# CORE SELF-EVALUATION AND NEGATIVE AFFECT AS ANTECEDENTS OF DEPRESSIVE SYMPTOMS: A QUANTITATIVE INVESTIGATION AMONG UNDERGRADUATE POPULATIONAT NNAMDI AZIKIWE UNIVERSITY, AWKA, NIGERIA

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## ABSTRACT
This study investigated Core Self-evaluation and Negative Affect as Antecedents of Depressive Symptoms: A Quantitative Investigation among Undergraduate Population. A sample of 305 individuals participated in this study, which included 110 males (36.1%) and 195 females (63.9%), with a mean of 23.98 and standard deviation of 3.06. The study adopted a predictive design and multiple linear regression analysis, and analyzed using SPSS version 25. Instruments used for data collection include the Patient Health Questionnaire-9 (PHQ-9) developed by Robert et al. (1999); Core Self-evaluation Scale (CSES) developed by Judge et al. (2003), and Positive and Negative Affect Schedule (PANAS) developed by Watson et al. (1988). Core self-evaluation and negative affect both significantly predicted depressive symptoms, negatively and positively, respectively; age was also found to be a negative and significant predictor of the outcome. From the findings, it is recommended that universities adopt and maintain programs aimed towards mental health education and skill building for self-efficacy among undergraduates.

**Keywords:** Core self-evaluation, Negative affect, depressive symptoms, Self-efficacy, and Negative emotions

## INTRODUCTION
Depressive thoughts have been present since the dawn of humanity, with individuals experiencing different degrees in fluctuation of emotions and behaviour as a result of their interaction with their environment. Throughout human history, the concept of depression has been approached from different perspectives, ranging from spiritual explanations to the Hippocratic theory of temperament. Overtime, our understanding of depression has evolved, and the paradigm continues to shift as new evidence emerges on its causes and effects on various aspects of human interaction. Depression is a multifaceted mental health disorder characterized by a persistent and pervasive pattern of sadness, empathy and irritable mood, loss of interest or pleasure in activities that were once enjoyed. Depressive symptoms comprise clusters of emotional, cognitive, and behavioral alterations that characterize depression. This has of recent become pervasive and prevalent among young people. Khadija et al. (2022) expressed that the overall prevalence of depressive symptoms was 74.7% with mild ranging from 31.5%, moderate 36.3%, and severe 0.7% respectively in Nigeria, amongst other symptoms as outlined by the Diagnostic and Statistical Manual of Mental Health Disorder (DSM-5) includes significant weight loss when not dieting or weight gain or decrease or increase in appetite, insomnia or hypersomnia that is lack of sleep or too much of sleep,

psychomotor agitation or retardation, fatigue or loss of energy nearly every day, the feeling of worthlessness or excessive or inappropriate guilt—the diminished ability to think or concentrate, indecisiveness, recurrent thoughts of death that is recurrent suicidal ideation.

These symptoms no doubt have numerous effects on the overall functioning of the individual. Research indicates that depressive symptoms are related to low academic performance or achievements (Denget al., 2022). It was established that depression is a casual factor by which student get low grades and find it difficult to maintain their grades. An individual with depressive symptoms such as the feeling of worthlessness may withdraw him or herself including not attending lectures and this hinders learning. Shaikh and Chandio (2024) also pointed out that diminished ability to think or concentrate could be among the symptoms that hinder academic performance, depressive symptoms can to a great extent negatively affect social relationships, including both in social media and off social media.

This withdrawal from friends, family, and the social web further fuels the feeling of worthlessness and recurrent self-rumination. They may also show gross neglect of themselves as they engage in perpetual self-rumination and inappropriate guilt. Amongst the social Influences of depression symptoms includes unusual social comparison, students may think that their situation is worse than others' own and as such unfavorably compare themselves with others which exacerbates feelings of inadequacy and low self-esteem. Furthermore, Songco et al. (2023) emphasized that individuals with depressive symptoms manifest a broad range of difficulties in executive functioning (including working memory). The reduction in working memory in this context contributes to the maintenance of depressive state which is done through limiting the cognitive resources available to engage in adaptive emotional regulation (Everaert & Koster, 2020).

