant) and contract staff. On the other hand, for participants experiencing acute domestic conflict, the workplace paradoxically transforms into a **space for emotional escapism**. Structured work routines provide a sense of control and predictability that is lacking in their chaotic home environments, serving as a temporary ego defense mechanism to maintain social functioning.

The oppressive features validate Patrick & Kareem's (2021) theory of non-physical work environments, emphasizing the importance of managerial support and organizational ethical standards. The dual function of the office as a refuge validates Fisher et al.'s (2009) **work enhancement of personal life (WEPL)** dimension in a pathological context and Holla's (2013) *Coping in Plain Sight* perspective, which illustrates how individuals actively engage in intensive work to divert attention from personal emotional suffering.

Moreover, the destructive impact of unresolved sexual harassment cases or neglect of staff rights reinforces Smith & Freyd's (2014) concept of **institutional betrayal**, whereby institutions that fail to protect their members exacerbate the emotional trauma beyond the initial stressor. This study also aligns with Ramadhani et al. (2023), who highlight that the quality of the non-physical work environment significantly influences employee distress and psychological well-being. The implications suggest that university management must implement structural reforms to uphold organizational justice and create a discrimination-free workspace.

The collapse of psychological well-being. Ultimately, the accumulation of role-life imbalances due to PLIW and exposure to a toxic work environment culminates in a total breakdown of the administrative staff's psychological well-

being. Clinical manifestations observed span a deeply concerning spectrum, ranging from persistent emotional dysregulation to suicidal ideation and attempts. When individuals simultaneously lose agency and control over both personal and professional domains, they experience learned helplessness and erosion of self-acceptance. Participants tend to internalize perceived failures—feeling inadequate as spouses or parents—compounded by structural devaluation in the workplace, ultimately undermining self-esteem and triggering profound existential despair.

This psychological collapse reflects fundamental disruptions in the core dimensions of psychological well-being (PWB) as defined by Ryff (1995), particularly in environmental mastery and self-acceptance. The severity of participants' symptoms—including command hallucinations to end their lives—meets the diagnostic criteria for major depressive disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), American Psychiatric Association (2013). The drastic decline in PWB within an unsupportive institutional environment aligns closely with Zaghmou's (2024) framework, which emphasizes that prolonged exposure to toxic leadership and unaddressed workplace stressors serves as a primary predictor of severe psychological deterioration.

Furthermore, pervasive negative stigma surrounding mental health in Indonesian society exacerbates these conditions. Fear of being labeled "weak," "less faithful," or "incompetent" compels participants to conceal their suffering (emotional isolation) within private spaces, foregoing professional support. Consequently, there is an urgent need to implement proactive and inclusive clinical interventions for administrative personnel. Campus mental health policies should no longer be biased toward faculty and students alone. Still, they must also encompass administrative staff through regular screening systems to prevent fatal psychological risks in the workplace.

Theoretically, this study makes a significant contribution to the occupational mental health literature by deconstructing the dominance of Western-centric narratives, which typically focus on work interference with personal life (WIPL)

arising from overtime in office work. The findings demonstrate that, in a communal society such as Indonesia, the PLIW dimension exerts a far more determinative effect on the staff's depression. Furthermore, the study provides a strong socio-cultural contextualization of how local cultural values—such as rigid patriarchal gender-role expectations, extensive communal family interventions, and pervasive negative stigma surrounding mental health—act as hidden catalysts accelerating psychological deterioration among non-academic staff in higher education institutions.

Despite offering an in-depth qualitative analysis, the study acknowledges several limitations. First, its relatively small sample size and being limited to a single institution limit the generalizability of the findings across Indonesia. Second, data collection relied heavily on self-report through in-depth interviews, which may introduce retrospective bias or a tendency among participants to conceal certain traumatic details due to fear of social sanctions or negative judgment. Given these limitations, future research is encouraged to adopt mixed-methods approaches or involve multiple universities.

Conclusion

The depressive symptoms observed among administrative staff do not constitute a singular, monocausal phenomenon but rather represent the destructive outcome of layered socio-psychological interactions. First, we identified extreme disruption in participants' work-life dynamics, dominated by patterns of personal life interference with work (PLIW). Second, perceptions of the non-physical work environment were highly ambivalent; rigid bureaucratic structures acted as secondary stressors through organizational injustice and discrimination, yet paradoxically also served as a temporary emotional escape to preserve sanity. Third, the cumulative pressures from both domestic and professional domains culminated in a fatal collapse of psychological well-being, manifested in a clinically dangerous spectrum ranging from chronic emotional dysregulation to substance abuse and suicidal attempts.

Suggestions

Based on these findings, several specific and actionable recommendations are advised. First, a zero-tolerance policy should be formulated and implemented toward all forms of workplace violence, including sexual harassment. These policies must include transparent legal and administrative sanction mechanisms applied without positional bias. Second, an Employee Assistance Program (EAP) that ensures complete anonymity for all users should be established. This service should extend beyond formal workplace stress management to provide domestic crisis counseling, legal advocacy for domestic violence victims, marriage and family counseling, and professional support for mental health problems. Third, mandatory regular mental health screenings for all administrative personnel to detect mental health problems early. Fourth, regular psychoeducational workshops and mental health awareness campaigns to reduce stigma and foster psychological safety across the campus environment should be held.

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