



Depression Among Lecturers: A Qualitative Study Based on Psychological Well-Being, Work-Life Balance, and Work Environment

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Abstract. Lecturer depression represents an emerging occupational mental health concern within higher education institutions. Although several reports indicate the presence of psychological distress among academic staff in Indonesia, empirical accounts describing how lecturers experience and interpret depression within their professional and personal contexts remain limited. This study aimed to explore the lived experiences of lecturers experiencing depression in relation to psychological well-being, the work environment, and work-life balance. A qualitative approach was employed using in-depth interviews with seven lecturers who reported depressive experiences. Participants were recruited through purposive sampling with a maximum-variation strategy to capture diverse perspectives. Data were collected through semi-structured interviews and analyzed using thematic analysis to identify recurring patterns across participants' narratives. The analysis generated three overarching themes: internal factors reflecting personal vulnerability and emotional responses; job-related factors associated with academic workload, organizational dynamics, and workplace relationships; and work-life imbalance describing difficulties in maintaining boundaries between professional responsibilities and personal life. These themes indicate that lecturer depression is shaped by the interaction between individual psychological conditions and structural features of the academic work environment. The findings suggest that institutional responses to lecturer mental health should not be limited to individual-level interventions but also address organizational practices that influence workload, social support, and work-life boundaries.

Keywords: *depression; lecturer; psychological well-being; work environment; work-life balance*

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Introduction

Mental health disorders among professional workers have become a global issue that is increasingly gaining attention in the fields of occupational psychology and occupational health. Professions characterized by high cognitive demands, performance pressure, and complex professional responsibilities are often associated with increased vulnerability to psychological disorders. In this context, depression is one of the most frequently reported mental health disorders among professional workers, as it can affect individuals' emotional, cognitive, and social functioning in carrying out their roles. Depression is characterized by persistent sadness, loss of interest in previously meaningful activities, changes in appetite and sleep patterns, fatigue, feelings of worthlessness, and even thoughts of ending one's life (Fekadu et al., [2017](#); World Health Organization, [2025](#)).

Major depression is a significant global mental health disorder, with a lifetime prevalence of approximately 14–17% in the adult population (Fekadu et al., [2017](#); Sharma, [2019](#)). Among professional workers, including lecturers, depression can affect performance and the ability to meet job demands. The academic profession itself involves various responsibilities such as teaching, research, publication, and administrative duties, all of which may increase work pressure. The profession of lecturers is characterized by high academic demands, including teaching, research, scientific publication, supervision, as well as administrative and institutional service responsibilities. These demands can create sustained work pressure, especially when lecturers are also faced with high workloads, performance expectations, role complexity, and limited organizational support (Bakker & Demerouti, [2007](#); Ibrahim et al., [2021](#); Khasanah et al., [2024](#)). Several studies have shown that work pressure and organizational factors among academic staff are associated with work stress, burnout, and reduced psychological well-being among lecturers (Maslach et al., [2001](#); Ibrahim et al., [2021](#); Khasanah et al., [2024](#)). Therefore, studying depression among lecturers is important to understand how academic professional pressures contribute to their mental health vulnerability.

International and national studies indicate that depression among lecturers is a significant issue in higher education environments. A study in Nepal reported a depression prevalence of 21.6% among lecturers (Sharma et al., [2023](#)). In Indonesia, research at Universitas Negeri Gorontalo found that approximately 4.5% of lecturers and educational staff experienced psychological distress, including symptoms of depression (Soeli et al., [2022](#)). Meanwhile, a 2024 study at Universitas Nusa Cendana showed that 7.1% of lecturers experienced moderate depression and 10.7% experienced mild depression (Handoyo, [2024](#)). These variations in

prevalence indicate differences across populations and institutions, which may be influenced by respondent characteristics, workload, academic work environment, and measurement methods used in each study. This variation suggests that depression among lecturers is a contextual phenomenon influenced by institutional dynamics and academic culture.

Although these studies provide quantitative insights into the prevalence of depression among lecturers, most of them rely on quantitative approaches focused on measuring depression levels using psychometric instruments. While such approaches provide important information regarding the magnitude of the problem and associated factors, they do not fully explain how lecturers experience and interpret depression in their professional lives. Individual psychological experiences in dealing with academic pressures are influenced by personal dynamics, social relationships in the workplace, and complex institutional demands. This indicates the need for research that explores lecturers' subjective experiences of depression more deeply. Therefore, a qualitative approach is necessary to understand the subjective meaning of depression within the complex context of the academic profession.

