

Research Paper

Relationship of Psychological Capital with Quality of Life among Students with Disabilities

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ABSTRACT

Disability is a vulnerable condition that leads to physical, cognitive, sensory, and psychological impairments, impacting the daily routine and quality of life. This study explores the psychological capital and quality of life (QoL) among students with various disabilities, aiming to understand how these factors interact and contribute to their quality of life. The research employs a correlational design, surveying students from diverse educational settings who experience physical, visual, and speech-related disabilities. Non-significant gender difference in the PsyCap and QoL among students, as well as group difference among different types of disability, was observed. Correlation results showed that self-efficacy and optimism were significantly and positively associated with the QoL of students with disabilities. Self-efficacy explains 14% of physical, 13% of psychological, and 17% of social domains of quality of life. Students with higher levels of PsyCap reported better QoL. The study concludes with recommendations for educators, policymakers, and mental health professionals to create supportive environments that foster hope, self-efficacy, resilience, and optimism among students with disabilities.

Keywords: *Quality of life, psychological capital, students, locomotor disability, visual disability, and hearing impairment*

Disability refers to a physical, mental, sensory, or cognitive condition that significantly impairs a person's ability to perform certain activities or interact with their environment in the same way that most people do (Pathak & Biswal, 2021). Disabilities can be congenital (present from birth) or acquired later in life, and they may be temporary or permanent. The impact of a disability varies widely, depending on factors like the nature of the condition, the environment, and available support systems. Persons with disabilities have visual, hearing, physical, cognitive impairments, and mental health problems (Pathak & Biswal, 2021). Therefore, they experience physical, cognitive, emotional, sensory, or developmental limitations, that greatly affect their involvement in educational activities and their access to learning experiences in comparison to their classmates (Cadman et al., 1987). Disability can be both apparent and unseen. Persons with disabilities require suitable adjustments and supportive services to help them excel academically and engage fully in life.

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According to the 2011 census and the most recent 76th wave of the National Sample Survey (NSS), the prevalence of disability in India was 2.2% (Pattnaik et al., 2023). India's differently abled population rose somewhat over ten years, rising from 21.9 to 26.8 million between 2001 and 2011. The frequency of impairments steadily increases with age, reaching its peak in those over the age of 60. By 2050, 323 million people in India will be 60 or older, accounting for 19.1% of the total population (Pattnaik et al., 2023). It will lead to severe structural and fiscal challenges as population ages and more individuals become disabled.

Disabled young adults witness challenges in finding jobs, including low levels of employment and unstable employment, and live below the poverty line than able-bodied peers (Lindsay et al., 2024; Dong et al., 2021). Education offers disabled pupils the opportunity to increase their knowledge and abilities, as well as integrate into society. They seek to improve their employability and self-worth by acquiring more information and avoiding physical imperfections. Disabled students witness challenges in finding jobs, including low levels of employment and unstable employment, which fall short of their expectations (Dong et al., 2021). Disabled students' employment confidence has been negatively influenced by several issues, leading to feelings of inferiority, worry, and dread. They have poor socioeconomic status, poverty and physiologic stress, and unequal access to critical resources such as education, health care facilities, employment, and social involvement, and women with disabilities encounter obstacles as well as higher levels of suicidal behaviour and social exclusion (Ganle et al., 2020; Kumar et al., 2024a; Kumar et al., 2024b).

Psychological Capital (PsyCap)

PsyCap refers to an individual's positive psychological state characterized by: (1) possessing the belief in one's ability (self-efficacy) to tackle and invest effort in challenging tasks to achieve success; (2) maintaining a positive outlook (optimism) regarding current and future success; (3) persisting towards goals and adjusting paths as needed (hope) to achieve success; and (4) demonstrating resilience to overcome problems and adversity, surpassing previous levels of success (Luthans et al., 2006). PsyCap is a higher-level positive concept consisting of the four aspects of self-efficacy/confidence, optimism, hope, and resilience (Luthans et al., 2007; Luthans & Youssef-Morgan, 2017; Luthans et al., 2005; Lee & Park, 2018). A growing body of research has been assessing psychological capital within the realm of disabilities due to its impactful outcomes (Dagnan, 2008; Guo et al., 2022).

Quality of life (QoL)

Quality of life (QoL) refers to the general well-being of individuals and societies, encompassing not just physical health but also emotional, social, and psychological aspects of life (Powell et al., 2002). It includes factors such as a person's level of comfort, happiness, and satisfaction with their daily activities, relationships, and environment. QoL is influenced by various elements like access to healthcare, education, employment opportunities, social connections, and overall living conditions, including disability status (Giacobbi et al., 2008). It's a broad concept that varies between individuals and cultures, reflecting both subjective experiences and objective living standards. Quality of life (QOL) is a notion that represents each individual's subjective judgment of their level of contentment with their living conditions.