In severe cases, depressed individuals may experience suicidal ideations or suicidal attempts. According to the World Health Organization (WHO), suicide is the second leading cause of death among university students worldwide. In this occurrence, Nigerian universities are not exempted. Studies show that suicidal behaviors are more prevalent among undergraduate students in Northern Nigeria (Iweama et al., 2024). However, studies show that suicide is highly underreported in Nigeria due to its delicate nature, and cultural implications attached to it.

Researchers have over the years provided explanations, causes, and predictors of depressive symptoms. Existing research has proven that the factors that cause depressive symptoms range from biological, psychological, and social aspects. Dadematthew et al. (2024) reported that the major causes of depressive symptoms include the following factors; the experience of bullying, history of sexual abuse, difficulty getting along with others, and family dysfunction. However, this report was solely based on adolescents, so it cannot be juxtaposed with an undergraduate population that comprises not just adolescents. On the other hand, Yang et al. (2023) thought, that the predictors of depressive symptoms include trauma, occupational, socio-demographic, and lifestyle factors. That is to say, stress is implicated in the prevalence of depressive symptoms; however, this study was conducted with the Chinese population and hence cannot be generalized to the Nigerian Population on grounds of cultural differences. Thus, it becomes imperative to investigate the factors that predict depressive symptoms with the Nigerian population in perspective.

The hub of this paper is to investigate core self-evaluation and negative effects as predictors of depressive symptoms among undergraduate students. Core self-evaluation refers to a person's fundamental beliefs and appraisal about themselves including their worth, competence, and overall abilities. Zou et al. (2022) suggested that better core self-evaluation can be a protective factor against suicidal ideation and other depressive symptoms. In other words, this means that poor or negative core self-evaluation could be a predisposing factor for depressive symptoms.

A student with low core self-evaluation tend to hold negative beliefs or assumptions about themselves, they tend to down-score themselves about abilities and their future. This negative appraisal can lead to increased self-criticism, self-doubt, and a higher risk of depressive symptoms like withdrawal from friends or social isolation. Furthermore, they may also experience more negative emotions as a result of how core self-evaluation The University as an environment that promotes academic success and excellence may invariably exert pressure on students to perform well or stand out. However, when students fail to perform as expected, they may feel less self-efficacy which may in turn lead to depressive symptoms. Therefore, it becomes paramount to scientifically study and test this proposition to establish the extent to which core self-evaluation predicts depressive symptoms among undergraduates.

In furtherance, negative affect refers to a general state of unpleasant emotion; it encompasses feelings such as guilt, sadness, anxiety, fear, anger, and disgust. It involves experiencing the world more negatively. Rutter et al. (2024) opined that negative affect is associated with most symptoms of internalizing psychopathologies. However, this finding was based on the individual who disclosed their diagnosed outline and may be prone to bias which further necessitates this study. Students with high negative affect may be more prone to stress (increased stress sensitivity). They may overly react to stressful situations which may lead to a continuous cycle of negative emotions triggering depressive symptoms. Additionally, they may experience more self rumination and worry dwelling perpetually on negative thoughts which literature suggests can perpetuate depressive thoughts and feelings. They may also experience sleep disturbance (insomnia) as a result of their negative perception of the world around them, it can also lead to daytime fatigue which are all symptoms of depression.

## RESEARCH QUESTIONS

1. Will core self-evaluation predict depressive symptoms among undergraduates?
2. Will negative affect predict depressive symptoms among undergraduates?