The lecturer profession carries broad academic responsibilities in implementing the tridharma of higher education, which includes education, research, and community service (Law of the Republic of Indonesia No. 20 of 2003 on the National Education System). These responsibilities require high levels of cognitive, emotional, and time investment in carrying out teaching, research, and institutional tasks. From the perspective of occupational psychology, high and layered job demands can increase psychological workload and work pressure among academic staff. This condition may affect lecturers' psychological well-being, especially when professional demands are not balanced with adequate organizational support.

This condition is also reflected in the context of this study, where findings from Universitas Nusa Cendana indicate that 7.1% of lecturers experience moderate depression and 10.7% experience mild depression (Handoyo, [2024](#)). These findings suggest that academic professional pressures may be associated with mental health vulnerability among lecturers, making it important to understand how these psychological experiences are shaped within the academic work context.

The demands of the tridharma can be understood through the Job Demands–Resources (JD-R) Model, which explains that job demands such as high workload, time pressure, and continuous performance targets require intense physical and psychological effort (Demerouti et al., [2001](#); Bakker & Demerouti, [2007](#)). The model also emphasizes that an imbalance between job demands and available resources, such as institutional support, job autonomy, and adequate time,

can trigger psychological exhaustion. In the academic profession, simultaneously fulfilling tridharma responsibilities along with performance targets can increase role complexity and work pressure. The accumulation of job demands without adequate resources may increase vulnerability to mental health disorders, including depression among lecturers.

The JD-R model further explains that work stress arises when high job demands are not balanced by sufficient resources (Demerouti et al., [2001](#); Bakker & Demerouti, [2007](#)). In academic settings, this may occur when lecturers must perform multiple roles simultaneously, including teaching, research, publication, and institutional responsibilities. Such role complexity increases cognitive and emotional demands. If these demands are not balanced with adequate resources, they may disrupt psychological well-being and increase vulnerability to depression.

A deeper understanding of factors contributing to depression is essential as a basis for developing more effective prevention strategies. Several theoretical frameworks in occupational psychology emphasize the importance of intrapersonal and contextual factors in understanding mental health disorders. Previous studies have shown that depression is associated with psychological well-being, work–life balance, and work environment conditions (Ryff, [1989](#); Fisher et al., [2009](#); Patrick & Kareem, [2021](#)). Psychological well-being reflects an individual's ability to achieve optimal psychological functioning, while work–life balance refers to the ability to manage work and personal life demands proportionally. Meanwhile, the work environment acts as a contextual factor that can either support or hinder psychological well-being and work–life balance.

Imbalance between work and personal life, unsupportive work environments, and low psychological well-being can increase sustained psychological pressure and heighten vulnerability to depression (Dirfa & Prasetya, [2020](#); Prastyo & Hidayat, [2022](#)). The integration of these three factors is crucial in understanding depression among lecturers, given the nature of academic work that requires simultaneous professional and personal engagement, potentially affecting psychological well-being, role balance, and overall work experience.

Various studies indicate that mental health is influenced not only by internal psychological factors but also by job dynamics and organizational environments. One widely used concept to understand psychological well-being is psychological well-being itself, which refers to an individual's ability to achieve optimal psychological functioning, including self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, [1989](#)). Individuals with low psychological well-being are more vulnerable to mental health disorders, including depression (Diener & Seligman, [2002](#); Distina, [2019](#)). In the

workplace, psychological well-being is also related to individuals' ability to cope with job stress and maintain adaptive professional functioning.

In addition to internal factors, the balance between work and personal life is also a crucial aspect of workers' mental health. The concept of work-life balance explains an individual's ability to manage work and personal demands so that the two domains do not excessively interfere with each other (Fisher et al., 2009). Imbalance between these domains can increase role conflict, emotional exhaustion, and prolonged work stress (Allen et al., 2000; Greenhaus & Beutell, 1985). In the lecturer profession, high job demands often interfere with personal life and increase the risk of psychological stress.

On the other hand, the work environment plays a contextual role in influencing mental health. A supportive work environment, characterized by organizational support, positive work relationships, and role clarity, helps individuals cope more adaptively with job demands (Patrick & Kareem, 2021). Conversely, an unsupportive work environment can increase work stress and reduce psychological well-being (Bakker & Demerouti, 2007). Therefore, the interaction between psychological conditions, work-life balance, and work environment quality is essential in understanding lecturers' experiences of depression.

Although previous studies have identified relationships among psychological well-being, work-life balance, work environment, and depression, most focus on quantitative approaches and examine these variables separately. Research that explores lecturers' experiences of depression integratively, considering the interconnections among these three perspectives, is still limited. Moreover, qualitative exploration of lecturers' subjective experiences of depression remains scarce, particularly in Indonesian higher education contexts. To date, no study has comprehensively examined lecturers' depression experiences based on these three perspectives within Universitas Nusa Cendana. Therefore, this study aims to fill this gap by exploring lecturers' experiences of depression comprehensively through the integration of these perspectives.

