

**LOCUS OF CONTROL, SELF-EFFICACY AND SYMPTOMS OF  
DEPRESSION OF WORKING STUDENTS**

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**ABSTRACT**

*In an attempt to provide more information in understanding depression, this descriptive correlational research was conceptualized to assess the relationship of the locus of control and self-efficacy to depression symptom category among participants. The study made use of a descriptive correlational research design. Utilizing purposive sampling method, the participants of the study are 166 students who are working while studying at three selected universities. The study Generalized Self-Efficacy Scale (GSE) created by Schwarzer and Jerusalem (1995); and Locus of Control Survey developed by Pettijohn (2003), revised by William Eaton and company in 2004, were used for screening depression and depressive disorder. Statistics such as Frequency and Percentage Distribution were used to present the participants' locus of control, self-efficacy, and depression level; T-test, One-way ANOVA and Chi-square test were used to test the study hypotheses. The study found out that age is associated with locus of control. Further, depression symptom category is positively highly correlated to locus of control. Also, depression symptom category is negatively highly correlated to self-efficacy which implies that the higher is the level of self-efficacy, the lower is the depression symptom. Thus, depression symptom category can be predicted through the individual's extent of locus of control and level of self-efficacy.*

**Keywords:** *depression symptom, locus of control, self-efficacy, working students*

## INTRODUCTION

Today's generation is far from the Millennials' life. Today, many are engrossed with their internet gadgets as a form of entertainment. Many keep their problems within themselves. The way of living becomes expensive that even with economic advancement, many parents still struggle in sending their children to school. With this, these children are pushed to work for them to be able to continue their studies.

Experiencing hardships in life challenges the mental health of individuals. At times, it could lead to depression. The World Health Organization data as of 2016 revealed that there are 350 million people of all ages who suffer from depression globally.

In the Philippines, on the other hand, several news talk about Filipino individuals who committed suicide because of frustrations in life eventually led to depression. As a guidance counselor, the researcher had counseled several students who claimed suffering from depression. These students came from broken families and unsupportive parents. Yet, these are not the only students who are suffering from adversities in life. There are quite a number of students who are working while studying. Students who attend school while working face unique challenges that make life more difficult. They need extra effort to balance work and classes. They also face problems on health caused by physical and mental fatigue. This encouraged the researcher to look into how these students deal with the adversities in life and the effect to their mental health, particularly depression.

Depression can affect overall functioning. Depression has been linked to academic difficulties as well as internal problems at school. It is the researcher's assumption that the extent to which the individuals experience depression is related to their cognitive processes. These cognitive processes may serve as their coping mechanisms to reduce psychosocial, emotional, and physical distress associated with difficulties encountered during their distressful life activities.

One coping mechanism is self-efficacy. According to Albal and

Kutlu (2010), individuals with a higher sense of self-efficacy tend to respond more insistently and positively to difficulties, demonstrate coherent and active coping behaviors, set higher targets for themselves, and have higher expectations of success. In contrast, individuals with lower self-efficacy levels tend to give up in the face of difficulties and experience high levels of depression and anxiety.

Locus of control, on the other hand, is a belief, a generalized expectancy regarding personal control over life-event. An internal locus of control implies self-confidence and an ability to control the experiences of life. In contrast, an external locus of control implies attributing events in one's life to powers outside his or her control. It may lead to feelings of helplessness, hopelessness, and depression (Reghuraman, 2009). It is therefore necessary that the cognitive processes such as self-efficacy and locus of control be studied to look into its relationship into depression to contribute to the available data. It will also serve as a basis for psychiatrists, psychologists, and guidance counselors in developing a more intensive therapy for individuals suffering from depression or interventions that would prevent the development of depression.

### **Purpose and Statement of the Problem**

The purpose of the study is to assess and to establish the relationship of locus of control, self-efficacy, and symptoms of depression among working students.

Specifically, it sought to answer the following problems:

1. To what extent do the participants possess internal or external locus of control?
2. What is the level of self-efficacy of the participants as measured by the General Self-efficacy Scale?
3. What depression symptom category do the participants belong as measured by the Central for Epidemiologic Studies Depression Scale Revised?
4. Is there a significant difference in the participants' locus of control, level of self-efficacy, and depression symptom category when

grouped according to profile variables?

