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To cite this article: Amy Cook, Helen Egan, Jeffrey Wood & Michail Mantzios (2023): Examining the relationship of depression and anxiety to academic entitlement, and the potential mediating role of mindfulness, Journal of Further and Higher Education, DOI: [10.1080/0309877X.2023.2241382](https://doi.org/10.1080/0309877X.2023.2241382)

To link to this article: <https://doi.org/10.1080/0309877X.2023.2241382>



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Published online: 03 Aug 2023.



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Examining the relationship of depression and anxiety to academic entitlement, and the potential mediating role of mindfulness

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ABSTRACT

Higher Educational Institutions across disciplines have seen an increased number of students who are highly distressed over grades, and this distress is often accompanied by pervasive demands on academic staff. The current study explored the relationship between academic entitlement and mental health and how it is mediated by mindfulness. Participants completed three scales (academic entitlement, depression anxiety and stress, and mindfulness). Results showed that as symptoms of depression and anxiety increase, academic entitlement increases. Furthermore, this relationship is mediated by acting with awareness, a facet of mindfulness. Findings from the current study support the use of mindfulness interventions in potentially disrupting the link between academic entitlement and mental ill-health. Future directions are discussed.

ARTICLE HISTORY



Received 9 November 2021
Accepted 1 July 2023

KEYWORDS

Academic entitlement;
anxiety; depression; stress;
mindfulness; higher
education

One of the main missions of Higher Educational Institutions (HEI's) is to support students in optimising their academic performance in preparation for transitioning to employment and in contributing to society. However, in the United Kingdom, non-continuation rates for full-time, first-degree students have averaged at 6.4% from the academic years of entry 2014/15 to 2019/20. The trend in data show that non-continuation rates in 2014/15 were 6.5%, they were at their highest in 2017/18 at 6.8% and observed a decrease in 2019/20 at 5.3%. Some students do not continue in Higher Education because they fail to meet the minimum grades to progress to the next level of study. Low academic performance has been explained by poor time management (Kizilcec, Perez-Sanagustín, and Maldonado 2016), levels of course engagement (Truta, Parv, and Topala 2018) and the role of social or cultural backgrounds (Quinn 2013). More recently, there has been a focus on individual differences in students to identify barriers to retention and success and aiming to enhance attributes which are associated with academic success.

Individual differences in academic performance have also been evaluated including self-efficacy and self-esteem (Richardson, Abraham, and Bond 2012), gender (Voyer and Voyer 2014), age (Richardson, Abraham, and Bond 2012), prior achievement and intelligence (Kuncel, Kochervar, and Ones 2014), and conscientiousness (Poropat 2009). One factor that has received less attention in predicting academic performance is Academic Entitlement (AE), which relates to a student's personality and attitudinal perceptions of their education. Students with high levels of AE tend to

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expect high marks regardless of the quality of the work they produce, or amount of effort expended (Chowning and Campbell 2009). This personality trait is obstructive to both staff and students and interferes with effective teaching and learning in HEIs. Manifestations of AE can include unreasonable demands on lecturers, such as requests for one-to-one support to catch up on missed classes and immediate response to emails and complaints about grades (Jayson 2009; Reinhardt 2012). These can result in reduced time for other academic activities and increased tension and frustration between staff and students (Boswell 2012; Chowning and Campbell 2009; Kopp and S. J. Finney 2013) and ultimately reduce the quality of teaching and learning and the student experience.

Indeed, lower levels of academic satisfaction and performance have been observed in association to higher levels of academic entitlement (AE, Achacoso, 2002; Cornell 2014; Kopp, T. E. Zinn, and Finney et al. 2011; Miller 2013; Olson 2014; Jeffres, Barclay, and Stolte 2014) and higher levels of academic dishonesty (Van Wieirngen et al. 2013). This association is particularly evident when student assessments are objectively challenging (Anderson, Halberstadt, and Aitken 2013) and entitled students tend to require further remediation (Jeffres, Barclay, and Stolte 2014). AE is also detrimental to student mental health and wellbeing. Evidence shows that academically entitled students experience greater anxiety about their marks and are more likely to cheat on their assessments (Greenberger et al. 2008) and are more likely to experience depressive symptoms with males experiencing greater levels of perceived stress (Barton, Jameson, and Hirsch 2016).