Based on this gap, this study offers novelty by employing a qualitative approach to explore lecturers' experiences of depression in a deep and holistic manner. It integrates three main perspectives, namely psychological well-being, work-life balance, and work environment, as an interconnected analytical framework in understanding depression among lecturers. Additionally, this study contributes empirically by focusing on lecturers at Universitas Nusa Cendana, a context that has received limited attention in previous literature, thereby enriching understanding of depression dynamics among lecturers and providing contextual insights into mental health in academic settings.

Based on the background and research gap, this study aims to explore lecturers' experiences of depression by examining the relationships among psychological well-being, work-life balance, and work environment conditions. This research is expected to provide a more comprehensive understanding of factors contributing to depression among lecturers and serve as a foundation for developing more effective prevention and intervention strategies to improve psychological well-being and academic performance.

Methods

This study employed a descriptive qualitative approach aimed at obtaining an in-depth understanding of lecturers' experiences of depression based on the perspectives and meanings constructed by the participants. The descriptive approach was chosen to systematically and comprehensively describe the phenomenon of depression in accordance with individuals' subjective experiences without manipulating variables or testing causal relationships. This approach is relevant for exploring psychological dynamics, work experiences, and lecturers' perceptions related to psychological well-being, work-life balance, and the work environment as interconnected factors in the experience of depression.

This study was grounded in an interpretive paradigm with a constructivist perspective, which views social reality as a construction of meaning formed through individual experiences and interactions. This paradigm emphasizes understanding participants' subjective experiences and interpreting the meanings they assign to the phenomena they encounter. Therefore, a descriptive qualitative approach within an interpretive paradigm was considered appropriate to explore lecturers' experiences of depression in a contextual and in-depth manner.

The participants in this study consisted of seven lecturers from Universitas Nusa Cendana who met the inclusion criteria. Participants were selected using purposive sampling with a maximum variation approach to obtain diversity in participant characteristics based on faculty, gender, age, position, years of service, and marital status. The inclusion criteria included active lecturers who exhibited symptoms of depression based on screening results using the Patient Health Questionnaire-2 (PHQ-2) and who were willing to participate by providing informed consent.

The use of PHQ-2 as a screening tool was based on its advantages as a brief, practical early detection instrument with good sensitivity and specificity in identifying depressive symptoms in the general population. This instrument is a shortened version of the PHQ-9, which is widely used in mental health research and has been adapted and applied in the Indonesian population with adequate validity and reliability as an initial depression screening tool. Therefore, PHQ-2 was

used as the basis for participant selection to ensure that the individuals involved had indications of depressive symptoms in accordance with the study objectives.

Participants who met the criteria were contacted via WhatsApp to obtain consent after being provided with an explanation of the study's objectives, procedures, and benefits. Subsequently, in-depth face-to-face interviews were conducted using a semi-structured method by two psychologists who were competent in clinical interview techniques and held a valid practice license (SIPP). The interview duration ranged from a minimum of 50 minutes to a maximum of 2 hours and 21 minutes, with an average duration of 1 hour and 38 minutes.

During data collection, researcher reflexivity was applied to minimize potential bias, considering that one of the interviewers had a professional relationship with the participants' institution. Efforts to control bias included the use of a semi-structured interview guide, maintaining neutrality during interviews, and conducting periodic evaluations and discussions of interview results to ensure objectivity and enhance data credibility. Interviews were conducted at the Integrated Psychological Services Unit of Undana using a previously prepared interview guide. During the interviews, psychologists, participants, and one research team member were present, supported by tools such as consent forms, interview guides, audio recorders, and cameras for documentation.

Data collection was stopped when the researchers determined that the information obtained was sufficient based on the principle of information power. Data adequacy was assessed through simultaneous data analysis during the data collection process, specifically when additional interviews no longer produced new substantive information related to the research focus and when the findings showed recurring and consistent patterns across participants. This condition indicated that data saturation had been achieved, and therefore data collection was terminated.

Afterward, audio recordings were transcribed verbatim by carefully listening to the recordings and accurately documenting every word and pause without altering or omitting important parts of the conversation. The trustworthiness of the data was ensured through the application of credibility, dependability, transferability, and confirmability criteria. Credibility was achieved through member checking, by returning the transcribed findings to participants and requesting feedback regarding the accuracy of the findings in reflecting their experiences. Dependability and confirmability were ensured through an audit trail by systematically documenting all stages of the research process, including data collection and analysis, allowing for transparent tracking of the research process. Transferability was addressed by providing

detailed descriptions of participant characteristics, research procedures, and research context, enabling readers to assess the applicability of the findings to other situations.