A variety of factors determine persons with disabilities' quality of life. For instance, one of the important factors that improves these people's quality of life is a sense of success and accomplishment (Levasseur et al., 2010). More importantly, education is a key aspect that

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influences people's quality of life in general, especially for those with disabilities (Ferrer-i-Carbonell, 2005). Indeed, education promotes quality of life; in short, better education leads to improved QoL (Mazur et al., 2011).

The existence of the disability itself is a factor that impacts the quality of life of persons with disabilities (Fellinger et al., 2005). In contrast, certain college graduates with disabilities feel that their success at university can be primarily attributed to their disability. They view it as the motivating factor that compels them to confront challenges and attain accomplishments (Russak & Hellwing, 2019). An additional element impacting the quality of life for students with disabilities is the increased effort and time they dedicate to meeting academic demands, leading to limited participation in other activities, such as leisure and entertainment (Lambert & Dryer, 2018). Activity participation, community connectedness, social context, and social support are important factors that determine the QoL of young adults with disabilities (Yeung & Towers, 2013), signifying the inclusion of these factors to enhance the QoL. Travel, cultural activities, and employment amplify the quality of life of disabled, whereas stress worsens it (Yoon et al., 2024).

Understanding the relationship between psychological capital (PsyCap) and quality of life (QoL) among students with disabilities is crucial for enhancing their overall well-being and academic success. Psychological capital in students with disabilities can provide insights into their ability to navigate barriers, set and pursue goals, and maintain a positive outlook despite obstacles. By exploring how these constructs intersect within the context of disabilities and identifying factors that contribute to all the dimensions of quality of life, i.e., the overall perception of quality of life, overall perception of health, physical health, psychological, social relations, and environmental factors among students facing diverse challenges.

Based on the review and rationale of the study following objectives have been formulated.

- To assess (a) Psychological capital (self-efficacy, hope, resilience, optimism), and (b) quality of life among students with disability.
- To assess the gender difference in (a) psychological capital (self-efficacy, hope, resilience, optimism), and (b) quality of life among students with disabilities.
- To assess the group difference in (a) Psychological capital, and (b) Quality of life, among different disabilities (a) locomotor, (b) visual impairment, (c) speech impairment, and (d) hearing impairment).
- To investigate the relationship between psychological capital and quality of life among students with disabilities.

Hypotheses

- **H1.** There would be non-significant gender difference in psychological capital (hope, optimism, resilience, and self-efficacy) and quality of life among students with disabilities.
- **H2.** There would be non-significant group differences in psychological capital and quality of life among persons with different disabilities (a. locomotor, b. visual impairment, and c. speech impairment).
- **H3.** Psychological capital (self-efficacy, hope, resilience, optimism) would be positively correlated to quality of life among students with disabilities.

METHODS

Design and Sample

This study first employed descriptive design to obtain information on the studied variables. Then, inferential design was used to assess gender differences and group differences in the studied variables. Lastly, correlational design was investigated to see the relation of psychological capital (predictor) with quality of life (criterion). The sample size is based on the problem and the tools of research to be used. With the help of purposive sampling (non-probability sampling technique), 52 persons with disabilities (31 male and 21 female) became part of the study (Table 1). The samples were collected from Banaras Hindu University, Varanasi, Kiran Society, Varanasi, and Jagadguru Rambhadracharya Divyang State University, Chitrakoot, UP.

Table 1: Sociodemographic Information (N=52)

	Mean	Number of people	Percentage
Age	26		
Gender		31	59.6%
		21	40.4%
Education		0	0.0%
		23	44.2%
		22	42.3%
		7	13.5%
Type of Disability		29	55.8%
		20	38.5%
		2	3.8%
		1	1.9%

Inclusion exclusion criteria

Inclusion and exclusion criteria are designed to select participants who fit specific characteristics relevant to the research focus. Individuals with visual, locomotor (mobility-related disabilities), and speech and vocal impairments, aged between 18 and 40, and currently pursuing higher education, were included. However, the study excludes individuals with intellectual and learning disabilities, as well as those with psychiatric issues. This exclusion is likely to maintain a focus on the particular types of disabilities being studied, ensuring that the results are not confounded by other factors that could influence the outcomes differently. By narrowing the participant pool in this way, the study aims to generate more precise and applicable findings for the specific group of interest.