5. Does participants' symptom of depression correlate significantly with their locus of control, and self-efficacy?

## **METHODOLOGY**

The study made use of a descriptive correlational research design. Utilizing purposive sampling method, the participants of the study are 166 working students enrolled in 2 private and 1 public universities in Tuguegarao City. The study used the Generalized Self-Efficacy Scale (GSE) created by Schwarzer and Jerusalem (1995) which assesses a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events; Locus of Control Survey developed by Pettijohn (2003) which is devised to assess the extent to which an individual possesses internal or external reinforcement beliefs; and the Center for Epidemiologic Studies Depression Scale Revised (CESD-R) revised by William Eaton and company in 2004, which is used for screening depression and depressive disorder. The statistical tools that were utilized in analyzing the data gathered include Frequency and Percentage Distribution to present the profile variables of the participants, as well as their locus of control, self-efficacy, and depression level; T-test or One-way ANOVA to measure whether there exists a difference in the locus of control and self-efficacy of the participants when grouped according to profile variables; and Chi-square test to measure whether there exists a difference in the depression symptom category of the participants when grouped according to profile variables and whether there exists a relationship between the variables considered in the study.

## **RESULTS AND DISCUSSION**

The data gathered with their corresponding analysis and interpretations are as follows:

**Participants' Profile**

**Table 1**

*Profile of Participants by Sex, Age and School*

	<b>Profile</b>	<b>Frequency</b>	<b>Percentage</b>
Gender	Male	57	34.30
	Female	109	65.70
Age	17-18	69	41.57
	19	44	26.50
	20 yrs old and above	53	31.93
	Mean Age = 19.25	SD = 2.05	
School	Private	65	39.20
	Public	101	60.80
	<b>Total</b>	<b>166</b>	<b>100.00</b>

Table 1 shows that majority of the participants are female (65.70%), most (69 or 41.57%) of which fall within the age range 17-18 years old, and majority (101 or 60.80%) were enrolled in government university.

**Participants' Locus of Control, Self-Efficacy Level, and Depression Symptom Category**

**Table 2**

*Participants' Locus of Control, Self-Efficacy Level and Depression Symptom Category*

Locus of Control	Very Strong Internal Locus of Control	4	2.40
	Internal Locus of Control	89	53.60
	Both Internal and External Locus of Control	72	43.40
	External Locus of Control	1	0.60
	Mean = 63.83	SD = 10.029	DI= Internal Locus of Control
Self-Efficacy Level	Very High	25	15.10
	High	106	63.90
	Low	35	21.10
		Mean = 29.42	SD= 5.128
Depression Symptom Category	No Clinical Significance	122	73.50
	Sub threshold Depression Symptom	41	24.70
	Possible Major Depressive Episode	3	1.80

As shown, majority (89 or 53.60%) of the participants have internal locus of control. The mean score of 63.83 indicates that

generally, they have an internal locus of control. This means that majority of the participants see themselves as responsible for the reinforcements they attain in life. Neill (2006) notes that having an internal locus of control is usually seen as the more desirable state, as it implies a sense of self-control and self-governance. According to Carrim et al. (2006), people with an internal locus of control believe that the outcomes of their actions are a result of their own personal efforts, abilities, or permanent characteristics. They believe that arduous work and personal abilities lead to positive outcomes. Thus, these individuals interpret reinforcements they receive from their surroundings as contingent upon their own actions (Lee-Kelly, 2006).

As to self-efficacy level, majority (106 or 63.90%) of the participants have high self-efficacy level. Generally, the mean score of 29.42 in this construct is considered as high self-efficacy level. Participants who have high self-efficacy view challenging problems as tasks to be mastered, have strong sense of commitment to their interests and activities and recover quickly from setbacks and disappointments. Albal and Kutlu (2010) pointed out that individuals with a higher sense of self-efficacy tend to respond more insistently and positively to difficulties, demonstrate coherent and active coping behaviors, set higher targets for themselves, and have higher expectations of success.

As to Depression Symptom Category, majority (122 or 73.50%) of them have "No Clinical Significance." It is also worthy to note that there are 41 or 24.70% who have a Subthreshold Depression Symptom and 3 or 1.80% have Possible Major Depressive Episode. This could mean that majority of the participants feel some sadness once in a while, but it is insignificant to consider as a symptom of depression. Those who have Subthreshold Depression Symptom on the other hand, experience higher degree of the different depression symptom groups but do not meet the criteria for any of the major depressive symptoms. However, these individuals have to consider seeking for professional help. Those who have Possible Major Depressive Episode experience anhedonia (loss of interest) or dysphoria (sadness) nearly every day for the past two weeks and symptoms in an additional two other DSM symptom groups reported as occurring either nearly every day for the past two weeks, or 5-7 days in the past week. Thus,

individuals who have this symptom category need to seek the help of professional. According to the National Institute of Mental Health (2015), depression causes severe symptoms that affect how you feel, think, and manage daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks. Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms. Some people have many. The severity and frequency of symptoms, and how long they last, will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness. Like the present study, some researchers also found that there are students who experience depression. The study conducted by Blanco et al. (2008) found that almost half of American college-aged individuals meet criteria for depression. Also, the survey conducted by Kisch et al. (2005) found that 62.2% of students had experienced feelings of hopelessness at least once during the past year, and 44.4% reported having experienced being so depressed.