## LITERATURE REVIEW

### Depressive Symptoms

Depressive symptoms constitute of overt manifestation of emotional and behavioural dysregulation, which arises from a perturbation in the homeostatic balance of an individual's psychological well-being. Depression is an emotional state that is often characterised by feelings of guilt, low perception of one's worth and a diminished ability to enjoy life. According to the Diagnostic and Statistical Manual of Mental Disorders, a depressed person usually experience feelings such as sadness, low self-worth, hopelessness, loss of interest or inability to enjoy activities that were once pleasurable, loss of appetite insomnia etc. Depressive symptoms mostly manifest as internalised experiences, making them almost imperceptible to casual observation. This reason thereby necessitates a high degree of proximity or familiarity with the individual to facilitate accurate detection in the absence of a psychological test. Consequently, depression poses a unique challenge in diagnosis and treatment, distinguishing

it from physical health symptoms that can be readily observed or diagnosed through conventional clinical assessments.

Although, experiencing depressive symptoms does not necessarily imply that one has depression as many factors are considered before a reliable diagnosis (England & Sim, 2009). This implies that depressive symptoms can manifest as a result of several factors, some of these factors can be within the individual, or external. Tartakovsky (2018) opined that depressive symptoms frequently arise from prolonged engagement in self-rumination. This assertion sharply contrasts with Elmer and Stradfelt (2020), who posited that depressive symptoms are closely associated with social isolation. This implies that isolation may be a contributing factor to the manifestation of depressive symptoms. Studies have established that the etiology of depressive symptoms is complex, ranging from biological factors to psychological and social factors which inherently necessitate this investigation of core self-evaluation and negative affect.

**Core self-evaluation**

Core self-evaluation (CSE) is a complex construct that shares a conceptual affinity with self-esteem, as it encompasses an individual's assessment of their self-worth. However, CSE transcends the boundaries of self-esteem by incorporating a broader range of affective and cognitive evaluations. Specifically, CSE reflects an individuals confidence in their ability to exert control over their life circumstances, as well as their self-efficacy beliefs regarding their capacity to perform, cope, persevere, and succeed (Judge, 2009). Furthermore, it encompasses a general sense of optimism, wherein individuals possess a fundamental expectation that their life will unfold positively. In essence, CSE constitutes a fundamental bottom-line appraisal that individuals make of themselves, which can manifest as either a positive or negative evaluation. Di Fabio and Palazzeschi (2020) conceptualised core self-evaluation as a construct comprising a positive self-concept , characterised by elevated levels of self-esteem, general self-efficacy and an absence of pessimistic tendencies, alongside an internal locus of control. This definition aligns sharply with Judge's (2009) conceptualisation, yet diverges by not explicitly accounting for the polarity of core self-evaluation, which can manifest as either positively or negatively valenced. Other scholars such as Jugde et al. (1997) opined that Core self-evaluation are stable personality trait that reflects an individual's deep-seated beliefs about themselves. their abilities, and their control over life. People with high CSE tend to hold positive self-views and exude confidence, whereas those with low CSE often exhibit self-doubt and negativity. Accordingly, CSE encompasses four key dimensions: locus of control, neuroticism, generalised self-efficacy, and self-esteem. As a dispositional trait, CSE remains consistent over time and has been shown to predict various outcomes.

According to Zou et al. (2022) individuals with higher CSE scores tend to have lower depressive symptoms, this shows that they are inversely related. This implies that individuals with positive core self-evaluation (high CSE) are less likely to experience depressive symptoms. Additionally, Hentrich et al. (2017) emphasized that individuals with low CSE are more vulnerable to negative effects of high job demands which may likely increase the risks for depressive symptoms. He went further to explain report that high CSE weakens the positive relationships between high stressful tasks and depression. This means that individuals with high CSE are less likely to experience depression when faced with high job demands. Hosseini and Homayuni (2022) also found that core self-evaluation has a significant negative relationship with depression. Based on the above reviewed literature, it is safe to say that there is a consensus among scholars that high\positive core self-evaluation protects individuals from

depressive tendencies. However, this may imply that individuals who score low on this construct are more likely to be vulnerable to depressive symptoms.