This study employed thematic analysis to identify, analyze, and report themes from the data in depth, supported by OpenCode 4.03 software. The analysis process included several stages: (1) familiarization with the data through in-depth reading of transcripts, (2) generating initial codes, (3) searching for themes based on the codes, (4) reviewing themes to ensure they comprehensively represent the data, (5) defining and naming themes clearly and concisely, and (6) writing the thematic analysis report by including clear data excerpts.

The data analysis process was conducted by more than one researcher to enhance consistency. Agreement among researchers was achieved through discussion and joint review of data interpretations until a shared understanding was reached. This procedure was implemented to improve the dependability of the research findings.

The use of OpenCode 4.03 software supported the analysis process by enabling systematic management of transcript data, organizing data into thematic categories, and facilitating the identification of relationships among categories and themes during the analysis process.

This study received approval from the Health Research Ethics Committee of the Faculty of Medicine and Veterinary Medicine under number 49/UN15.21/KEPK-FKKH/2025. Participation in this study was voluntary and without coercion, as evidenced by signed informed consent forms. The principle of anonymity was applied by assigning code names to participants. Confidentiality was ensured by securely storing and archiving interview data in cloud-based storage with access limited to two members of the research team.

Results

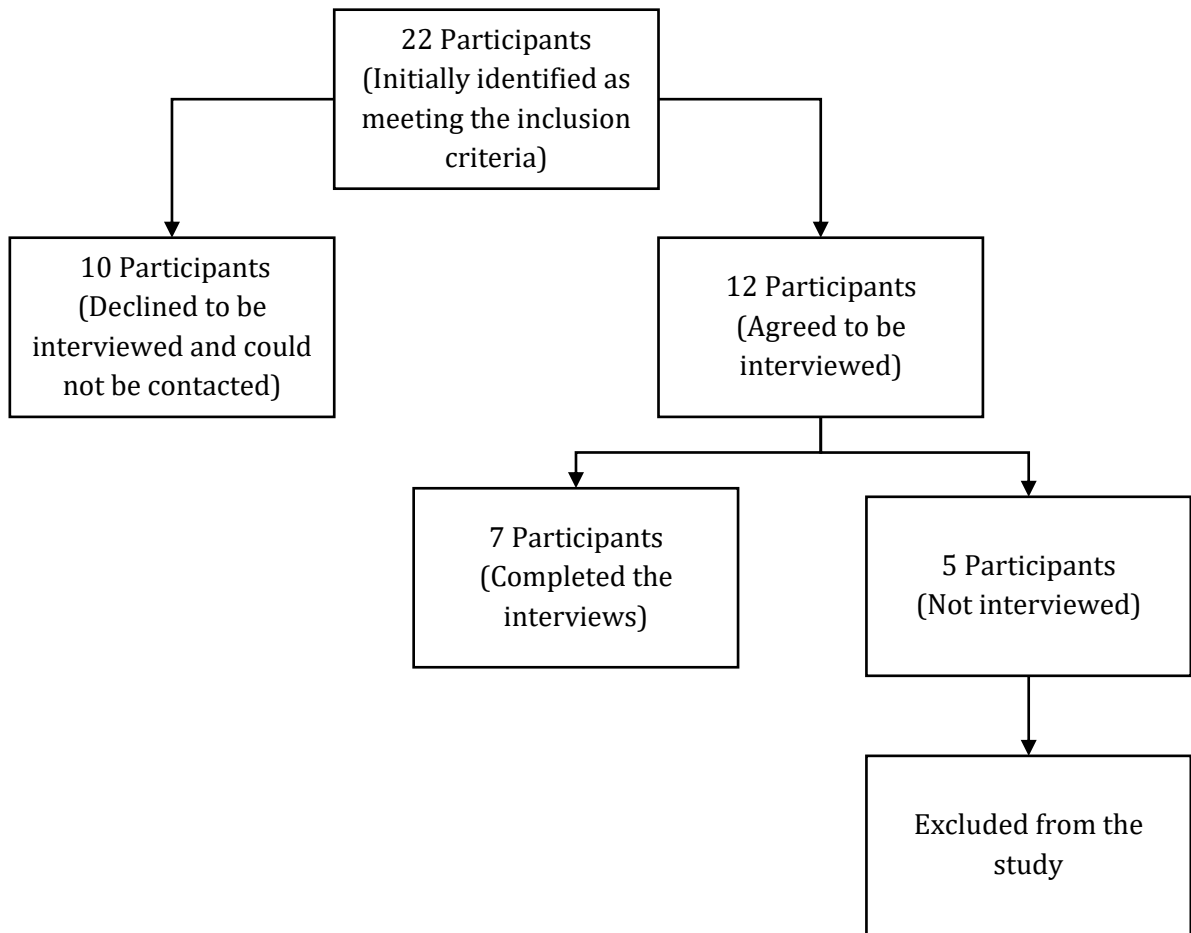


Figure 1 Participant Diagram

Of the 22 participants initially identified as meeting the inclusion criteria, 10 declined to be interviewed or could not be contacted, while 12 agreed to participate. Of these, 7 participants completed the interviews, whereas the remaining 5 could not be reached after several attempts and were therefore excluded from the study.