Although stress is commonly experienced, the excessive, ineffectively managed and prolonged stress that is observed in student populations can lead to further mental health declines, such as depression and anxiety (Kumaraswamy 2013). Students are under pressure to achieve high marks, learn high volumes of material (Kumaraswamy 2013; Crocker and Luhtanen 2003) and balance the competing demands of studying while working to support themselves financially and/or to gain employability skills. The significant rise in student fees, which changed their role in Higher Education as being more of a customer-focused iteration of seeking the service they have paid for, increases the potential for dissatisfaction and frustration when individual needs are not met.

Some researchers have suggested that the generational shift of being raised in an era devoted to raising childrens' self-esteem has led to an unduly inflated and grandiose sense of personal ability and of self-worth, which is a characteristic strongly associated to narcissism and entitlement in students (APA 2013; Lessard et al. 2011; J. M. Twenge 2006). Entitlement has been hypothesised to be a sub-construct of narcissism (D. T. Wasieleski, M. A. Whatley, and D. S. Briihl et al. 2014; J. J. Twenge and Foster 2010), and has been an active sub-construct in investigating AE (Kopp, T. E. Zinn, and Finney et al. 2011). Narcissism has been shown to have a positive relationship with AE (Chowning and Campbell 2009; Greenberger et al. 2008), and students beliefs that they are deserving of special treatment contributes to them expecting high academic success unrelated to the amount of effort expended. Failure to achieve a desirable outcome through entitlement may contribute to fragmentation of one's self-image, which in turn, can be detrimental to mental health. The field of AE has received much attention around using appropriate psychometric measures. (Wasieleski, Whatley, Briihl, Branscome,) proposed a novel psychometric scale to measure AE, which included a sub-construct related to 'academic narcissism' within the scale. Importantly, the relationships explored in academic literature have highlighted the problem of AE yet failed to provide any possible solutions to overcoming entitlement and the potential detrimental association to perfectionism and mental health.

A viable solution could be mindfulness, that is, the trait of fostering greater attention to, and awareness of, present-moment experiences (Creswell 2017). Kabat-Zinn J. (2003) described the practice (rather than the trait) of mindfulness as being attentive to the present moment and a non-judgemental or non-evaluative perception of oneself (see also Baer, G. T. Smith, and J. Hopkins et al. 2006). Past research indicated that mindfulness assists mental health (Mantzios et al. 2020; Baer, L. B. Lykins, and J. R. Peters 2012) and specifically is predictive of lower levels of depression and anxiety, indicating the successful emotion-regulation that can occur (Allen et al. 2017; Mantzios et al. 2019). Similarly, mindfulness has been suggested to positively influence the relationship between

anxiety performance and perfectionism (Diaz 2018), and to mediate the relationship between perfectionism and distress (Short and Mazmanian 2013). Together findings propose that the link between mental health and perfectionism can be explained by the lower levels of mindfulness, and this could potentially contribute an indirect effect on AE. The association of AE and mental health in university students has not been explored while exploring the mediating potential of mindfulness, and the current research aimed to examine the relationship between AE and stress, depression and anxiety with mindfulness serving as a potential mediator.

Methods

Participants

Two-hundred and 28 undergraduate students were recruited from a West Midlands University in the United Kingdom during the academic year 2018/19. The average age of participants was 20.54 ($SD = 3.86$, $SE = 0.27$, Range = 18–44). Frequencies and percentages of ethnicity and sex are presented in Table 1

Materials

The AE scale (AES; D. T. Wasieleski, M. A. Whatley, and D. S. Briihl et al. 2014) consists of 26 items that measures respondents' agreement, on a 7-point Likert scale (1-strongly disagree to 7 = strongly agree), to statements reflecting AE. Higher scores on the AE scale reflect greater levels of AE. Sample items include, 'Everything should be discussed in class; I shouldn't have to figure out material in the book', and 'If I come to class every time, I should pass the class'. Four items require reverse scoring. The alphas for the two subscales, academic narcissism and academic outcome were .74 and .85, respectively. As with previous studies, the inter-item reliability for the AE scale in the present study was high (Cronbach's $\alpha = .87$).