### **Comparison on Participants' Locus of Control and Self-Efficacy Level Among Grouping Variables**

**Table 3**

*T-test Result of the Locus of Control and Self-Efficacy Level of the Participants by Sex*

Variables	Sex	Mean	SD	T	Df	P value	Decision
Locus of Control	Male	65.61	10.224	1.67	164	.097	Accept Ho
	Female	62.89	9.844				
Self-Efficacy Level	Male	30.35	5.627	1.698	164	.091	Accept Ho
	Female	28.94	4.802				

The obtained probability values of 0.097 and 0.091 mean that there is no significant difference on the locus of control and self-efficacy level between the male and female group. This means that sex failed to cause significant variation in the locus of control and self-efficacy of the participants.

The result of the present study does not coincide with the findings of Manger and Eikeland (2000) in their study on the relationship

between locus of control, level of ability and gender. The analyses of gender differences showed that girls had significantly higher total internal locus of control scores than boys. Also gender difference in the locus of control was found from the study by Semykina and Linz (2007) on “Gender differences in personality and earnings: Evidence from Russia.” In contrast with the study of Manger and Eikeland (2000) the study reveals that women have a higher likelihood of being external, while men tend to be more internal.

The study of Jenks (2004) found the same result with the present study. In exploring the self-efficacy of English language learners from different age, sex, and language proficiency backgrounds, the results indicate that there is no significant association between self-efficacy and sex. Such findings run counter the study conducted by Soysa and Wilcomb (2015) wherein gender difference in self-efficacy was revealed, where men reported higher levels than women did.

**Table 4**

*T-test Result of the Locus of Control of the Participants by Age*

Age Group		Mean Difference	Sig.	Decision
17-18 yrs. old	19 yrs. old	2.456	.402	Accept Ho
	20 yrs old & above	-3.126	.195	Accept Ho
19 yrs. old	17- 18 yrs. old	-2.456	.402	Accept Ho
	20 yrs old & above	-5.581*	.017	Reject Ho
20 yrs old & above	17- 18 yrs. old	3.126	.195	Accept Ho
	19 yrs. old	5.581*	.017	Reject Ho

\*F Value = 3.928; Probability Value = 0.022;  $\alpha$  = 0.05 level

Table 4 shows a computed F-ratio of 3.928 with a probability value of 0.022. This result suggested the rejection of the null hypothesis which means that age causes disparity in the locus of control of the participants. It can be seen from the table that the locus of control of the participants who are 19 years of age compared to those who belong to 20 years old and above have significantly lower scores. This is evidenced by the mean difference of -5.581 and p value of .017 which is less than 0.05 level of significance. The result of the present study is similar to the findings of the study conducted by Siu et al. (2001) wherein it was found out that from the total of 634 managers, the older managers reported to have more internal locus of control as

compared to the younger managers. Statistical analysis suggested that work locus of control can be attributed to age.

**Table 5**

*ANOVA Result of the Level of Self-Efficacy of the Participants by Age*

Age	N	Mean	SD	df	F	P value	Decision
17-18 yrs. old	69	29.61	4.622	2	.271	.763	AcceptHo
19 yrs. old	44	28.93	5.538				
20 yrs. old & above	53	29.58	5.465				

Table 5 reveals a probability value of 0.763 which suggests that the hypothesis which states that there is no significant difference in the self-efficacy level of the participants when grouped according to age is not rejected. Jenks (2004) also found no association between self-efficacy and age. On the other hand, Albion et al. (2005) found a moderating effect for age on the relationship between Proactive Attitude and General Self-efficacy. Also, Zhang et al. (2015) found that self-efficacy was related to age.

**Table 6**

*T-test Result of the Locus of Control and Level of Self-efficacy of the Participants by School*

Variable	School	Mean	SD	t	Df	P value	Decision
Locus of Control	Private	62.85	10.75	-1.009	164	0.314	AcceptHo
	Public	64.46	9.54				
Self-Efficacy	Private	30.22	5.647	1.608	164	0.110	AcceptHo
	Public	28.91	4.722				

The probability values of 0.314 and 0.110 in Table 6 reveal that there is no significant difference on the locus of control and self-efficacy level of participants when grouped according to school. This means that significant difference in the participants' locus of control and self-efficacy level cannot be attributed to type of school.