Table 1.
Participant Characteristics

Participant ID	Gender	Age	Faculty	Years of Service	Position	Marital Status
P1	Female	43 years	Faculty of Medicine and Veterinary Medicine	17 years	With Position	Married
P2	Male	37 years	Faculty of Social and Political Sciences	3 years	Without Position	Single
P3	Female	35 years	Faculty of Social and Political Sciences	1 year	Without Position	Single
P4	Male	29 years	Faculty of Animal Science, Marine, and Fisheries	1 year	Without Position	Single
P5	Female	50 years	Faculty of Animal Science, Marine, and Fisheries	25 years	Without Position	Widowed
P6	Female	34 years	Faculty of Medicine and Veterinary Medicine	1 year	Without Position	Married
P7	Female	58 years	Faculty of Agriculture	31 years	With Position	Widowed

Analysis Results

Based on the analysis of data from seven participants, 18 codes were identified and subsequently grouped into subthemes. From this categorization, three interrelated main themes emerged: (1) Internal Factors, (2) Work-Related Factors, and (3) Work-Life Imbalance. These themes represent the primary factors contributing to the emergence of depressive symptoms among lecturers.

Table 2.
Thematic Structure of Factors Contributing to Depression Among Lecturers

Main Theme	Subthemes
Internal Factors	Self-dissatisfaction
	Limited personal autonomy
	Disrupted social relationships
Work-Related Factors	Lack of managerial support
	Ethical misalignment
	Limited job autonomy
	Role ambiguity
	Peer disintegration
	Ineffective work practices
	Burnout and work fatigue
Work-Life Imbalance	Work interference with personal life

1. Depressive Symptoms Among Lecturers

Depression experienced by participants had significant impacts, both physically and psychologically. Participants reported dominant feelings of sadness, excessive anxiety, and episodes of crying without clear reasons. In addition to emotional symptoms, participants also experienced physical changes, such as sudden weight loss despite unchanged appetite, as well as persistent fatigue. Some participants reported sleep disturbances, including waking up during the night. These findings indicate that depression not only affects mental conditions but also leads to physical health problems.

2. Internal Factors

The first theme, internal factors, refers to individual psychological conditions shaped and influenced by various internal aspects, such as self-dissatisfaction, limited personal autonomy, and disrupted social relationships.

Self-Dissatisfaction

Self-dissatisfaction reflects individuals' negative perceptions of themselves, indicating suboptimal self-acceptance and the emergence of negative emotions. The inability to gain recognition from others contributes to poor self-acceptance. As expressed by Participant P4:

"I have never felt satisfied until I am recognized by my father... since childhood, I have tried to be the best among the three of us, but I have never been noticed by my father." (P4, 29 years)

This dissatisfaction is further reinforced by neurotic tendencies, characterized by a propensity to experience negative emotions such as anxiety and excessive worry.

"I find it very difficult to accept things that are not supposed to happen... I struggle to determine whether my feelings are real..." (P1, 43 years)

"My weakness is probably being overly sensitive, like being afraid of being judged... wondering whether I have done something right... afraid that my shortcomings will be noticed..." (P3, 35 years)

Limited Personal Autonomy

Internal vulnerability among participants was also associated with limited personal autonomy, particularly difficulties in making decisions. As stated by Participant P1:

"I am really unable to make decisions... I can only make decisions when I am forced to... I feel satisfied when I make a decision only when I have a clear reason and no other choice." (P1, 43 years)

This limitation is strengthened by strong external influences, especially from family, leading to dependence on others' approval in decision-making.