The Depression, Anxiety, and Stress Scale (DASS; Lovibond and Lovibond 1995) consists of 21 items where participants respond to each item by rating the frequency and severity of experiencing symptoms over the previous week using a 4-point Likert scale (0 did not apply to me at all to 3 applied to me very much, or most of the time). Sample items include 'I found it hard to wind down' and 'I was unable to become enthusiastic about anything'. The DASS 21 is not intended to diagnose disorders relating to depression, anxiety, or stress. The internal consistency of the original version of the entire DASS-21 was excellent ($\alpha = 0.93$) with subscales found to be

Table 1. Frequency table for ethnicity and sex variables.

Variable	N
Ethnicity	
WHITE – English/Welsh/Scottish/Northern Irish/British	131
WHITE – Irish	4
MIXED – White and Black Caribbean	7
MIXED – White and Black African	2
MIXED – White and Asian	5
ASIAN – Indian	16
ASIAN – Pakistani	22
ASIAN – Bangladeshi	5
ASIAN – Chinese	1
BLACK – African	6
BLACK – Caribbean	5
Any other ethnic background	9
Missing	15
Sex	
Male	34
Female	175
Not Disclosed	19

satisfactory to high: depression = 0.88; anxiety = 0.82; and stress = 0.90 (Henry & Crawford, 2005). In the present study, the total reliability of the scale, calculated via Cronbach's α , was 0.93, whereas the reliability of the subscales for depression, anxiety, and stress were 0.96, 0.89 and 0.94, respectively.

Five Facet Mindful Questionnaire-Short Form (FFMQ-SF; Bohlmeijer et al. 2011) is a 24-item questionnaire that measures five facets of mindfulness: non-reactivity to inner experiences, observing, act awareness, describing and non-judging of inner experiences. Sample items include: 'I'm good at finding the words to describe my feeling' and 'I watch my feelings without getting carried away by them' which measured non-react and describe mindfulness, while items, such as 'I find myself doing things without paying attention' and 'I disapprove of myself of illogical ideas' measured act aware and non-judge components of mindfulness. The calculation scores consisted of responses measured on a 5-point Likert scale which ranged from 1 (never or very rarely true) to 5 (very often or always true). Internal consistency of the FFMQ is adequate with Cronbach's alphas for the five subscales ranging from 0.67 to 0.93. Construct validity for the global FFMQ and its subscales has been evidenced by positive correlations with well-being, and negative correlations with depression and anxiety (Barnes and Lynn 2010; Cash and Whittingham 2010). In the present study, inter-item reliability for FFMQ-SF was .79, with subscales displaying similarly well Cronbach's alphas (Observing $\alpha = .82$, Act Aware $\alpha = .85$, Non-judge $\alpha = .83$, Non-react $\alpha = .74$, Describe $\alpha = .86$).

Procedure

Data collection occurred online and was open to students from all years of their undergraduate degree. Students received 30 minutes-worth of research credits for participating. Participants accessed the questionnaire via a weblink posted by the primary investigator on the psychology department's participant recruitment site. They were required to complete the survey in one session. Instructions stated that participants were allowed to skip any items with which they felt uncomfortable. Ethical approval was granted by the host University Faculty Ethics Committee before the collection of data. Confidentiality, anonymity, informed consent and right to withdraw were addressed. Any participants who had over 50% of missing data from a questionnaire were excluded. Participants with less than this were included in the analysis with their score on the questionnaires calculated from the scores provided. However, to verify the strength of the findings and to make sure missing data did not play an undue role in the analysis the mediation analyses were run with any participants with missing data excluded. These analyses showed the same effects shown in the results section.

Results

Power analysis conducted using G*Power for regression with the number of predictors used in overall mediation analysis, including all the six predictors at once (as shown in Figure 1), using a medium effect size. An a-priori power analysis with six predictors showed we needed a sample of 146 for .95 power. Our overall number of participants was therefore deemed acceptable to proceed with further analysis.