**Negative Affect**

According to APA (2018), affect is conceptualised as any experience of feeling or emotion, ranging from suffering to elation, from the fundamental to the most complex sensations of feelings, and from the most normal to the most pathological emotional reactions. Simply put, it refers to a broad category of both emotions and moods. Emotions in general are usually triggered by specific events and it does not endure for a prolonged period. In contrast, moods are not generally induced by any particular event and it may linger for a longer period. Affect is mostly explained in two terms of positive and negative affect. Positive affect broadly is referred to as a pleasant emotional experience like elation or contentment (Luong &Wrzus, 2017). Negative affect which is the variable of concern in this study is simply referred to as feelings of emotional distress (Stringer, 2013). Negative affect encompasses a range of unpleasant emotions such as anxiety, anger, shame and guilt, it is characterised by a shared underlying variance among these diverse emotional states, collectively contributing to a state of emotional distress.

In furtherance, psychology literature views negative affect as a personality variable other than an emotional state which involves the experience of negative emotions and diminished self-concept (Watson & Clark, 1984). Thus, it implies that negative affect is not just a fleeting emotional state but rather a more enduring aspect of an individual's personality. Spoor et al. (2006) conceptualised negative affect as a general dimension of subjective distress, emphasizing that individuals with high negative affectivity tend to exhibit a pervasive pattern of emotional distress that is characterised by intense and frequent experiences of negative emotions, regardless of the situation or presence of stress. Ahadi et al. (2018) reported that individuals with positive affectivity are less likey to experience depression, emphasising the significant negative relationship between the two variables, inversely, they opined that negative affect has a strong positive relationship with depression. This accession is also with that of Cohen et al. (2017) who reported that depression has long been associated with high negative affect, and low positive affect. Additionally, Deepika (2017) went further to suggest that both positive and negative affect are strongly related with depression and they could be risk factors too depending on the level, This suggestion is further strengthened by Murd et al. (2024) who in their study reported that Negative affect instability significantly predicted depressive symptoms, they went on to explain that both negative affect instability and intensity significantly increases the odds of having elevated depressive and anxiety related symptoms. However, despite enormous findings on the strong relationship between negative affect and depression, Puar and Singh 2022) established that positive affect is slightly more strongly related to depression than negative affect.

## THEORETICAL FRAMEWORK

### Core Self-evaluation Theory (Judge et al, 1997)

To understand the interaction between core self-evaluation, negative affect and depressive symptoms among undergraduates, this study used Core Self-evaluation Theory to provide a framework developed by Judge et al. (1997). The theory posits that individual' mental evaluations about themselves and how they relate to their environment influences their behaviour, emotional responses, and overall well-being. These fundamental beliefs and evaluations are categorised into four components: self-esteem which is one's self-worth and perception of capabilities; self-efficacy, which is one's confidence in their abilities; locus of

control, which is an individual's beliefs in controlling their environment; and emotional stability, which refers to the consistency and predictability in emotional reactions. It is hypothesized that individuals with negative core self-evaluations are more vulnerable to depressive thoughts and feelings as a result of their negative beliefs and evaluations of their environment and their place in it. Additionally, individuals who are low in one of the dimensions of core self-evaluation, particularly emotional stability, are more likely to experience depressive thoughts and are categorised as those with negative affect.

## STUDY HYPOTHESIS

The hypothesis of the study was;
H1- Core self-evaluation will negatively and significantly predict depressive symptoms among undergraduates.
H2- Negative affect will positively and significantly predict depressive symptoms among undergraduates.

## METHODOLOGY

### Participants

The present study is an attempt to understand how Core Self-evaluation and Negative Affect predict Depressive Symptoms among undergraduate population. 305 undergraduates from age 18-30 years which comprises of 110 males (36.1%), 195 females (63.9%) with a mean of 23.98 and standard deviation of 3.06, selected from four faculties in Nnamdi Azikiwe University, Awka Nigeria were chosen for the study using convenience sampling.