"It depends on who is speaking... if it is someone I care about, I am afraid of disappointing them... especially if it is my parents or siblings... even if they are not necessarily wiser than me... their disapproval makes the decision feel very difficult." (P1, 43 years)

"I still ask for my mother's approval... if she allows it, then I proceed. If not, I choose not to make that decision." (P4, 29 years)

Disrupted Social Relationships

Internal challenges were also evident in interpersonal relationships characterized by conflict. Experiences of conflict or disharmonious relationships became additional sources of stress. For example, Participant P4 described being socially excluded:

"There was a friend who suddenly changed their attitude toward me and avoided me. When gathering with others, whenever I tried to join, the group would disperse, and I was even told not to come to their room when others were present." (P4, 29 years)

Similarly, Participant P1 reported experiencing slander within their social environment:

"I was slandered so badly that no one believed anything I said." (P1, 43 years)

3. Work-Related Factors

Work-related factors refer to participants' experiences in dealing with complex external pressures in the workplace. The analysis indicates that shortcomings at the managerial level extend into multiple aspects of work.

Lack of Managerial Support

Participants perceived that leadership and institutional systems did not provide adequate support for a conducive work environment. For example:

"There were words that felt degrading, and I could not accept that... I applied here as a lecturer, not as someone directly subordinate to you." (P6, 34 years)

"Some colleagues were given long leave without being assigned tasks, while workload distribution was not equal." (P3, 35 years)

Institutional challenges were also reflected in administrative barriers affecting career development:

"I want to pursue further studies and prepare publications, but administrative barriers make it difficult." (P6, 34 years)

Effort–reward imbalance also emerged, where participants felt their work was not adequately appreciated:

"The rewards for research and community service are very small... people even had to manipulate the system to gain recognition." (P5, 50 years)

"Only major achievements are appreciated, while smaller contributions are not recognized, so I do not feel valued." (P1, 43 years)

Ethical Misalignment

Weak enforcement of ethical standards was reflected in ineffective complaint-handling mechanisms:

"There should be a system to handle complaints, but no one manages it because everyone is already overwhelmed." (P7, 58 years)

"If complaints do not come from trusted individuals, then reporting issues feels pointless." (P1, 43 years)

Limited Job Autonomy

Limited job autonomy resulted in a lack of control over work decisions:

"I have discussed issues with leadership, but they said the decisions were final, so I learned to follow the flow." (P4, 29 years)

"Decisions are made based on instructions from leaders, and we simply follow them." (P7, 58 years)

Role Ambiguity

Participants often performed tasks beyond their formal responsibilities:

"I often help with tasks that are not part of my role and just do whatever I can." (P2, 37 years)

"That level of stress is already too high... we are overloaded, especially when the tasks are not actually our responsibility." (P6, 34 years)

Peer Disintegration

Unhealthy relationships among colleagues contributed to workplace stress:

"A colleague accused me of plagiarism, and I confronted them directly." (P4, 29 years)

"Senior staff do not always set good examples, and there is gossip and harsh treatment." (P2, 37 years)

Lack of collaboration further worsened the work environment:

"There are exclusive groups controlling certain projects, and collaboration is lacking." (P3, 35 years)

Ineffective Work Practices

Ineffective work practices were reflected in unstable policies and limited resources:

"Policies change frequently, staff are insufficient, and expectations are unrealistically high." (P1, 43 years)

Participants also reported dissatisfaction with student behavior:

"Some students still behave as if they are in high school and lack initiative." (P2, 37 years)

Burnout and Work Fatigue

Burnout and fatigue resulted from prolonged stress exposure:

"The main stress comes from complicated bureaucracy and constant negotiation." (P1, 43 years)

Excessive workload, particularly mental workload, was identified as a major contributor:

"The workload is excessive, especially mentally, and new tasks keep coming before others are completed." (P1, 43 years)

4. Work-Life Imbalance

This theme represents the outcome of interactions between internal and work-related factors, where the boundaries between personal and professional life become blurred.

Work Interference with Personal Life

The most dominant phenomenon was work interference with personal life, where excessive work demands negatively affected personal life.

"I feel exhausted because I have to constantly respond to calls and responsibilities at all hours, leaving no time to rest." (P1, 43 years)

"I rarely meet friends or socialize because I have no time due to work commitments." (P7, 58 years)

"Even during semester breaks, I cannot rest because there are always deadlines for reports and grading." (P3, 35 years)

Discussion

The findings of this study indicate that depression among lecturers is a complex and multifactorial phenomenon arising from the interaction between internal vulnerabilities, workplace pressures, and work-life imbalance. The findings regarding depressive symptoms experienced by participants demonstrate significant physical and psychological impacts. Emotionally, participants reported dominant feelings of sadness, excessive anxiety, and episodes of crying without clear reasons. In addition, participants experienced physical changes such as sudden weight loss, fatigue, and sleep disturbances, including waking up at night. This is consistent with Kathula (2020), who explains that depression is not merely a negative mood but a complex disorder involving both mind and body, disrupting normal functioning and affecting various physiological systems, including sleep and appetite. Thus, depressive symptoms affect not only mental but also physical conditions.