Measures

- **Sociodemographic Sheet:** The personal data sheet was used for socio-demographic details and personal information relevant to the present study, including name, age, gender, education, types of disability, family members, and onset of disability.
- **WHOQOL-BREF:** WHOQOL-BREF is an abbreviated version of WHOQOL-100. The instrument assesses individuals’ perception of their position in life in the context of the culture and value systems in which they live and concerning their goals, expectations, standards, and concerns. It contains a total of 26 questions that provide a comprehensive assessment. One item from each of the 24 facets contained in the WHOQOL-100 has been included, plus two items from the overall quality of life and

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general health facets are present. Cronbach's alpha coefficient for the whole WHOQOL-BREF scale was 0.896 (Ilić et al., 2019).

- **Compound Psychological Capital Questionnaire (CPC-12):** The Compound Psychological Capital scale was developed by Lorenz et al. in 2016. It is made up of 12 items with four dimensions. There are three items assessing the four subscales "hope", "optimism", "resilience" and "self-efficacy". It uses a 6-point rating scale ranging from 1= "strongly" disagree to 6= "strongly agree". A high score represents a higher a higher-level of PsyCap. Lorenz et al. (2016) reported a Cronbach's alpha coefficient of 0.82 and the present Hindi-translated version of CPC-12 has a Cronbach's alpha coefficient of 0.79.

Statistical analysis

Descriptive statistics, mean, SD, ANOVA, and t-tests were used to assess the gender and group differences (types of disability), and further correlation and regression methods were used to see the association of the PsyCap (hope, optimism, resilience, and self-efficacy) and QoL among students with various disabilities.

RESULTS

Results related to gender differences among students with disabilities for all dimensions of PsyCap (self-efficacy, hope, resilience, and optimism) and quality of life (**Table 2**). It has been reported that the t-value of the PsyCap dimensions, i.e., self-efficacy (1.55), hope (0.69), resilience (0.46), and optimism (1.66), reported non-significant gender differences. Analysis of quality of life revealed that there occurs a significant gender difference in the psychological health domain (2.26, $p < 0.05$), males scoring higher than females. Findings show that there is a non-significant gender difference in other domains of quality of life.

Table 2: Gender Differences in all the dimensions of PsyCap and QoL (N=52)

Variables	Males Mean (SD)	Females Mean (SD)	t-value	Sig (2- tailed)
Self-efficacy	13.16 (3.77)	11.52 (3.64)	1.55	.126
Hope	17.64 (3.70)	16.85 (4.45)	.69	.491
Resilience	13.03 (3.69)	10.12 (3.31)	.46	.647
Optimism	10.12 (2.4)	8.76 (3.47)	1.66	.103
Physical health	58.19 (14.49)	53.42 (9.97)	1.30	.196
Psychological health	62.80 (14.25)	54.04 (12.80)	2.26**	.028
Social relationships	66.74 (19.35)	65.80 (13.85)	.190	.850
Environmental	58.38 (14.70)	54.38 (10.28)	1.081	.285

Results related to gender differences among students with disabilities for all dimensions of PsyCap (self-efficacy, hope, resilience, and optimism) and quality of life (**Table 2**). It has been reported that significant gender difference was observed in psychological health, i.e., dimension of QoL. the t-value of the PsyCap dimensions, i.e., self-efficacy (1.55), hope (0.69), resilience (0.46), and optimism (1.66), reported non-significant gender differences. The t-value of QoL of students with disabilities was reported as 1.15 > 0.05 . This indicated that gender did not play a significant role in determining the quality of life, and they were facing the same challenges and issues in their life.

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Table 3: Group differences in types of disabilities (locomotor, visual impairment, speech/vocal impairment) for all the dimensions of PsyCap and QoL

Variables	Sum of squares	df	F	Sig.
Self-efficacy	11.54	3	.258	.855
Hope	72.34	3	1.558	.212
Resilience	105.61	3	3.220	.031*
Optimism	77.08	3	3.337	.027*
Overall perception of quality of life	2.66	3	1.084	.365
Overall perception of health	4.92	3	1.583	.206
Physical health	61.48	3	.116	.951
Psychological	549.03	3	.897	.449
Social relationship	199.72	3	.215	.886
Environmental	504.23	3	.972	.414

Table 3, showed significant group differences based on types of disabilities. Significant group differences were found in the dimensions of PsyCap-resilience (3.22; $p=0.03$) and optimism (3.22; $p=0.02$). While non-significant group differences were found in the dimensions of PsyCap self-efficacy (0.25; $p=0.85$) and hope (1.55; $p=0.21$). There were non-significant group differences in all domains of QoL, i.e., the environmental relations (0.97; $p=0.41$), overall perception of quality of life (1.08; $p=0.36$), the overall perception of health (1.58; $p=0.20$), physical health (0.11; $p=0.95$), psychological health (0.89; $p=0.449$), and social (0.21; $p=0.88$) and environmental relations (0.97; $p=0.41$).