**Comparison on Participants' Depression Symptom Category Among Grouping Variables**

**Table 7**

*Chi-Square Test Result on the Participants' Depression Symptom Category Among Grouping Variables*

Variables	Computed $\chi^2$ Value	Probability Value	Decision at $\alpha=0.05$
Sex	1.325	0.250	Accept Ho
Age	1.530	0.465	Accept Ho
School	0.196	0.658	Accept Ho

The probability values of 0.250, 0.465 and 0.658 indicate that there is no significant difference in the participants' depression symptom category when they are grouped by sex, age, and school.

The result of the present study is in contrast with an analysis conducted by the University of Wisconsin-Madison (2017) wherein it has broken new ground by finding gender differences in both symptoms and diagnoses of depression appearing at age 12. The analysis, based on existing studies that looked at more than 3.5 million people in more than 90 countries, confirmed that depression affects far more females than males. The study conducted by Goldberg et al. (2003) on "Age Differences in Symptoms of Depression and Anxiety: Examining Behavioral Medicine Outpatients" reveals that in a sample of 178 male veterans aged 21–83 years, older adults ( $\geq 60$  years) reported lower overall depressive symptoms on the Beck Depression Inventory (BDI) than did younger adults ( $< 60$  years). Depressive symptoms were highly prevalent. Among older adults, 60.0% scored ten or higher on BDI and 33.8% scored sixteen or higher. Among younger adults, 70.8% scored ten or higher on BDI, and 48.7% scored 16 or higher.

**Correlation Analysis Between Depression Symptom Category and Locus of Control and Self-Efficacy**

**Table 8**

*Chi-Square Test Result on the Participants' Depression Symptom in Relation with Locus of Control and Self-Efficacy*

Variables	Computed $\chi^2$ Value	Probability Value	Decision at $\alpha=0.05$
Depression Symptom Category with Locus of Control	11.690	0.001	Reject Ho
Depression Symptom Category with Self-Efficacy	79.927	0.000	Reject Ho

The Chi-square test result reveals that depression symptom category is correlated to locus of control and self-efficacy level. This means that participants with internal locus of control have no clinical significance depression symptom. Reghuraman (2009) discussed the role of locus of control on depression in his article "Depression, Helplessness, Hopelessness, and External Locus of Control." He believed that having an external locus of control can lead to feelings of helplessness, hopelessness, and depression. People with a high external locus of control believe that they are largely powerless in their own lives. High external locus of control contributes to depression in two different ways. First, it affects the way a depressed person views the world. Second, it affects the way a depressed person approaches a bout of depression. People with a high internal locus of control are less likely to feel helpless or hopeless in their lives. This is because they feel they are the captain of their own ship that they are able to make changes in their lives to achieve desired outcomes. Yu and Fan (2016) found a similar result with the present study wherein their study reveals that a relationship exists between external locus of control and depression. Zawawi and Hamaideh (2009), on the other hand, found that no relationship exists between external locus of control (Powerful others) and depression, but externality of locus of control (Chance) is significantly positively related to depression, and internality of locus

of control is significantly negatively related to depression. Afifi et al. (2006) also found an association between health locus of control and adolescent depression.

A similar result was found on a study about the relationships between self-efficacy and symptoms of depression, anxiety, worry and social avoidance in a large sample of normal students by Tahmassian & Moghadam (2011). The study revealed that there is a significant and negative relationship between total self-efficacy, physical self-efficacy and academic self-efficacy and depression. Albal and Kutlu (2010) also found out in their study that self-efficacy is an important factor in the development and continuance of depression. According to the study, the self-efficacy scores of depressive patients were low in coping with depression. Therefore, attempts to increase self-efficacy of the individuals suffering from depression will help them cope with the disorder and achieve compliance. Myers (2008) discussed that children and adults with strong feelings of self-efficacy are more persistent, less anxious, and less depressed.

## **CONCLUSION**

Based on the findings of the study, from the three profile variables included, it is only age that is associated with locus of control. Further, depression symptom can be predicted through the individual's extent of locus of control and level of self-efficacy. Therefore, the lower the extent of locus of control, the lower is the probability to have a depression symptom. Moreover, the higher is the level of self-efficacy, the lower is the probability to have a depression symptom.

## **RECOMMENDATIONS**

In the light of the foregoing findings and conclusion of the study, the researcher recommends the following:

The guidance counselors may implement activities such as growth sessions, seminars or symposia that would improve the self-efficacy level and develop internal locus of control that will serve as a prevention program in the development of symptoms of depression

among students.

In like manner, psychologists and psychiatrists may further enhance their treatment program or psychotherapy in increasing the self-efficacy, as well as, developing an internal locus of control to reduce depressive symptoms of their clients.

Also, parents may encourage their children to join activities that would improve their self-efficacy and develop internal locus of control.

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