### Instruments

Three instruments were used in the study, namely, Patient Health Questionnaire-9 (PHQ-9), Core Self-Evaluation Scale (CSES), Positive and Negative Affect Schedule (PANAS). They are briefly discussed below:

**The Patient Health Questionnaire-9 (PHQ-9)**

This instrument was developed by Robert et al. (1999). It is a nine item self-administered scale to measure depression. The response is rated on a 4-point (0= Not at all, 1= Several days, 2=More than half the days, 3=Nearly every day). Some of the item sample includes: "Little interest or pleasure in doing things, Feeling down, depressed, or hopeless." etc

**Core Self-Evaluation Scale (CSES)**

Developed byJudge et al. (2003), it is a 13-item questionnaire designed to measure core self-evaluation. It's response pattern is rated on a 5-point Likert scale which includes: 1= Strongly disagree, 2= Disagree, 3=Neutral, 4=Agree, 5=Strongly agree. Some items of the scale includes: "I am confident i get the success i deserve in life", "I am filled with doubts about my competence" etc.

**Positive and Negative Affect Schedule (PANAS)**

The scale was developed by Watson et al. (1988). It is a 20 item questionnaire with the items response is rated on a 5-point scale (1=Very slightly or not at all, 2=A little, 3= Moderately, 4=Quite a bit, 5=Extremely). The items in the scale are of two categories measuring positive and negative affect. Items 2,4,6,7,8,11,13,15,18,and 20 were selected to effectively capture only the negative affect dimension. Some of the items samples include: "Distressed", "Upset", "Guilty" etc.

### Procedure

Undergraduate students were selected as participants from four faculties in Nnamdi Azikiwe University Awka, Nigeria using convenience sampling technique for the study. The researcher

employed the assistance of a colleague to distribute the google survey across the selected faculties (Social Sciences, Management Sciences, Engineering and Basic Medical Sciences.

**Design and Statistics**

The study is a survey research that employed a predictive design. The statistical test was used for data analysis is Multiple linear regression using Statistical Package for Social Sciences (SPSS) version 25 software. Thus the mean and standard deviation distributions were also obtained.

**RESULT**

**Table 1: Descriptive Statistics**

| | N | Mean | Std. Deviation |
|---|---|---|---|
| Age | 305 | 23.98 | 3.065 |
| Gender | 305 | 1.64 | .481 |
| Marital status | 305 | 1.08 | .275 |
| Valid N (listwise)305 | | | |

**Table 2:** ***Regression Analysis on Core Self-evaluation and Negative Affect as predictors of Depressive Symptoms***

| Predictors | $R^2$ | Df | F | Sig. | *β* | T | Sig. |
|---|---|---|---|---|---|---|---|
| | .523 | 2(302) | 165.302 | .000 | | | |
| Core Self-evaluation | | | | | -.542 | -11.620 | .000 |
| Age | | | | | -.30 | -2.43 | .01 |
| Negative Affect | | | | | .272 | 5.834 | .000 |

**a. Dependent Variable: Depressive Symptoms**

Table 2 showed that the model contributed (.523) variance and the model was significant at f (2,302), p= .000.

Again, core self-evaluation negatively and significantly predicted depressive symptoms at β= -.543, p= .000.

Also, negative affect positively and significantly predicted depressive symptoms at β= .272, p=.000.

Additionally, age negatively and significantly predicted depressive symptoms at β= -.30, p= .01.

**SUMMARY OF FINDINGS**

From the findings, it can be concluded that

At the probability level of p< .05, core self evaluation negatively and significantly predicted depressive symptoms. Therefore, hypothesis I which stated that core self-evaluation would significantly predict depressive symptoms is accepted.

At the probability level of p<.05, negative affect positively and significantly predicted depressive symptoms. Therefore hypothesis II which stated that negative affect would significantly predict depressive symptoms is accepted.

Also, age although not among of the major variables of interest, significantly and negatively predicted depressive symptoms at the probability level of p<.05.