Table 4: Correlation between all the dimensions of PsyCap and QoL

Variables	Physical health	Psychological	Social relationships	Environment
Self-efficacy	.374**	.370**	.423**	.214
Hope	.253	.137	.061	-.024
Resilience	.027	.083	-.086	-.215
Optimism	.165	.208	.177	.085

* $p<0.05$ level, ** $p<0.01$ level

Table 4, shows the Pearson correlation between the PsyCap and QoL of students with disabilities. Correlation between all the dimensions of PsyCap (self-efficacy, hope, resilience, and optimism) with all the dimensions of Quality-of-Life (physical health, psychological, social relations, and environmental) has been analyzed. The results showed that self-efficacy was significantly positively associated with physical health ($r=.374$), psychological ($r=.370$), and social relationships ($r=.423$). Self-efficacy is not significantly associated with the environmental domain ($r=.214$). Hope was not significantly associated with physical health ($r=.253$), psychological ($r=.137$), social relations ($r=.061$), and environmental ($r=-.024$). Resilience was also not significantly associated with any domains of Quality of life, i.e., physical health ($r=.027$), psychological ($r=.083$), social relationship ($r=-.086$), and environmental ($r=-.215$). Optimism was positively associated with physical health ($r=.165$), psychological ($r=.208$), social ($r=.177$), and environmental domain ($r=.085$), but the correlations are not significant.

Table 5: Stepwise regression analysis of Independent Variable (Self-efficacy) and Dependent Variable (Quality of Life Domains)

Regression Weights	Beta Square	R ²	F	p-value
SE→ physical domain	.374	0.14	8.154	<0.006
SE-Psychological domain	.370	0.13	7.924	<0.007
SE- Social domain	.423	0.17	10.901	<0.002

In the present study, stepwise regression was performed to understand the predictors of quality of life. It has been reported that self-efficacy emerged as the predictor of physical $F(52) = 8.15$, $p < .006$ with an R^2 of 0.14, psychological $F(52) = 7.92$, $p < .007$ with an R^2 of 0.13, and social $F(52) = 10.90$, $p < .002$ with an R^2 of 0.17 among domains of quality of life. This means that self-efficacy explains 14% of physical, 13% of psychological, and 17% of variance on social domains of quality of life (Table 5).

DISCUSSION

Out of the vast global young population, Persons with disabilities account for a significant number, and their disabilities are significant to have consequential impact on their physical, psychological, social, and economic lives. The youth stage of life is a window to various opportunities and success in life. It has been observed that psychological capital (positive psychological resources) is associated with personal and occupational success, which ultimately impacts life of an individual. This construct helps people to navigate daily challenges by encouraging proactive actions, self-belief, and an optimistic outlook, which can act as a shield towards disability. Therefore, the present study aims to investigate the psychological capital and quality of life (self-efficacy, hope, resilience, and optimism) among students with disabilities. The psychological capital in students with disabilities can provide better facilitation for quality of life.

It has been found that there is no gender difference in psychological capital and quality of life of students with disabilities. The stated hypothesis: there would be non-significant gender differences in psychological capital and quality of life among students with disabilities is accepted. The reason behind this finding may be that both genders experience a similar state of problems and daily hassles. This indicates that gender does not play a significant role in determining the quality of life and psychological capital as both genders face the same challenges and issues in their life. Non-significant gender differences have been reported in psychological capital, i.e., self-efficacy, hope, resilience, and optimism among individuals with learning disability (Hazan-Liran & Walter, 2024). Significant gender differences in self-efficacy, hope, and optimism were observed among people with physical disability (Zabala-Dominguez et al., 2023). The quality of life of individuals with disabilities varies with gender, but the present study found that there are no significant gender differences in quality of life. These results have been supported by the studies of Viemerö & Krause (1998); and Syifa & Hadi (2023). One of the significant findings of the present study is that male students are more psychologically healthy than female students with disability. The probable reason for this may be that in our society, disabled male students are more active than disabled female students, which empowers them psychologically.