As expected, significant positive correlations were observed between Depression and Anxiety ($r_p = 0.62, p < .001$), Depression and Stress ($r_p = 0.66, p < .001$), and Anxiety and Stress ($r_p = 0.75, p < .001$).

A significant positive correlation was observed between Depression and Anxiety significantly related to AE ($r_p = 0.28, p < .001$; $r_p = 0.21, p = .010$, correspondingly). Table 2 presents the results of the correlations.

In order to examine the possible mediating effect of Mindfulness in the relationship between Anxiety, Depression and Stress and AE a series of simple mediation models using each of the components of Mindfulness were conducted (see Figure 1). The predictors and outcomes met the

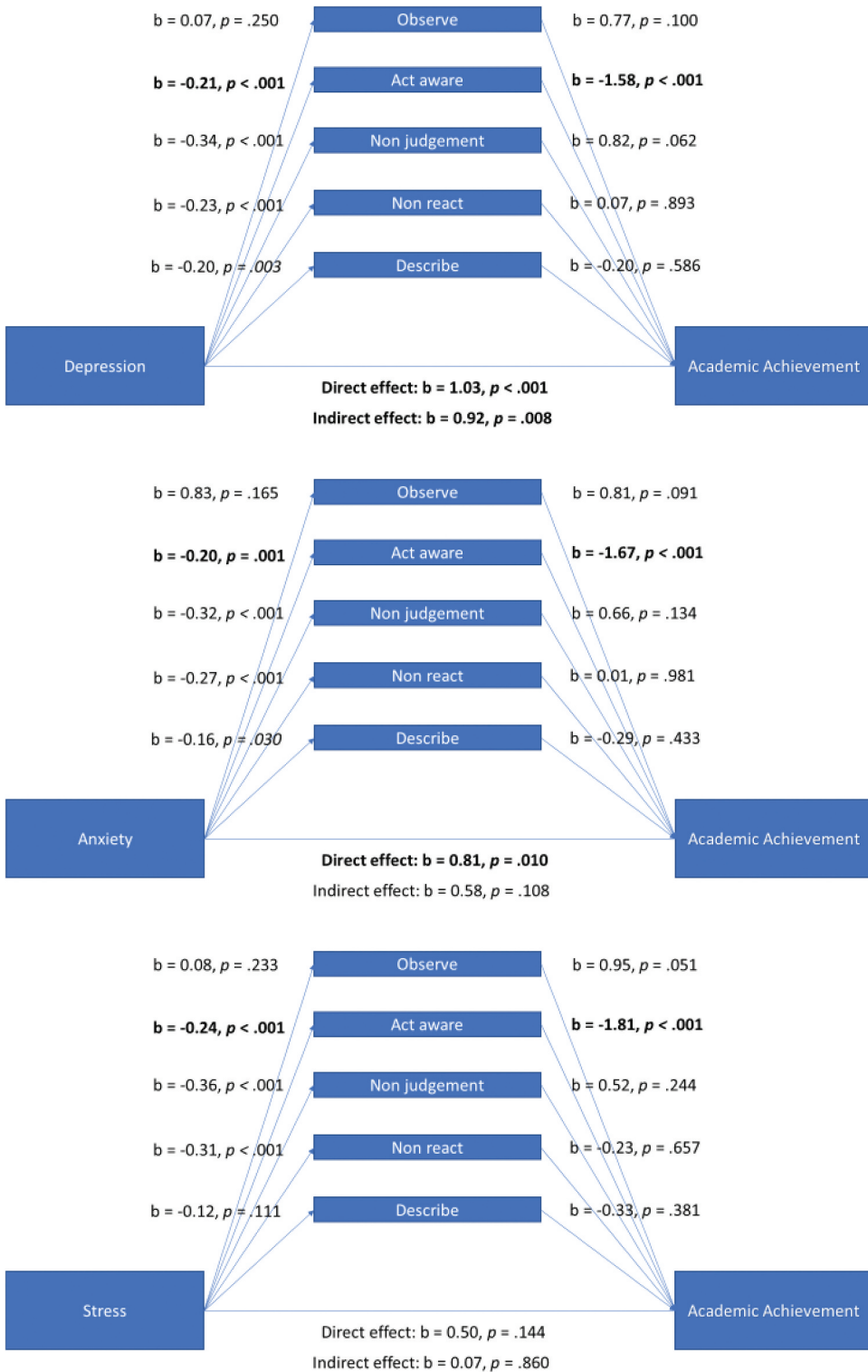


Figure 1. Mindfulness mediation models using bootstrapping (5000 samples) for the relationships between depression, anxiety, and stress on AE. significant relationships are highlighted in bold.