## DISCUSSION

The present study investigated the predictive role of core self-evaluation and negative affect on depressive symptoms among undergraduates of Nnamdi Azikiwe University, Awka, Nigeria. Utilizing multiple linear regression analysis, the results revealed that hypothesis I which stated that core self-evaluation would predict depressive symptoms, was supported. The finding indicated a significant negative relationship between core self-evaluation and depressive symptoms, which suggest that individuals with higher scores of core self-evaluation are less likely to experience depressive symptoms. This implies that students who possess a positive self-appraisal and confidence in their abilities are better equipped to function optimally without being hindered by depressive symptoms. These results are consistent with previous research (Zou et al., 2022; Hossein & Homayuni, 2022, Hentrich, 2017), which also found core self-evaluation to be a protective factor against depressive symptoms. The study's findings portrays the importance of promoting core self-evaluation skills in academic and life settings, particularly given the rising prevalence of suicide.

Additionally, hypothesis II which stated that negative affect would significantly predict depressive symptoms was accepted. The study should a significant positive relationship between negative affect and depressive symptoms among undergraduates. It implies that individuals with high negative affectivity are more prone to experience depressive symptoms. Theoretically, this is supported by core self-evaluation theory which stressed that individuals who are low in the dimension of emotional stability are more likely to experience depressive symptoms. This finding is in agreement with numerous studies which have established a strong relationship between negative affect and depressive symptoms (Watson & Clark, 1984; Ahadi et al., 2018; Murd et al., 2024; Iweama et al., 2024). Also, although age was not a primary variable of interest, a significant negative relationship was found between age and depressive symptoms. This suggests that older individuals may be less likely to experience depressive symptoms compared to younger ones, particularly in relation to negative affect. Therefore, further investigation into this relationship could provide valuable insights.

## IMPLICATIONS OF THE STUDY

The findings show the need for a culturally adapted mental health programs and policies that would prioritise mental health support, building self-esteem and confidence in universities and grassroot community involvement to foster a supportive environment. The study also points out the need to provide additional supports and interventions for younger undergraduates seeing that they may be more prone to depressive symptoms.

## LIMITATIONS OF THE STUDY

A major limitation of this study was the convenience sampling technique and the cross-sectional design of data collection used to conduct the study.

## RECOMMENDATIONS

It is recommended that the university management should implement workshops aimed at fostering core self-evaluation skills, with focus on building self-esteem and self efficacy among students.

Also, regular mental health awareness campaigns should be organised across all departments to educate students on recognisingg depressive symptoms, accessing help, and to reduce stigma associated with mental health issues.

There should be functional in-campus counselling services should be developed and maintained. It should also be complemented by peer support groups to provide students with accessible and comprehensive support networks.
Lastly, a policy making psychological assessments mandatory for all students at the beginning or end of each semester should be implemented, making use of accessible software to identify students in need of mental health support and facilitate timely interventions.

## SUGGESTIONS FOR FURTHER STUDIES

Future research should consider exploring the interaction between external factors such academic pressure, age and financial stress, and their collective role or impact in predicting depressive symptoms. To establish a causal relationship, further studies should employ more robust methodologies, including longitudinal designs, and advanced statistical analysis. Additionally, expanding the study to include diverse populations across multiple Nigerian universities would enhance generalizability of the findings.

## CONCLUSION

This study investigated the roles of core self-evaluation and negative affect as predictors of depressive symptoms among undergraduate students. The findings revealed significant relationships between these factors. Individuals with high core self-evaluation are less likely to experience depressive symptoms, while those with high negative affectivity are more prone to such symptoms. This highlights the importance of fostering core self-evaluation as a protective factor against depression. Additionally, it shows the necessity of providing adequate psychological students especially younger ones as they may be more susceptible to depressive symptoms. It is also emphasized that there is need further research to explore the interaction between age, negative affect and depressive symptoms as to enhance our understanding of its interactions.

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