The second hypothesis stated non-significant group differences in psychological capital and quality of life among students with different disabilities (a. locomotor, b. visual impairment, and c. speech impairment). The results revealed that there were significant differences in types of disability for resilience and optimism. Whereas other constructs were non-

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significant. The reason attributed to these findings may be that resilience and optimism vary on types of disability because those with locomotor disability experience mobility-related problems only but visually disabled students face another type of problem e.g. seeing, walking, and reading any books, etc. while students with speech impairment can't share their emotion to someone others easily, therefore they have another kind of problem in their life. Above mentioned factors were responsible for significant differences in resilience and optimism among various types of disability (Chiracu et al., 2023). The previous study demonstrated that optimism and resilience was found to be associated with proactive coping among people with visual disabilities (Kumar et al., 2025)

The third hypothesis, psychological capital (self-efficacy, hope, resilience, optimism) efficacy would be positively correlated with quality of life among students with disabilities (**partially accepted**). The present study reported that self-efficacy was significantly and positively associated with physical health, psychological health, and social relationships. Optimism was also significantly and positively related to physical health and psychological health. It means that people with higher levels of self-efficacy have a better quality of life. This is in line with the findings of Shaabani et al. (2017); Cramm et al. (2013). People who are confident (self-efficacious) in their abilities are seen to be more physically active, leading to better physical health. Self-efficacy is also linked to higher self-esteem and cognitive resources, leading to increased psychological health. Whereas if it was found to be low, then they could not have good quality of life as per the present study. People with disabilities have higher expectations and aspirations, put in more effort, and do not give up easily, especially in challenging situations, due to self-efficacy (Kim, 2022). QoL of people with mobility impairment can be boosted by self-efficacy.

The current study revealed that optimism is one of the constructs associated with quality of life. It can also facilitate better psychological and subjective well-being for individuals with disabilities. People with a high level of self-efficacy were more likely to see pain-related issues as obstacles to overcome, take effective steps, and mitigate their effects, and highly optimistic perspective was more likely to use constructive coping mechanisms, such as planning or seeking help (Gruber-Baldini et al., 2009). Such an active attitude in the face of disability generally improves health and pain outcomes, since people with disabilities who employ this type of positive approach are more likely to participate in constructive and progressive behaviours and seek social relationships (Wojcieszek et al., 2023; Lee et al., 2022).

Self-efficacy was found to be the best predictor of physical, psychological, and social domains of quality of life as compared to other domains of PsyCap, i.e., hope, resilience, and optimism, in the present study. Self-efficacy, the belief in one's ability to accomplish tasks and achieve goals, is a strong predictor of quality of life among students with disabilities. It influences how these students approach challenges, persevere through difficulties, and manage stress, all of which are critical to their overall well-being (Guillamón et al., 2013). High self-efficacy fosters greater confidence and independence, allowing students with disabilities to actively participate in academic, social, and personal activities. This, in turn, enhances their well-being and satisfaction with life, making self-efficacy a vital determinant of their quality of life (Guillamón et al., 2013).

CONCLUSION

The quality of life among students with disabilities is significantly influenced by the psychological capital, which encompasses resilience, optimism, hope, and self-efficacy.

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Psychological capital can act as a buffer against the challenges posed by disabilities, helping students navigate academic and social environments more effectively. Fostering these positive psychological resources is essential for improving not only their life outcomes but also their overall well-being and QoL. Consequently, educational institutions and support systems should prioritize building psychological capital in students with disabilities to enhance their quality of life. Studies have shown that meaningful engagement in society by people with disabilities contributes to their prosperity and quality of life from infancy through adolescence and into adulthood. Many people with physical disabilities continue to experience barriers to self-development and community participation, whether at home, school, the job, or in the wider social milieu.

Limitation and Implications

This study on the quality of life and psychological capital among students with disabilities was limited to a small sample size and diversity, which can restrict the generalizability of the findings. Factors such as the type and severity of disabilities, geographical location, and access to resources could not be fully accounted for, leading to potential biases. Additionally, self-reported data and respondent fatigue may have influenced the social desirability, and the cross-sectional design may limit the ability to draw causal inferences between psychological capital and quality of life.

Despite these limitations, the study highlights the importance of fostering psychological capital such as hope, resilience, and optimism among students with disabilities to enhance their overall quality of life. Educational institutions and policymakers should focus on creating supportive environments that promote psychological well-being and provide necessary accommodations. By emphasizing psychological strengths, this study suggests avenues for improving experiences and outcomes for students with disabilities, ultimately contributing to their personal, social and occupational development.

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Conflict of Interest

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