Table 2. Pearson correlation matrix among depression, anxiety, stress, AE, and mindfulness.

Variable	1	2	3	4	5
1. Depression	-				
2. Anxiety	0.62***	-			
3. Stress	0.66***	0.75***	-		
4. AE	0.28***	0.21**	0.12	-	
5. Mindfulness	0.86***	0.89***	0.90***	0.23**	-

Note. ** < .01; *** = < .001.

assumptions for mediation analysis and bootstrap confidence intervals are included for the indirect effect on significant models.

The only significant mediator between all the predictors of the linear regression and AE was Act Aware. When examining the effect of Depression on AE with Act Aware as a mediator, in Step 1 of the mediation model, the regression of Depression on AE, ignoring the mediator, was significant, $b = 103$ $t(142)$, $= 3.46$, $p < .001$. Step 2 showed that Depression was a significant negative predictor of the mediator Act Aware ($b = -0.21$ $t(142)$, $= 3.54$, $p < .001$). Step 3 of the mediation process showed that the mediator (Act Aware), controlling for depression, was a significant negative predictor of AE, $b = -0.144$ $t(141)$, $= 3.45$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (Act Aware), Depression was still a significant, but weaker, positive predictor of AE, $b = 0.074$ $t(141)$, $= 2.45$, $p = .015$, suggesting a partial mediation effect of Act Aware with scores on AE increasing as depression increases. Bootstrapped confidence intervals also show that there was significant indirect effect of depression on AE through Act Aware, $b = 0.30$, 95% CI [.096, .0564].

Exploring the possible mediation of Act Aware on the relationship between Anxiety and AE. In Step 1 of the mediation model, the regression of Anxiety on AE, ignoring the mediator, was significant, $b = 0.081$ $t(142)$, $= 2.60$, $p = .010$. Step 2 showed that Anxiety was a significant negative predictor of the mediator Act Aware ($b = -0.20$ $t(142)$, $= 3.37$, $p = .001$). Step 3 of the mediation process showed that the mediator (Act Aware), controlling for Anxiety, was a significant negative predictor of AE, $b = -0.155$ $t(141)$, $= 3.68$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (Act Aware), Anxiety was not a significant predictor of AE, $b = 0.050$ $t(141)$, $= 1.61$, $p = .109$, suggesting a full mediation effect of Act Aware. Bootstrapped confidence intervals also show that there was significant indirect effect of anxiety on AE through Act Aware, $b = 0.31$, 95% CI [.104, .576]. This shows that as anxiety increases then so does AE.

Finally, exploring the possible mediation of Act Aware on the relationship between Stress and AE. In Step 1 of the mediation model, the regression of Stress on AE, ignoring the mediator, was not significant, $b = 0.050$ $t(142)$, $= 1.47$, $p = .144$. Step 2 showed that Stress was a significant negative predictor of the mediator Act Aware ($b = -0.24$ $t(142)$, $= 3.75$, $p < .001$). Step 3 of the mediation process showed that the mediator (Act Aware), controlling for Stress, was a significant negative predictor of AE, $b = -0.169$ $t(141)$, $= 3.96$, $p < .001$. Step 4 of the analyses revealed that, controlling for the mediator (Act Aware), stress was not a significant predictor of AE, $b = 0.010$ $t(141)$, $= 0.28$, $p = .778$, suggesting that stress can impact upon AE but only through the mediation effect of Act Aware. Bootstrapped confidence intervals also show that there was significant indirect effect of stress on AE through Act Aware, $b = 0.40$, 95% CI [.144, .739].