Internal factors play a significant role in increasing lecturers' vulnerability to depression. In line with Ryff's (1989) theory of psychological well-being (PWB), disturbances in dimensions such as self-acceptance, autonomy, and positive relationships can reduce overall psychological well-being. The analysis reveals dynamic interactions among these dimensions, in which failure to achieve academic performance standards may reduce self-acceptance and weaken autonomy due to structural institutional pressures. Difficulties in integrating professional achievements with personal identity can create cognitive burdens that may accelerate the onset of depressive symptoms. Furthermore, weak interpersonal relationships in the workplace reduce the buffering effect of social support against academic stressors, thereby worsening overall psychological well-being.

Self-dissatisfaction observed among participants is consistent with findings by Distina (2019), which indicate that low self-acceptance increases the risk of depressive symptoms. These findings reinforce Ryff's (1989) theory on the importance of eudaimonic well-being in mental health, while also extending its application by demonstrating that, within academic work culture, lecturers' self-acceptance is strongly influenced by external recognition, such as performance evaluations and professional acknowledgment. Additionally, limited personal autonomy and dependence on external validation were reflected in participants' difficulty making independent decisions. This aligns with Ibrahim et al. (2021), who found that dependence on others' decisions and lack of autonomy increase stress and depression.

Poor social relationships, characterized by interpersonal conflicts, further reduce social support. Positive social support and healthy interpersonal relationships serve as protective factors against depression (Ryff, 1989; Diener & Seligman, 2002). The presence of conflict diminishes this protective function and exacerbates stress.

Beyond internal factors, work-related factors emerged as major external stressors that exacerbate participants' psychological conditions. Based on the Work Environment Stressor Scale (WESS), disruptions in various dimensions of the work environment can increase psychological pressure and vulnerability to depression (Patrick & Kareem, 2021). The findings show that work stressors do not operate independently but form interconnected pressures that continuously affect lecturers' psychological conditions, particularly when managerial support is limited and organizational systems are ineffective. Lack of managerial support creates a non-conducive work environment, reflected in dissatisfaction with leadership, ineffective organizational systems, and effort-reward imbalance, which may further increase work stress and reduce psychological well-being (Bakker & Demerouti, 2007; Siegrist, 1996).

Ineffective work practices, such as frequently changing policies and limited resources, reduce work flexibility and hinder performance. These findings highlight that work pressure arises not only from task demands but also from organizational structures that limit lecturers' professional capacity. This structural dimension appears more prominent compared to previous studies, which often focus primarily on interpersonal factors or workload (Khasanah et al., [2024](#); Ibrahim et al., [2021](#)).

Weak ethical enforcement and poor peer relationships further indicate an unsupportive work environment and contribute to perceptions of organizational injustice. Such conditions may increase psychological distress and reduce trust and sense of security in the workplace (Greenberg, [1990](#); Colquitt et al., [2013](#)). When lecturers perceive that ethical issues are not handled fairly, they may become less willing to voice concerns or seek institutional support. In turn, this silence can allow workplace tensions to persist and further weaken the psychosocial climate of the institution (Patrick & Kareem, [2021](#)).

Limited job autonomy and role ambiguity also intensify work stress. Lack of control over decision-making and unclear role boundaries can lead to feelings of helplessness and increased psychological burden. Previous research has shown that low job autonomy and role ambiguity are associated with higher work stress and lower psychological well-being (Karasek, [1979](#); Rizzo et al., [1970](#)).

These stressors contribute to burnout, characterized by emotional exhaustion, reduced work engagement, and decreased professional effectiveness (Maslach & Jackson, [1981](#); Maslach et al., [2001](#)). Burnout is understood as a response to prolonged chronic work stress and is often associated with reduced psychological well-being. Long-term work fatigue has also been linked to increased vulnerability to depressive symptoms (Ahola & Hakanen, [2007](#); Bianchi et al., [2015](#)).

Overall, these findings not only confirm previous research linking work environment and depression but also highlight the complexity of work-related stress among lecturers, which is shaped by institutional demands, organizational structures, and role ambiguity. In this context, depressive symptoms cannot be understood solely as an individual psychological problem, but also as a response to repeated exposure to organizational stressors. The accumulation of unclear roles, limited autonomy, and insufficient institutional support may gradually weaken lecturers' coping capacity. Therefore, improving lecturers' mental health requires institutional efforts to create clearer work structures, fairer workload distribution, and more responsive support systems.

Work-life imbalance emerged as a consequence of the interaction between internal vulnerabilities and work-related pressures. Based on the work-life balance framework by Fisher et al. (2009), this condition is reflected in work interference with personal life (WIPL), where work demands disrupt personal life. High workload, limited rest time, and reduced opportunities for social interaction contribute to prolonged psychological fatigue and stress (Fisher et al., 2009; Greenhaus & Beutell, 1985). In the long term, such conflicts are associated with increased risks of burnout and mental health disorders, including depression (Allen et al., 2000; Amstad et al., 2011).

The findings also suggest that work-life imbalance is more prominent among female lecturers, indicating possible links to gender roles and social norms that impose dual responsibilities, namely professional and domestic roles. Previous studies have shown that working women often face role conflict, which may increase psychological stress and reduce their capacity to manage professional and family demands effectively (Eagly & Wood, 2012; Shockley et al., 2017). These results are consistent with Karima (2023), who found that work-life conflict among female lecturers in Indonesia contributes to fatigue and burnout.

The novelty of this study lies in its qualitative approach, which provides an in-depth narrative exploration of factors contributing to depression among lecturers. Unlike previous quantitative studies that focus on statistical relationships, this study deepens the theoretical frameworks of psychological well-being (PWB), work environment stressors (WESS), and work-life balance (WLB).

This study extends Ryff's PWB theory by demonstrating that lecturers' autonomy is not purely individual but is influenced by organizational hierarchy and social norms. Autonomy appears conditional, as it is shaped by external validation such as leadership recognition and family support. This finding supports Ryff's (1989) view that autonomy is a core dimension of psychological well-being, while also showing that autonomy in academic settings may be constrained by social and institutional contexts. Furthermore, the study reveals that collectivist workplace culture may function both as a source of social support and as a source of pressure to maintain group harmony, potentially suppressing the expression of personal difficulties and reinforcing the internalization of depressive symptoms (Ryff, 1989; Diener & Seligman, 2002).

The findings also highlight the interaction between internal psychological factors and organizational conditions. Work stressors such as low managerial support, role ambiguity, and effort-reward imbalance are linked to increased psychological distress (Siegrist, 1996; Maslach & Leiter, 2001). Additionally, this study expands understanding of work-life balance by showing that imbalance is influenced not only by job position or tenure but also by structural work

demands, with stronger effects observed among female lecturers. These findings indicate that lecturer depression should be understood as a multidimensional issue involving personal vulnerability, institutional structures, and unequal work–life demands (Fisher et al., [2009](#); Shockley et al., [2017](#)).

These findings have significant practical implications for both institutions and individuals. At the institutional level, preventive and promotive interventions are needed. Universities should enhance the dissemination of psychological services and implement regular mental health programs focusing on mindfulness and stress management.

More importantly, addressing root causes requires leadership training focused on supportive leadership, recognition, and conflict management skills. Policies supporting flexible work arrangements and fair workload distribution are also essential. These institutional strategies can help reduce excessive job demands while increasing organizational resources that support lecturers' psychological well-being (Bakker & Demerouti, [2007](#)). In addition, a supportive leadership climate may strengthen lecturers' sense of appreciation and security, which is important for reducing work-related stress and preventing burnout (Maslach et al., [2001](#); Patrick & Kareem, [2021](#)).

At the individual level, strengthening resilience is crucial. Lecturers should be equipped with adaptive coping strategies, particularly problem-focused coping through discussion. Effective time management training can also help lecturers establish clear boundaries between work and personal life. These individual-level strategies may help lecturers manage work pressure more adaptively and reduce the negative impact of work demands on their psychological well-being (Fisher et al., [2009](#); Ryff, [1989](#)).

This study has several limitations. First, the generalizability of the findings is limited, as the study was conducted in a single university, and work cultures in other institutions may differ. Second, participant recruitment was limited, as not all lecturers were willing to participate, possibly due to stigma surrounding mental health. Additionally, depression is a sensitive topic, and some potential participants may have felt uncomfortable sharing personal experiences during interviews.

Conclusion

Based on the findings of this qualitative study, it can be concluded that depression among lecturers at Universitas Nusa Cendana (Undana) is a complex and multifactorial phenomenon arising from the interaction between internal psychological vulnerabilities, high work-related pressures, and imbalances between work and personal life. Internal factors, such as low self-

acceptance and limited autonomy, serve as underlying contributors, while work-related factors, characterized by a lack of managerial support and excessive demands, function as primary external stressors. Ultimately, work-life imbalance emerges as a consequence of these interacting factors, reflected in the interference of work demands with personal life. Therefore, comprehensive and effective interventions are needed at both individual and institutional levels. These interventions should include strengthening individual resilience through adaptive coping strategies and time management skills, as well as improving organizational systems through mental health awareness initiatives, leadership training, and policies that support work flexibility.

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