Discussion

The findings from this study provide support for a positive relationship between AE and depression, anxiety and stress but only depression and anxiety were significantly related to AE. Results suggest that as symptoms of depression and anxiety increase, AE increases. The mediation analyses indicated that *acting with awareness* is a facet of mindfulness that proposes an area of interest in developing future interventions. Interestingly, acting with awareness is a component that focuses on the attentional aspects of mindfulness, and the ability to be focused in the moment. *Acting with*

awareness is a foundational element to mindfulness theory and practices, where being attentive of the present moment precedes the presence of other elements measured when investigating mindfulness, such as non-reactivity and non-judgement. Essentially through attending the present moment one can develop other elements of mindfulness, as one needs to identify the difficulties of the present moment to respond by being fully present to develop a non-judgemental attitude (Kabat-Zinn 2003; Brown and Ryan 2003). This sub-construct of mindfulness has been highly related to different aspects of health and mental health, and has been indicated to relate more significantly to happiness and wellbeing (Cash and Whittingham 2010). Importantly, the inability to relate to the present moment maybe indicative of cognitive and behavioural avoidance and intolerance of uncertainty, or even boredom proneness; all of which relate to mental ill-health (Schut and Boelen 2017; Nekić and Mamić 2019; Cash and Whittingham 2010; Lee and Zelman 2019).

Increasing student's ability to be more attentive of the present moment could potentially propose means of disrupting the link between AE and mental ill-health. Utilising present moment attention (i.e. acting with awareness) over a more holistic model that incorporates elements such as non-judgement may be necessary as non-judgment may come into conflict with the narcissism that has been indicated to exist within the trait of AE. The approach of interfering by aiming to change wellbeing through mindfulness may be more sensible, rather than challenging a trait that has stronger and more complex routes within the person (Hewitt and Kealy 2022).

The results have practical implications for HEI's, as early identification of students who are experiencing symptoms of mental ill health is key in helping students to develop effective and functional strategies to reduce further decline in mental health and to support personal development. Data support the potential of specific mindfulness interventions that will not just target mental health, but also AE. Institutions could benefit from tackling mental ill health as a strategic priority and adopt a 'whole-university' approach based on prevention and promotion (Mantzios et al. 2019., 2020). Before a student commences their studies in higher education, universities could identify students who have indicators of academic entitlement and support them through less stigmatising interventions derived from mindfulness, self-compassion and acceptance to support their academic performance and mental health. Recent research has indicated that mindfulness and self-compassion can enhance the student experience and improve academic performance (Mantzios and Giannou et al. 2018, 2021), while other literature has indicated it can improve student satisfaction (Mantzios et al. 2018); altogether accounting for an overall mandate to introduce mindfulness- and compassion-based interventions and programmes in HE institutions.

Early intervention will prepare students for the personal resilience and responsibility required to achieve academically and in theory allow for an increase in social and professional success, as well as creating ethical and capable citizens. This is of particular importance to HEI's whose mission it is to produce graduates ready for the industrial world. Research demonstrates that attitudes of entitlement tend to carry over into the workplace, where unrealistic beliefs or expectations about promotions, bonuses, salaries, and workplace conditions shift the problem across generations (Van Wierngen et al. 2013), with potential implications for mental health and not enough resources to overcome failure and distress.

This study provides interesting evidence to increase understanding about the inter-correlations between AE and depression, anxiety and stress, and the potential of explaining and intervening with mindfulness. Some caution must be given to the regional specificity of the sample, the limited cultural and racial diversity, the cross-sectional nature, and the reliance upon participants' self-report. Interventions and trials should be utilised to draw clarity on the potential of mindfulness practices, and qualitative evaluations may offer useful insight as to which interventions may offer the most benefits to students who are entitled and display higher levels of distress. Another limitation was the inability to separately explore the relationships by year groups, as year group data was not recorded during data collection. Students who are more accustomed to University life and have progressed in their learning journey to the final year of their studies may feel less entitled, and this is a theory that requires further attention in future research.

Disclosure statement

No potential conflict of interest was reported by the authors.

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